DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **295-14-019**
Organization Name: **Intercept Health**

Date of Inspection: **09-24-2024**
Program Type/Facility Name: **14-019 Fountain 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	Fountain House This regulation was NOT MET as evidenced by: See OHR citation.		

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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	Fountain House This regulation was NOT MET as evidenced by: "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. Upon review of CHRIS entry A:20240034, the provider's investigation included interviews with Individual #1 and peers, an interview with Employee #1 and an interview with support staff which revealed: • Employee #1 grabbed Individual #1 by the neck and attempted to strike them in the face. • Employee #1 cursed at Individual #1 and made verbal threats of physical harm to Individual #1. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of verbal abuse and physical abuse.	PR) 10/04/2024 This incident occurred due to staff not following Intercept's policy on Behavior Management. Employee 1 was terminated from Intercept's program. Staff will continue to receive ongoing training regarding Behavior Management and appropriate techniques to use for de-escalating a resident in the appropriate manner. Ongoing training is monitored by our Training Coordinator and Program Manager. Ongoing training varies from yearly, quarterly, monthly. Employee 1 Correction Action Form was provided to OHR representative. OHR/OLR) Accepted 12/02/2024	9/13/2024

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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.

Andrea Milhouse, Human Rights	(Signature of Organization Representative)	Date

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