DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **04-21-2025**
Program Type/Facility Name: **14-031 Journey House - Intercept**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - 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	Journey House - Intercept This regulation was NOT MET as evidenced by: See OHR citation.		

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12VAC35-115-230. A. (3a) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 3. The investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate via the department's web-based reporting application within 10 working days from the date the investigation began unless an extension has been granted (see 12VAC35-115-175). This report shall include: 3a. Whether abuse, neglect, or exploitation occurred;	N	Journey House - Intercept This regulation was NOT MET as evidenced by: Upon review of the CHRIS entry A-20240042, the provider failed to provide a written report of the results of the investigation via the department's web-based reporting application within 10 working days from the date in which the investigation began. The investigative findings were due on 11/18/24.	PR) 05/01/2025 Intercept missed the 10 day due date for investigation on this report due to an internal tracking error. The investigation portion has been complete and the error corrected. Intercept will continue to follow internal policies for tracking CHRIS reports and investigation due dates. This will be ongoing and completed by the Utilization Review Supervisor and Regional Manager. OHR/OLR) Accepted 05/01/2025	4/21/2025

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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