DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **02-05-2026**
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.		1/7/2026

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

Date of Inspection: **02-05-2026**
Program Type/Facility Name: **14-001 Jackson Feild Homes**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-115-110. C. (9a) - The provider's duties. 9. Providers shall comply with all applicable state and federal laws and regulations, certification and accreditation standards, and third party requirements as they relate to seclusion and restraint. 9a. Whenever an inconsistency exists between this chapter and federal laws or regulations, accreditation or certification standards, or the requirements of third party payers, the provider shall comply with the higher standard.	N	Jackson Feild Homes Providers shall comply with all applicable state and federal laws and regulations, certification and accreditation standards, and third party requirements as they relate to seclusion and restraint. This regulation was NOT MET as evidenced by: Upon review of CHRIS entry A:20250027, the provider's investigation included an interview with Employee #1 and Individual #1 and a review of the provider's policy which revealed: • Employee #1 did not follow the proper behavioral management technique when restraining Individual #1. • Individual #1 received a laceration on the back of his neck. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's finding of a regulatory violation.	PR) 03/12/2026 CPS was notified on 10/30/25 – Referral #3085565. CPS determination letter is attached. Internal investigation revealed that there was insufficient evidence to corroborate abuse allegation; however, it was discovered that Employee #1 did not follow the proper MANDT technique when restraining Individual #1. CORRECTIVE ACTION: Employee #1 was placed on administrative leave while investigation was being conducted. Employee #1 completed remediation training regarding appropriate MANDT physical techniques/scenarios, managing high-risk behaviors, and Trauma-Informed/Risking Connection. Evidence documentation is attached. OHR/OLR) Accepted 04/13/2026	1/7/2026

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **02-05-2026**
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