DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **04-29-2025**
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:20250003, the provider's investigation included an interview with Employee #1, a review of the provider's policies and a review of Individual #1's chart which revealed: Employee #1 grabbed Individual #1 by the hair. Employee #1 failed to follow the provider's identified behavioral management techniques. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of physical abuse.	PR) 05/14/2025 Incident occured due to staff not correctly following Intercept's behavior management policies appropriately. Staff was terminated on 3/26/25 due to the incident. Behavior management policies are reviewed with staff during monthly staff meetings by the Program Manager. Program Manager and Regional Director will continue to educate staff on behavior management. OHR/OLR) Accepted 07/01/2025	3/26/2025

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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