DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-19-2024**
Program Type/Facility Name: **14-001 Jackson Feild Homes**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (5) - The records of each employee shall include: 5. Annual performance evaluations;	N	Jackson Feild Homes This regulation was NOT MET as evidenced by: Upon review of Employee #2's personnel file, the provider failed to have written documented evidence of an annual performance evaluation for Employee #2 in the personnel file. The last performance evaluation in the personnel file for Employee #2 was dated "5/15/2019-5/15/2020." Please address the citation with a corrective action plan of why the regulation was cited, how you will mitigate this regulation from being cited in the future, the staff member's position title for implementing the corrective action and the date that the corrective action will be implemented in the response.	PR) 01/14/2025 The missing annual performance evaluations for Employee #2 were located on the supervisor's computer; however, they had not been printed out and placed in Employee #2's personnel file. The evaluations will be placed in Employee #2's personnel file by the Final Planned Completion Date. Going forward, the annual performance evaluations for Employee #2 will be placed in their personnel file by the end of Employee #2's anniversary month. The CEO will have oversight of this and will ensure the documentation is sent to Human Resources in a timely manner and placed in Employee #2's personnel file by Human Resources staff within the anniversary month. OLR) Accepted 01/16/2025	1/31/2025

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12VAC35-46-450. A. - Plumbing shall be maintained in good operational condition.	N	Jackson Feild Homes This regulation was NOT MET as evidenced by: Upon physical inspection of the sink faucet in bathroom #20 in the First Step Cottage, the provider failed to maintain the faucet in good operation. Upon moving the faucet, the water poured from under the handle and run down into the sink. Please address the citation with a corrective action plan of why the regulation was cited, how you will mitigate this regulation from being cited in the future, the staff member's position title for implementing the corrective action and the date that the corrective action will be implemented in the response.	PR) 01/15/2025 The vanity and faucet in Bathroom #20 were replaced by Maintenance staff. Going forward, Residential Counselors and/or Program Coordinators will inspect the cottage on a weekly basis for any repairs that need to be completed by Maintenance Staff and complete the cottage checklist form (Cottage checklist form is attached). The Residential Counselors and/or Program Coordinators will notify the Maintenance Staff of any necessary repairs needed. The Residential Services Supervisor will have oversight and will review the cottage checklist forms on a weekly basis to stay abreast of any repairs that are needed within the cottage. Maintenance Staff will also complete a monthly inspection of the cottages and complete any repairs necessary in a timely manner. The Director of Plant Operations will have oversight and will review the Maintenance inspection forms on a monthly basis (Maintenance inspection form is attached). OLR) Accepted 01/16/2025	1/7/2025

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12VAC35-46-450. C. - Precautions shall be taken to prevent scalding from running water. Water temperatures shall be maintained between 100°F and 120°F.	N	Jackson Feild Homes This regulation was NOT MET as evidenced by: During physical inspection of the First Step cottage, the provider failed to maintain the hot water temperature within regulation compliance of 100-120 degrees. The First Step cottage hot water temperature check revealed a temperature of 142 degrees in rooms #19 and #20 which is above regulation compliance. Please address the citation with a corrective action plan of why the regulation was cited, how you will mitigate this regulation from being cited in the future, the staff member's position title for implementing the corrective action and the date that the corrective action will be implemented in the response.	PR) 01/14/2025 The hot water heater for Bathrooms 19 and 20 were adjusted to the correct temperature by Maintenance Staff. Going forward, Maintenance Staff will monitor the water temperature weekly. The Director of Plant Operations will have oversight of this on a weekly basis. OLR) Accepted 01/16/2025	1/7/2025
12VAC35-46-590. B. - The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.	N	Jackson Feild Homes This regulation was NOT MET as evidenced by: Upon the physical inspection of 12/19/2024, the following issues were discovered with the interior of the buildings that did not promote safety, proper maintenance, and cleanliness. **First Step Cottage:** • Bathroom #19-The auxiliary fan/filter was dirty with noted lint showing through the ceiling fan. • Bathroom #20-The trashcan between the toilet and sink was overflowing with trash onto the floor. • Room #17-Ceiling appeared to have had something thrown on it or glued to it by the black marks that were present. • Room #15-There were dots on the ceiling that	PR) 01/14/2025 **First Step Cottage:** *Bathroom #19* - The auxiliary fan/filter was cleaned by Maintenance Staff on 12/23/24. *Bathroom #20* - The trashcan was emptied by the Custodian on 12/23/24. *Room #17* - The ceiling was cleaned and painted by Maintenance Staff on 12/23/24. *Room #15* - The ceiling was cleaned and painted by Maintenance Staff on 12/23/24. *Chairs* - The chairs in the dayroom were cleaned by Maintenance Staff on 12/23/24. *Handicapped Bathroom* - Bathroom was cleaned by Custodian on 12/23/24.	1/14/2025

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		appeared to look similar to mold or mildew. • Chairs-The chairs in the dayroom appeared to be dirty or stained. • Handicapped bathroom-Upon entrance into the bathroom, there was a musty smell, with a towel lying down on the floor in front of the shower. **Darden Cottage:** • Laundry Room- Foul language written on the brown wall; • Washer-In the bleach dispenser on the inside and the inside of the tub ring there was noted black debris which appeared to be dirt and/or possible mold/mildew in the machine. • Chairs-The chairs in the dayroom appear to be dirty or stained. • Room #23-The door to the room was noted to have the paint peeling off the door. **Marshall Cottage:** • Bathroom #42-The toilet seat in the bathroom has the paint worn off of the seat in several places. • Laundry room-In the laundry room there is a medium size hole in the wall at the door. **Gwaltney Cottage:** • Room #8-This bedroom has a ensuite where the linoleum floor is wrinkling under foot in front of the sink. The ceiling in both the bathroom and the bedroom have observable peeling pant. • Outside handrail-On the left handrail going out of the door, there was a post missing the top which was exposing a circular hole with the plastic observable and exposed.	**Darden Cottage:** *Laundry Room* - The brown wall was painted by Maintenance Staff on 12/24/24. *Washer* - The washer was cleaned by Maintenance Staff on 12/24/24. *Chairs* - The chairs in the dayroom were cleaned by Maintenance Staff on 1/14/25. *Room #23* - The door was painted by Maintenance Staff on 12/24/24. **Marshall Cottage:** *Bathroom #42* - The toilet seat was replaced by Maintenance Staff on 12/23/24. *Laundry Room* - The wall damage was repaired by Maintenance Staff on 12/23/24. **Gwaltney Cottage:** *Room #8* - The bathroom floor was replaced by Maintenance Staff on 12/30/24; and, the ceiling was cleaned and painted by Maintenance Staff on 12/23/24. *Outside Handrail* - The outside handrail post covers were replaced by Maintenance Staff on 1/8/25. Going forward, Residential Counselors and/or Program Coordinators will inspect the cottage on a weekly basis for any repairs that need to be completed by Maintenance Staff and complete the cottage checklist form (Cottage checklist form is attached). The Residential Counselors and/or	

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			Program Coordinators will notify the Maintenance Staff of any necessary repairs needed. The Residential Services Supervisor will have oversight and will review the cottage checklist forms on a weekly basis to stay abreast of any repairs that are needed within the cottage. Maintenance Staff will also complete a monthly inspection of the cottages and complete any repairs necessary in a timely manner. The Director of Plant Operations will have oversight and will review the Maintenance inspection forms on a monthly basis (Maintenance inspection form is attached). OLR) Accepted 01/16/2025	

General Comments / Recommendations:
Please review the licensing report and respond with the corrective action plan by the due date addressed in the report.

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.

Tina Williams, Licensing Specialist | (Signature of Organization Representative) | Date

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