## *DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES*
## *CORRECTIVE ACTION PLAN*



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

Date of Inspection: **06-15-2022**
Program Type/Facility Name: **14-001 Jackson Feild Homes**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| 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<br><br>This regulation was NOT MET as evidenced by:<br><br>See OHR citation below. | PR) 06/28/2022<br><br>See response below.<br><br>OLR) Accepted 06/29/2022 | 6/30/2022 |
| 12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation. | N | Jackson Feild Homes<br><br>This regulation was NOT MET as evidenced by:<br><br>"Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse.<br><br>• Upon review of CHRIS entry A-20220027, the provider's investigation determined Employee #1 and Employee #2 failed to follow policy and verbal abuse was found.<br>• Upon review of the provider's written internal | PR) 06/28/2022<br><br>On 05/12/22, Individual #1 alleged that, during an incident in the cottage on 05/11/22, Employee #1 and Employee #2, threatened to fight her. Review of video footage indicates that Employee #1 and Employee #2 did not use trauma informed practices while engaging with Individual #1. Although there is no audio, the body language and physical gestures of Employee #1 and Employee #2 is evident that they both behaved provocatively towards Individual #1. These behaviors by both staff members violate organizational practice and procedures in using trauma informed care when interacting with residents. The following corrective measures were taken: 1) Employee #1 and Employee #2 were immediately removed from Individual #1's cottage until investigation was completed. Both staff members refused to be relocated to work in a different cottage and | 6/30/2022 |

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| | | investigation received on 6/9/2022, it was determined Employee #1 and Employee #2 failed to use trauma informed practices while engaging with Individual #1. Video review revealed that the body language and physical gestures of Employee #1 and Employee #2 violate organizational practice and procedures in using trauma informed care when interacting with residents.<br><br>Based on preponderance of evidence, Employee #1 and Employee #2 failed to ensure the health and safety of Individual #1. | did not immediately return to work. Both staff members did not make themselves available to be interviewed. 2) Remediation/supervision for both staff members will include: At least 3 days suspension without pay; Review of MANDT de-escalation techniques; Review of NEO Trauma Training; Bi-weekly documented supervision for 2 months; and EAP as a suggestion.<br><br>After the incident, Employee #1 remained on medical leave until she returned on 6/13/22. On this same date, Employee #1 gave her resignation from employment with her final day being 6/30/22 (see attached resignation letter). Also, Employee #1 received re-training on 6/15/22 (see training documentation attached) in order to continue her duties as Residential Counselor until her last day of employment. Employee #2 did not return to work after the incident, and is now considered not employed with JFBHS due to job abandonment (see attached Payroll Action form).<br><br>OHR/OLR) Accepted 06/29/2022 | |

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