DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-03-2024**
Program Type/Facility Name: **14-015 Vision House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-590. B. - The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.	N	Vision House This regulation was NOT MET as evidenced by: During the onsite inspection, the following areas were observed: 1. Light switch cover was missing 2. In bedroom #2, there appeared to be dried blue liquid on the back of the door 3. In bedroom #4, the back of the door is split and blinds need to be replaced 4. In bedroom #6, there was a hole in the wall behind the door	PR) 12/17/2024 This regulation was not met due to maintenance not completing tasks post incidents in the home in a timely manner. A maintenance ticket has been submitted for all tasks at this time. Follow up and monitoring will take place by 1/1/25 by the Program Manager and Utilization Review Specialist during on site inspections. OLR) Accepted 12/23/2024	1/1/2025

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