DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **07-26-2023**
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-20230025, the provider's investigation determined Neglect was substantiated based on eyewitness statements and Employee #1's admission. Based on preponderance of evidence, the provider failed to ensure the health and safety of Individual #1.	PR) 08/14/2023 Investigation revealed that Employee #1 was negligent in leaving her purse unattended in presence of Individual #1. Employee #1 did not follow the proper supervision protocol with Individual #1. Employee #1 received three days of suspension without pay (see attached disciplinary verification documentation). Employee #1 is currently on medical leave and will complete remediation training for CPS, Resident Supervision and MANDT – Relational Chapters upon her return to work (return date is unknown at this time). Employee #1 is also scheduled to complete the Risking Connection training currently scheduled for 10/24-26/23. The Final Planned Completion Date listed above is a "guestimate" date and is subject to change depending on Employee #1's actual return date. OHR/OLR) Accepted 08/15/2023	10/2/2023

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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