DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-03-2024**
Program Type/Facility Name: **14-019 Fountain House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-590. 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	Fountain House This regulation was NOT MET as evidenced by: During the onsite inspection, observed was a hole in the wall near the computer and behind the punching bag in the recreational room.	PR) 12/11/2024 Occurrence took place due to an incident in the home. A maintenance ticket was submitted to repair all damage and timeliness in this area will be ongoing. The follow up that the maintenance has been completed will be monitored by both the Program Manager and the Utilization Review Specialist during monthly inspections. OLR) Accepted 12/13/2024	12/31/2024

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