DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **06-26-2025**
Program Type/Facility Name: **14-019 Fountain House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Fountain House This regulation was NOT MET as evidenced by: OHR citation.		
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: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. Upon review of CHRIS entry, A# 20250012 the provider's investigation included written	PR) 07/17/2025 This incident occurred due to staff not following Intercept's room check policy timely. Staff received written corrective action and were re-educated on the importance of following Intercept's room check policy. Staff will receive ongoing education during monthly supervision with Staff Supervisor. This will be monitored by Program Director and Regional Director of Residential Services during direct supervision with Staff Supervisor monthly. OHR/OLR) Accepted 08/07/2025	05/08/2025 00:00:00

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		statements, staff admissions, and a review of the provider's policy, which revealed: • Individual #1's peer reported that she entered Individual #1's room overnight on 4/28/25 and they engaged in consensual sexualized activity. Peer reported that staff did not check on them during that time. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect.		

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