DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **02-15-2024**
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. Upon review of CHRIS entry, A:20230035, the provider's investigation included interviews with eyewitnesses which revealed: • Employee #1 used excessive profanity in a loud tone towards Individual #1 during the provision of a licensed service. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of abuse (verbal).	PR) 03/10/2024 Investigation revealed that Employee #1 did not follow the proper procedure for interacting with residents; and, witness statement, from other staff on shift, substantiated Individual #1's allegation of verbal abuse. Corrective Action: Employee #1 received three (3) days of unpaid administrative leave (see attached documentation). Employee #1 was also instructed to complete remediation training on Boundaries, Supervision of Residents and CPS; as well as receive documented bi-weekly supervision by RSS Supervisor for three (3) months. A Conflict Resolution meeting was to occur between Employee #1, Individual #1 and RSS Supervisor. Due to an issue unrelated to this incident, Employee #1 was released from employment before any remediation training, supervision or conflict resolution could occur (see attached documentation). OHR/OLR) Accepted 03/21/2024	1/18/2024

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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