DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-27-2026**
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: During the onsite inspection, the following was observed: 1. Bedroom #3: a. Blinds broken b. Desk drawer is missing the front covering c. Dent in the wall near the bed 2. Bathroom #1 (downstairs): a. Water was leaking at the bottom of the toilet b. The handle does not flush the toilet. Toilet can only be flushed by uncovering the tank of the toilet and lifting the lever inside. 3. The wall behind the television in the recreation room is soiled and needs cleaning 4. Bathroom #2 (upstairs): a. Window needs the proper bracket to hang the curtain for privacy b. Shower curtain needs to be replaced due to being soiled c. Door frame is broken/cracked and needs to be replaced d. Mirror needs cleaning due to the stains present 5. Bedroom #7: One set of blinds are broken and need to be replaced	PR) 06/03/2026 The deficiencies noted in the citation were due to staff overlooking the items during on-site inspections that are completed monthly. For Bedroom #3 blinds being broken, this item was fixed on 5/28/26 with new blinds. Regarding the desk drawer missing the front cover, this has been ordered and waiting for arrival in order to replace. Regarding the dent in the wall near the bed, a work order with Intercept's maintenance department was submitted 6/3/26 for repair (work request #13409). For Bathroom #1, regarding water leaking under the toilet and the handle not working properly, maintenance arrived on 5/28/26 to repair the leak and the handle. The toilet no longer has water leaking and the handle has been repaired to provide proper flushing. Regarding the wall behind the television being soiled, this was thoroughly cleaned on 5/27/26 to fix soiling problem. Regarding Bathroom #2 window needing a bracket to hang the curtain properly, this was fixed and repaired on 5/27/26, in order to aide in the curtain hanging properly and providing appropriate privacy. Regarding the shower curtain needing replaced, this was replaced with a new shower curtain on 5/28/26. Regarding the door frame damage, a ticket was submitted to maintenance for repair on 5/27/26 (work request #13414). Regarding the mirror stains, the mirror was thoroughly cleaned on 5/27/26 to remove stains. Regarding bedroom # 7 blinds being broken, these were replaced on 5/28/26 with new blinds. The deficiencies noted in this citation will be prevented from re-occurring by monthly on-site physical environment checks by Program Managers. This will be monitored on an ongoing basis by the Program Manager of	6/30/2026

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			the house and by the physical environment inspector, at a minimum of once per month. OLR) Accepted 06/09/2026	
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: In review of Individual #2's medications and medication administration record, medication #1 was not onsite during the inspection.	PR) 06/03/2026 This deficiency occurred due to an oversight by medication administration staff in the home by not having the proper medications in the individual's on-site medications. The medication was added to the individual's on-site medications on 5/27/26. This will be prevented from occurring in the future by medication bin checks by the Program Manager, at a minimum of once per month, and by medication administration staff daily. OLR) Accepted 06/09/2026	5/27/2026

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