DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **295-14-015**
Organization Name: **Intercept Health**

Date of Inspection: **04-19-2022**
Program Type/Facility Name: **14-015 Vision House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. G. (6) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 6. Identity of the individual who administered the medication;	N	Vision House This regulation was NOT MET as evidenced by: 1. In review of the medication administration record for Individual #1, the staff failed to initial for medications #1 and #4, (8pm), on April 3, 2022. 2. In review of the medication administration record for Individual #1, the staff failed to initial for medications #2 and #3, (8am), on April 3, 2022.	PR) 05/05/2022 * Program Manager provided one-to-one supervision and remediation with the employee who was responsible for the missing documentation on the MAR on 4/3/22 (one employee worked a double shift). Supervision included review of the P&P for Medication Administration. Program Manager provided additional observation of this employee administering medication on 5/4/2022 to ensure all steps were followed, including concurrent documentation. OLR) Accepted 05/06/2022	5/5/2022

General Comments / Recommendations:
No 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