DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **07-13-2023**
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: "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. Advocate substantiated verbal abuse based on the following: • Upon review of the provider's written investigation summary for CHRIS entry A-20230013 provided on 6/28/2023, Employee #1 stated Individual #1 was in crisis and started hearing voices, seeing things and became irritable. Individual #1 went into the bathroom & closed the door. Employee #1 forced the door open when Individual #1 refused to open it. Individual #1 kicked the door trying to close it. Employee #1 admitted that she told Individual #1 she would pop Individual #1 on the back of head if Individual #1 cut her hand in the door. Based on preponderance of evidence, Employee #1 failed to ensure the health and safety of Individual #1 by using language that demeans, threatens, intimidates, or humiliates the individual.	PR) 08/14/2023 Employee #1 completed remediation training for CPS, Boundaries, Trauma-Informed Non-Physical De-Escalating Techniques and MANDT Relational Section (see attached verification training documentation). OHR/OLR) Accepted 08/15/2023	8/1/2023

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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