DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **07-21-2022**
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 This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 08/09/2022 Please see response below. OLR) Accepted 08/30/2022	6/8/2022

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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 This regulation was NOT MET as evidenced by: "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. • Upon review of CHRIS entry A-20220026, the provider's investigation determined unauthorized use of seclusion and abuse was found. • Upon review of the provider's written investigation report provided on 7/12/2022, the provider's investigation determined Employee #1 utilized involuntary seclusion by blocking the doorway preventing Individual #1 from leaving. The provider's organizational policy prohibits the use of seclusion. Based on preponderance of evidence, Employee #1 failed to ensure the health and safety of Individual #1.	PR) 08/16/2022 Employee #1 received supervision from immediate supervisor to ensure understanding of "seclusion" according to DBHDS, and organizational policies that prohibit seclusion, and shown examples to include role play. Employee #1 received remediation on the following training: Human Rights and Child Abuse & Neglect - Recognizing; Organizational Policy on "Seclusion" and prohibited practices; and, MANDT de-escalation techniques with focus on proximity and use of proximity for safety (verification documents are attached). Cottage Supervisor will monitor Employee #1 to ensure compliance with policy. Cottage Supervisor will review the policy frequently during weekly cottage team meetings with all cottage staff. OHR/OLR) Accepted 08/29/2022	6/8/2022

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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