DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-27-2024**
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.		

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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	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 entries A:20240020 & A:20240021, the provider's investigation included interviews with Employee #1, Employee #2, Employee #3, Individual #1 and Individual #2. A review of the provider's policies, a review of video footage and a review of Individual #1's Individual Service Plan which revealed: · Employee #1, Employee #2, and Employee #3 failed to maintain special precautions as outlined in Individual #1's Individual Service Plan. · Employee #1, Employee #2 and Employee #3 failed to follow the provider's policy regarding supervision. · Individual #1 and Individual #2 engaged in a physical altercation. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	PR) 01/18/2025 Investigation revealed that Employee #1, #2 and #3 did not follow protocol/policy for supervision of Individual #1 and #2 or utilize proper restraint techniques. Corrective Action included Employee #1, #2 and #3 be required to complete the following: (1) Three days suspension; (2) Attend Risking Connection training; (3) Attend MANDT remediation training; (4) Attend Remediation training in Supervision of Residents; (5) up to 60 days of documented weekly supervision; and (6) Supervision on cell phone policy. Verification documentation is attached. OHR/OLR) Accepted 02/24/2025	11/30/2024

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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