DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **295-14-031**
Organization Name: **Intercept Health**

Date of Inspection: **01-08-2024**
Program Type/Facility Name: **14-031 Journey House - Intercept**

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	Journey House - Intercept This regulation was NOT MET as evidenced by: 1. During the onsite inspection the bathrooms #1 and #2, located upstairs were in need of cleaning as it appeared to be soap and mildew residue on the shower floor and bottom of the shower liner. 2. During the onsite inspection, the blinds in bedroom #2, located upstairs were broken and needs to be replaced. 3. During the onsite inspection, the front element of the stove did not work. 4. During the onsite inspection, the toilet located in the bathroom downstairs needed cleaning.	PR) 01/11/2024 This occurrence was due to staff oversight regarding keeping with daily cleaning schedule. This schedule was reviewed with staff by Director of Residential & Specialty Programs, and will be followed accordingly daily. Daily cleaning schedule will be monitored by Program Director, Staff Supervisor, and Director of Residential & Specialty Programs. Monthly on-site inspections will continue by Utilization Review Staff. Bathrooms 1 and 2 will be deep cleaned and shower liner will be replaced. The blinds in Bedroom 2 will be removed and replaced with new blinds. The front element of the stove was previously disconnected during a cleaning of the stove. The element was re-attached and is working. The toilet in the downstairs bathroom will be deep cleaned. OLR) Accepted 02/02/2024	1/15/2024

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