DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **08-11-2023**
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.		

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

Date of Inspection: **08-11-2023**
Program Type/Facility Name: **14-001 Jackson Feild Homes**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-115-50. 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-20230029, the provider's investigation determined Neglect was substantiated. ◦ Employee #1 and Employee #2 did not follow the proper supervision protocol Based on preponderance of evidence, Employee #1 and Employee #2 failed to ensure the health and safety of Individual #1.	PR) 09/06/2023 Investigation revealed that there was not enough evidence to substantiate the allegation. The peer did admit to going into Individual #1's room to borrow Individual #1's headphones, revealing that Employee #1-#2 did not follow the proper supervision protocol with the residents. CPS was notified and the allegation was screened out. Greensville County Sheriff's Office was also notified and a police report was made. Employee #1-#2 received three days of suspension without pay and completed remediation training for CPS, Resident Supervision and MANDT – Relational section. Employee #1-#2 are required to complete hourly radio checks when working overnight shift. Residential Services Supervisor will be responsible for reviewing the radio checks log documentation at least on a weekly basis. All corrective action verification documentation is attached. OHR/OLR) Accepted 09/11/2023	8/23/2023

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **08-11-2023**
Program Type/Facility Name: **14-001 Jackson Feild Homes**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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