DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **07-11-2024**
Program Type/Facility Name: **14-031 Journey House - Intercept**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-440. C. - Lighting in halls shall be adequate and shall be continuous at night.	N	Journey House - Intercept This regulation was NOT MET as evidenced by: During the onsite inspection, bathroom #1 located upstairs needs 3 of the 4 light bulbs replaced.	PR) 07/17/2024 Occurrence was due to staff not checking lighting. Lighting will be monitored regularly by staff and Program Manager. In addition, lighting will be monitored by onsite inspections monthly by Utilization Review Specialist. Lighting was replaced and all 4 lightbulbs are working. OLR) Accepted 07/18/2024	7/15/2024
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: During the onsite inspection, it was observed that the oven needs cleaning.	PR) 07/17/2024 Occurrence was due to staff not cleaning oven as often as needed. Cleaning will be monitored regularly by staff and Program Manager. In addition, oven will be monitored by onsite inspections monthly by Utilization Review Specialist. Oven was cleaned on 7/15/24. OLR) Accepted 07/18/2024	7/15/2024
12VAC35-46-850. F. - Medication prescribed by a person authorized by law shall be administered as prescribed.	N	Journey House - Intercept This regulation was NOT MET as evidenced by: During the review of the medication administration record, medication #1 and medication #2 was listed, but was not onsite during the inspection.	PR) 07/17/2024 Missing PRN medication occurred due to staff not having medication on site, even though it was not being administered. Program Manager and Utilization Reivew Specialist will monitor this, at a minimum of monthly to ensure all PRN medications are on site. One medication was purchased and placed in with PRN medications. The other medication is being discontinued by physician and will be taken off the medication administration record. OLR) Accepted 07/18/2024	7/15/2024

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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.

Nicole Willis, Licensing Specialist	(Signature of Organization Representative)	Date

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