DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **03-27-2024**
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.		5/15/2024
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. Upon review of CHRIS entry, A-20240004, the provider's investigation included eyewitness statements which determined systemic Neglect: • Upon review of the provider's written investigation	PR) 04/17/2024 During the investigation, the school wing and cottage protocols for storing cleaning supplies were reviewed and found to be in order. Resident stated the contraband was taken from the school wing; however, this was unfounded. Contraband checks are conducted randomly within the cottage and nothing was found in Resident's room, or possession, during recent checks. Corrective Action: (1) Contraband Search form was revised to include other areas to be searched within the cottage; (2) The Chemical/Cleaning Supply Checklist will continue to be used and all	5/15/2024

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

Date of Inspection: **03-27-2024**
Program Type/Facility Name: **14-001 Jackson Feild Homes**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		summary received 3/19/2024, the provider determined that all contraband checks were conducted randomly per protocol and protocols for storing cleaning supplies were found in order. It was undetermined when or how Individual #1 obtained the cleaning supplies, however, changes were made to Sanitation Policy, revisions made to checklist, and split door to be installed in staff office to prevent access to unauthorized area. • Per statement from Employee #1 on 3/25/2024, during the investigation, a area behind the headboard of individual beds was discovered where contraband could be hidden without staff detection. This space was unintentionally created when the beds were bolted to the floor a couple of years ago. This space has now been added to the searches checklist to be searched during random searches. Based on preponderance of evidence, the provider failed to ensure the health and safety of Individual #1.	cleaning supplies will be kept at back of shelf in locked closet so not easily accessible to residents; (3) the Cottage Sanitation policy was updated to include the revised forms, as well as more detail on how chemicals/cleaning supplies are kept in locked area and not accessible to residents; (4) a split door will be installed in staff office to prevent residents from gaining unauthorized entry, but still have staff accessible to supervise and communicate with residents while in the office. The split door should be installed by Maintenance Department no later than 5/15/24. The RSS (Residential Services Supervisor) and SRSS (Senior Residential Services Supervisor) will have oversight of the revised forms being utilized by cottage staff and will randomly review the completed forms at least on a monthly basis. Documentation is attached. OHR/OLR) Accepted 04/19/2024	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **03-27-2024**
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