DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **07-08-2026**
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.		
12VAC35-115-175. F. (4) - Additional requirements for complaints involving abuse, neglect, or exploitation: 4. The program director shall ensure that the investigation is conducted by a person trained to do investigations and who is not involved in the issues under investigation.	N	Jackson Feild Homes This regulation was NOT MET as evidenced by: *The program director shall ensure that the investigation is conducted by a person trained to do investigations and who is not involved in the issues under investigation.* • During the Advocate's monitoring of the CHRIS entry **A-20260010**, the provider failed to provide evidence of investigations training for Employee #1. Based on the Advocate's review, there is a preponderance of evidence to support the violation.	PR) 08/01/2026 Employee #1 stated that she remembered completing the Investigating Abuse & Neglect training in 2020-2021; however, there was no corresponding training documentation in her employee file. Employee #1 has completed the training. Evidence of completed training is attached. OHR/OLR) Accepted 08/05/2026	7/9/2026

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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.

Amaya Henderson, Human Rights	(Signature of Organization Representative)	Date

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