***DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES***
***CORRECTIVE ACTION PLAN***



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

Date of Inspection: **01-21-2025**
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<br><br>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<br><br>This regulation was NOT MET as evidenced by:<br><br>"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.<br><br>Upon review of CHRIS entries A:20240022 & A:20240023, the provider's investigation included an interview with Employee #1, Employee #2, Individual #1 and Individual #2. Additionally, a review of Individual #1's and Individual #2's service plan, a review of the provider's policies and a review of video footage which revealed:<br><br>• Employee #1 failed to maintain 1:1 special precaution as outlined in Individual #1's Individual Service Plan.<br>• Employee #2 failed to maintain 1:1 special precaution as outlined in Individual #2's Individual Service Plan.<br>• Individual #1 and Individual #2 engaged in a physical altercation.<br><br>Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect. | PR) 03/05/2025<br><br>Employee #1 and #2 did not follow protocol/policy for supervision of residents, resulting in Individual #1 being assaulted by Individual #2. Corrective Action included Employee #1 and #2 receiving three (3) days of suspension, supervision, reviewing the policies and attending remediation training in the Supervision of Residents, Special Precautions, Responding to Crisis, Interactions in relation to residents (constant movement to investigate behaviors), Recognizing Triggers, Communication, and Descriptive Incident Reporting of all facts. All Staff will also be required to communicate all their medical concerns to the immediate supervisor and/or AOC (Administrative On-Call personnel), as well as give shift updates and immediately report any challenges. A safety plan for the cottage was also put in place. (Verification documentation is attached)<br><br>OHR/OLR) Accepted 03/26/2025 | 12/15/2024 |

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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