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-20230011 provided on 6/28/2023, Employee #1 admitted to hitting Individual #1 on the shoulder in a reflex reaction to Individual #1 hitting Employee #1. Staff did not follow the proper protocol while interacting with Individual. Provider determined no abuse as they didn't feel there was intent to harm. Although there may have not been intent to harm, Employee #1's actions were not in compliance with provider's approved protocol. Based on preponderance of evidence, Employee #1 failed to ensure the health and safety of Individual #1 and failed to adhere to the provider's approved protocol.	PR) 08/14/2023 Investigation revealed that Employee #1 did not follow the proper protocol while interacting with Individual #1. CPS screened out the allegation. Corrective Action included: (1) Employee #1 was placed on administrative leave until CPS allegation was screened out. (2) Employee #1 received three days of suspension (see attached verification disciplinary documentation). Upon returning to work, Employee #1 completed remediation training for CPS, Boundaries, Trauma-Informed Non-Physical De-Escalation Techniques and MANDT - Relational Section (see attached verification training documentation). Employee #1 will also attend Risking Connection training scheduled for 10/24-26/23. OHR/OLR) Accepted 08/15/2023	10/31/2023

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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