License #: **3055-14-008**
Organization Name: **Gatewood Children's Homes, Inc.**

Date of Inspection: **12-06-2022**
Program Type/Facility Name: **14-008 Jordan House (current)**

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	Jordan House (current) This regulation was NOT MET as evidenced by: See OHR citation below.		
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	Jordan House (current) This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. Provider substantiated neglect based on the following: • Upon review of CHRIS entry A-20220011, the provider's investigation substantiated Neglect based on the following: ◦ Individual #1 was left unsupervised (alone) in the home when staff and peers left the	PR) 12/08/2022 **1. Provide a statement of the issue that led to non-compliance and state how you** **corrected/will correct the deficient practice in this specific violation.** Employee #1 alerted the residents of the home to prepare to depart the house to go to Dollar General. Residents began exiting the home. Individual #1 was observed still in her room. Employee #1 and another resident in the home called for her to come out the home. Employee #1 stated that upon arriving at the store, she realized she was missing Individual #1 and immediately return back to the home. Employee #1 will conduct headcount of each	11/20/2022

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		residence for a community outing; ◦ Employee #1's admitted to leaving Individual #1 in the home; and, ◦ Employee #1's failed to follow provider policy. Based on preponderance of evidence, Employee #1 failed to ensure the health and safety of Individual #1.	individual resident prior to departing the residence. Employee #1will also conduct a second head count on preparation to return to the home to ensure accountability of all residents. **2. Include a plan of action to address systematic changes. This may require updating policies,** **procedures, forms or conducting any needed training or retraining for staff, or other steps** **that could alleviate the problem in order to minimize the possibility that the violation will** **occur in the future.** Plan of action is to retrain all staff to conduct head counts of each individual resident of the home upon exiting, during an outing, and again upon entering the home to ensure all individuals are accounted for. This is a part of the onboarding for all new hires. The Program Manager will retrain all staff at least bi-annually on resident supervision (which will include head counts) Employee #1 received 5-day suspension and retraining. If occurrence happens again further disciplinary actions will occur which may include termination. **3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex:**	

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			monthly audits, weekly chart reviews, daily checklist, etc.). Program Manager will contact the home on outing days to ensure staff are following Resident Supervision to include headcounts. **4. Include the position of the person responsible for monitoring the plan of action. Do not** **include staff/employee names.** Program Manager **5. Enter the Planned Completion Date and the Actions to be Taken in the Response screen. If** **there are steps in the plan of action that have different planned completion dates, please** **enter the overall Planned Completion Date on the screen.** 11/20/2022 OHR/OLR) Accepted 12/08/2022	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **3055-14-008**
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Date of Inspection: **12-06-2022**
Program Type/Facility Name: **14-008 Jordan House (current)**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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.

Cassie Purtlebaugh, Human Rights	(Signature of Organization Representative)	Date

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