DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **08-07-2023**
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. Provider substantiated abuse based on the following: • Upon review of CHRIS entries A-20230016 - A-20230024, the provider's investigation determined verbal abuse was substantiated. ◦ Inappropriate Behavior/Verbal Exchange with individuals Based on preponderance of evidence, Employee #1 - #3 failed to ensure the health and safety of Individuals #1-#9 by use of language that demeans, threatens, intimidates, or humiliates.	PR) 09/06/2023 Employees #1-#3 were initially placed on administrative leave without pay while investigation was being conducted. By the end of the investigation, employment was terminated for Employee #1-#3 (see attached termination documentation). The COO, DON, Clinical Services Manager, Senior RSS and Human Rights Advocate met with Individuals #1-#9 to apologize for them being misled during this incident. Individuals #1-#9 were given the opportunity to openly share their thoughts and feelings regarding this incident. Information was also shared with Individuals #1-#9 regarding specific staff roles within the cottage, nursing and other administrative areas on campus, as well as the individuals' role in cottage expectations. OHR/OLR) Accepted 09/11/2023	7/5/2023

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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