DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **295-14-011**
Organization Name: **Intercept Health**

Date of Inspection: **07-05-2022**
Program Type/Facility Name: **14-011 Intercept-Spring House**

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	Intercept-Spring House This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 07/20/2022 See PR below. OLR) Accepted 07/28/2022	6/2/2022

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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	Intercept-Spring House 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 entry A-20220065, the provider's investigation determined Employee #1 failed communicate and follow up to ensure Individual #1 received medication. Based on preponderance of evidence, Employee #1 failed to ensure the health and safety of Individual #1.	PR) 07/20/2022 Employee #1 received verbal counseling on Intercept Health's medication policies and a formal write up by the Sr. Regional Operations Manager on 6/1/22. OHR/OLR) Accepted 07/21/2022	6/1/2022

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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.

Tonya Carr, Legal Operations Manager	(Signature of Organization Representative)	Date

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