DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **295-14-032**
Organization Name: **Intercept Health**

Date of Inspection: **03-15-2022**
Program Type/Facility Name: **14-032 Gateway-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	Gateway-Intercept This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 03/30/2022 See PR below. OLR) Accepted 03/31/2022	1/28/2022

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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	Gateway-Intercept This regulation was NOT MET as evidenced by: "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. Upon review of CHRIS entry A-20220016, the provider's investigation determined Employee #1 failed to use the proper technique while engaging with Individual #1 using the Ukeru pad and abuse was found. Employee #1 used the pad as a form of restraint and not as a blocking method.	PR) 03/30/2022 Employee #1 voluntarily resigned during the investigation. Employee #1 submitted a resignation letter to the Director on 01/28/2022. OHR/OLR) Accepted 03/30/2022	1/28/2022

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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.

Tonya Carr, Legal Operations Manager	(Signature of Organization Representative)	Date

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