DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-31-2024**
Program Type/Facility Name: **14-001 Jackson Feild Homes**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	N	Jackson Feild Homes This regulation was NOT MET as evidenced by: CHRIS Number: 20240021 Date/Time of Discover: 04/26/2024 6:15PM Enter Date/Time: 05/13/2024 1:00PM Reporting Delay: 378:45:00 Location Name: Jackson Feild Homes	PR) 06/20/2024 Going forward, CSC/UR Specialist will complete reports for each Individual involved in any Neglect: Peer to Peer Aggression incidents entered via CHRIS, not just the victim of the incident. The Chief Operating Officer (COO) will have oversight and will review incident data with CSC/UR Specialist prior to reporting Neglect: Peer to Peer Aggression incidents via CHRIS to ensure that reports for each Individual involved are entered within the 24-hour reporting requirement. OLR) Accepted 07/02/2024	6/1/2024

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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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined