DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **06-09-2023**
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.		

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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: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. Provider substantiated neglect based on the following: • Upon review of CHRIS entry A-20230009, the provider's investigation substantiated Neglect based on staff's admission. ◦ Employee #1 was neglectful in dispensing medication to Individual #1. Based on preponderance of evidence, Employee #1 failed to ensure the health and safety of Individual #1.	PR) 06/22/2023 Employee #1 dispensed the incorrect medication to Individual #1. Employee #1 received a written supervision regarding this incident, with a warning that a second offense of the same error, would result in a second written supervision, and could include receiving at least three days of unpaid leave, or possible termination depending on the extent of the error. Corrective action included Employee #1 completing Medication Administration refresher training. This training was completed on 5/12/23. Supervision and training documentation is attached. Going forward, Employee #1 will reduce distractions while administering medications by having a co-worker assist in supervising the residents while medication is administered. The Residential Services Supervisor will continue to conduct random monitoring of staff while administering medications. OHR/OLR) Accepted 06/26/2023	5/12/2023

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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.

Andrea Milhouse, Human Rights	(Signature of Organization Representative)	Date

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