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

Date of Inspection: **03-24-2025**
Program Type/Facility Name: **14-032 Gateway-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	Gateway-Intercept This regulation was NOT MET as evidenced by: During the onsite inspection of the Gateway location, the following areas are in need for cleaning: 1. Bedroom #1: -Blinds need to be replaced -Door Frame is broken 2. Bedroom #2: -Clothing was scattered over the floor in all areas of the room 3. Bedroom #6 -Door frame is broken 4. Bedroom #6: -Door frame is broken 5. Bedroom #7: The bed was missing a fitted sheet 6. Bedroom #8: -Debris scattered throughout the bedroom floor -No fitted sheet on the bed 7. Bathroom #1: -Shower needs deep cleaning as there appeared to be mildew on the shower walls and floor	PR) 04/07/2025 Citation occurred from program staff not maintaining cleanliness/maintenance checks as needed. Staff were reminded to follow behind residents to ensure cleaning is done appropriately. House cleanliness and maintenance checks will occur during monthly on-site inspections from program managers, or as needed. 1. Bedroom #1 - Blinds and door frame: pictures of blinds and door frames were taken, and tickets were submitted to our maintenance team with an estimated completion date of 5/1/25. 2. Clothing was picked up and staff will be assisting resident with cleanliness of the room daily. Staff will maintain cleanliness after resident responsibilities are complete. House cleanliness will be monitored by program staff daily and during on site inspections monthly from program manager. 3. Picture of door frame was taken, and a ticket was submitted to our maintenance team with an estimated completion date of 5/1/25. 4. Picture of door frame was taken, and a ticket was submitted to our maintenance team with an estimated completion date of 5/1/25. 5. All missing fitted sheets were provided to residents and placed on the bed. Staff will continue to monitor this daily during room inspections and provide hygiene feedback to residents. 6. Room has been cleaned and debris removed. Staff will continue to assist resident daily with	5/1/2025

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		8. Bathroom #2: -The toilet needs to be cleaned as there were stains outside of the commodes -The shower needs a deep cleaning as there appeared to be mildew on the shower walls and floor 9. The kitchen needs cleaning as there was crumbs on the counter and floor. 10. The floor and oven need to be cleaned. 11. The home needs to be vacuumed in its entirety.	room inspections and prompting for cleaning. All missing fitted sheets were provided to residents and placed on the bed. Staff will continue to monitor this daily during room inspections and provide hygiene feedback to residents. 7. A deep clean of the shower was completed on 3/26/25 and staff will continue to monitor cleanliness of the bathrooms and work with residents on maintaining cleanliness of their areas. 8.A deep clean of the shower and toilet was completed on 3/26/25 and staff will continue to monitor cleanliness of the bathrooms and work with residents on maintaining cleanliness of their areas. Staff were educated on their responsibilities to clean the house after residents as well. 9. Kitchen was cleaned thoroughly, to include floors and counter, on 3/26/25. Staff will maintain cleanliness after resident responsibilities are complete. House cleanliness will be monitored by program staff daily and during on site inspections monthly from program manager. 10. Oven cleaning with oven cleaner solution was completed on 3/26/25 and will be maintained and thoroughly inspected during monthly on site inspections completed by the program managers. 11. A deep clean of the home was completed on 3/26/25, to include vacuuming all flooring. This will be monitored and inspected monthly by program manager. OLR) Accepted 04/09/2025	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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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