DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1376-14-001**
Organization Name: **Jackson-Feild Homes**

Date of Inspection: **12-09-2021**
Program Type/Facility Name: **14-001 Jackson Feild Homes**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Jackson Feild Homes This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 01/06/2022 See PR response below. OLR) Accepted 01/11/2022	1/5/2022
12VAC35-115-230. A. (2) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 2. The director of a service licensed or funded by the department shall report each allegation of abuse or neglect via the department's web-based reporting application within 24 hours of receipt of the allegation (see 12VAC35-115-175).	N	Jackson Feild Homes This regulation was NOT MET as evidenced by: Upon review of CHRIS entry A-20210042, the provider became aware of the incident on 11/2/2021, and the date of entry into CHRIS is 11/4/2021. As a result, the provider failed to report the allegation to the department within 24 hours of receipt.	PR) 01/06/2022 Nursing Staff failed to properly communicate resident's allegation on end-of-shift e-mail. Staff was given verbal supervision, and notified that a future offense would result in a formal written supervision log and placed in their personnel file. DON will have oversight by reviewing documentation prior to sharing with other pertinent staff. OHR/OLR) Accepted 01/10/2022	1/5/2022

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General Comments / Recommendations:

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Tonya Carr, Legal Operations Manager	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined