DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-28-2024**
Program Type/Facility Name: **14-011 Intercept-Spring House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. F. - Medication prescribed by a person authorized by law shall be administered as prescribed.	N	Intercept-Spring House This regulation was NOT MET as evidenced by: In review of Individual #1's medication administration record, medication #1 is listed, as well as on the physician order, however, it was not onsite.	PR) 05/28/2024 Intercept staff will reach out to prescribing provider to have the inactive medication discontinued, and to Bremo to have it removed from the Medication Administration Record. OLR) Accepted 05/30/2024	6/11/2024

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.

Nicole Willis, Licensing Specialist | (Signature of Organization Representative) | Date

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