DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **08-27-2026**
Program Type/Facility Name: **14-008 Jordan House (current)**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-250. B. - At the time of hire or residency at the facility, each individual shall submit the results of a tuberculosis screening assessment documenting the absence of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health. The screening assessment shall be no older than 30 days.	N	Jordan House (current) This regulation was NOT MET as evidenced by: Upon review of Employee #1's record, the provider failed to have evidence of a tuberculosis screening completed no older than 30 days. Review of Employee #1's tuberculosis screening revealed the screening was completed over 30 days after hire.	PR) 09/16/2026 During the onboarding process, all staff are to obtain tuberculosis test within 30 days of hire. This has been implemented on the Employee's face sheet as a check and balance to ensure new hires receive their tuberculosis screening within 30 days. OLR) Accepted 09/23/2026	9/16/2026
12VAC35-46-300. B. (2) - The records of each employee shall include: 2. Educational background and employment history, including dates of employment for each position held and separation;	N	Jordan House (current) This regulation was NOT MET as evidenced by: Upon review of Employee #1's personnel record, the provider failed to have evidence of the employee's educational background.	PR) 09/18/2026 Created an Employee face sheet to be place in each employee file. This file was created to use as a check and balance to ensure all required documents are present in the employee's file. The Program Director will be responsible for auditing and maintaining staff's employee books. OLR) Accepted 09/23/2026	9/18/2026

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12VAC35-46-440. B. - All areas within buildings shall be lighted for safety and the lighting shall be sufficient for the activities being performed.	N	Jordan House (current) This regulation was NOT MET as evidenced by: Upon in inspection of the physical plant, the light bulb in the middle bedroom was out and needed to be replaced.	PR) 09/16/2026 A daily inspection sheet was created to be completed on all 3 shifts by the Youth Counselor assigned to work the shift. The Resident Manager will daily review the inspection sheet and forward all deficiencies to the Program Director. The Program Director will ensure all deficiencies are completed within 2 business days. OLR) Accepted 09/23/2026	9/16/2026
12VAC35-46-450. C. - Precautions shall be taken to prevent scalding from running water. Water temperatures shall be maintained between 100°F and 120°F.	N	Jordan House (current) This regulation was NOT MET as evidenced by: Upon inspection of the kitchen, first-floor main bathroom, and downstairs main bathroom, the water temperatures exceeded the 100–120°F range. The water temperature in the kitchen measured 136.5°F, the first-floor main bathroom measured 136.0°F, and the downstairs main bathroom measured 142.8°F. These readings exceeded the allowable temperature range.	PR) 09/16/2026 Michael and Son was scheduled to come out to check and correct the water temperature. They responded to Michael and Son on September 4, 2026 and resolved the issue. Please see the attached invoice. OLR) Accepted 09/23/2026	9/4/2026
12VAC35-46-550. - Appropriate space and equipment in good repair shall be provided if laundry is done at the facility.	N	Jordan House (current) This regulation was NOT MET as evidenced by: Upon review of the physical plant, a hole was observed in the utility room adjacent to the washing machine. The damaged area requires repair. Additionally, the door to the area housing the hot water tanks requires repair.	PR) 09/18/2026 Maintenance responded to the home on Thursday, September 3, 2026 to repair the damages to the laundry room. Inspection sheet also created for staff to complete house inspections daily to catch deficiencies. The Resident Manager will audit the sheets and seek approval for the deficiencies to be corrected within 72 hours. OLR) Accepted 09/23/2026	9/3/2026

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12VAC35-46-590. A. - The facility's grounds shall be safe, properly maintained, and free of clutter and rubbish. The grounds include, but are not limited to, all areas where residents, staff, and visitors may reasonably be expected to have access, including roads, pavements, parking lots, open areas, stairways, railings, and potentially hazardous or dangerous areas.	N	Jordan House (current) This regulation was NOT MET as evidenced by: Upon review of the facility grounds, a towel and a window screen were observed on the ground underneath the deck. Additionally, upon review of the middle bedroom, the ceiling fan was observed to be loose at the top where it was attached to the ceiling and was not secure. It was also observed that the interior air conditioning vents needed to be cleaned, as they had accumulated dust. The oven in the kitchen was also observed to need cleaning.	PR) 09/16/2026 A daily inspection has been created. Youth counselors will use the inspection sheet daily and do a walk through inside the home and outside of the home and note any deficiencies. Youth Counselor will correct those deficiencies that's within their scope on the spot. Those deficiencies that require maintenance or a high level will be documented on the inspection sheet and forward on to the Resident Housing Manager. The Resident Housing Manager will seek approval from the Program Director to have deficiencies corrected within 2 business days. The window screen and towel were collected and placed in the trash during the inspection. The ceiling van was secured be a licensing electrician on 09/15/2026 and the vents throughout the home was cleaned and new filters were installed. OLR) Accepted 09/23/2026	9/15/2026
12VAC35-46-600. A. - All furnishings and equipment shall be safe, clean, and suitable to the ages and number of residents.	N	Jordan House (current) This regulation was NOT MET as evidenced by: Upon review of the bedrooms upstairs, it was observed in the first bedroom that the top of the dresser had paint or finger nail polish on it, It was also observed that a unused television was on the floor beside it.	PR) 09/22/2026 Corrective action. Removed old television from the room. Replaced/purchased new television and had maintenance to mount it on the wall. Please see the attached pictures and receipt. Dresser was cleaned and covers were placed on the dresser. OLR) Accepted 09/23/2026	9/22/2026

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12VAC35-46-730. A. - At the time of admission, each resident's record shall include a completed face sheet that contains (i) the resident's full name, last known residence, birth date, birthplace, gender, race, social security number or other unique identifier, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, placing agency, emergency contacts, and parents, if appropriate.	N	Jordan House (current) This regulation was NOT MET as evidenced by: Upon review of Individual #1's records, there was no face sheet in the record for review, to include: the resident's full name, last known residence, birth date, birthplace, gender, race, social security number or other unique identifier, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, placing agency, emergency contacts, and parents, if appropriate.	PR) 09/18/2026 Face sheet will be completed during the same day the youth is admitted to the program by Lead Youth Counselor or Resident Manager. The Program Director will audit this process monthly to ensure the Face sheet is present for all youth in the program. Please see the attached blank Face Sheet that will be completed during admissions. OLR) Accepted 09/23/2026	9/18/2026
12VAC35-46-850. A. (5) - The provider shall develop and implement written policies and procedures regarding the delivery and administration of prescription and nonprescription medications used by residents. At a minimum these policies will address: 5. Disposal of medication;	N	Jordan House (current) This regulation was NOT MET as evidenced by: Upon review of Individual #2's records, the provider failed to implement their medication policy related to disposal. The provider's 850 policy states, "When a prescription expires, is discontinued, or is left after a resident is no longer in the program, the unused drugs must be disposed of properly". Medication #1 was discontinued on 08/16/2026. Upon inspection, Medication #1 was found with the other medications and not disposed of by the provider.	PR) 09/22/2026 Corrective Action. Residents Manager has been task with auditing medication weekly. The Program Director will review audit sheets weekly and perform an independent audit monthly to reduce errors. OLR) Accepted 09/23/2026	9/22/2026

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12VAC35-46-900. A. (1) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 1. Identification of positive and problem behavior;	N	Jordan House (current) This regulation was NOT MET as evidenced by: Upon review of the individual's #1 records, there was no evidence of a behavioral support plan completed within 30 days of admission that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 1. Identification of positive and problem behaviors to include.	PR) 09/22/2026 BSP for Individual #1 has been located and properly filed in the youth's book. Resident Manager is responsible for ensuring the BSP is filed properly in the youth's book once all signatures have been obtained. OLR) Accepted 09/23/2026	9/22/2026
12VAC35-46-900. A. (2) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 2. Identification of triggers for behaviors;	N	Jordan House (current) This regulation was NOT MET as evidenced by: Upon review of the individual's #1 records, there was no evidence of a behavioral support plan completed within 30 days of admission that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 2. Identification of triggers for behaviors.	PR) 09/22/2026 BSP for Individual #1 has been located and properly filed in the youth's book. Resident Manager is responsible for ensuring the BSP is filed properly in the youth's book once all signatures have been obtained. OLR) Accepted 09/23/2026	9/22/2026

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12VAC35-46-900. A. (3) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 3. Identification of successful intervention strategies for problem behavior;	N	Jordan House (current) This regulation was NOT MET as evidenced by: Upon review of the individual's #1 records, there was no evidence of a behavioral support plan completed within 30 days of admission that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 3. Identification of successful intervention strategies for problem behavior.	PR) 09/22/2026 BSP for Individual #1 has been located and properly filed in the youth's book. Resident Manager is responsible for ensuring the BSP is filed properly in the youth's book once all signatures have been obtained. OLR) Accepted 09/23/2026	9/22/2026
12VAC35-46-900. A. (4) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 4. Techniques for managing anger and anxiety;	N	Jordan House (current) This regulation was NOT MET as evidenced by: Upon review of the individual's #1 records, there was no evidence of a behavioral support plan completed within 30 days of admission that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 4. Techniques for managing anger and anxiety.	PR) 09/22/2026 BSP for Individual #1 has been located and properly filed in the youth's book. Resident Manager is responsible for ensuring the BSP is filed properly in the youth's book once all signatures have been obtained. OLR) Accepted 09/23/2026	9/22/2026

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12VAC35-46-900. A. (5) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 5. Identification of interventions that may escalate inappropriate behaviors.	N	Jordan House (current) This regulation was NOT MET as evidenced by: Upon review of the individual's #1 records, there was no evidence of a behavioral support plan completed within 30 days of admission that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 5. Identification of interventions that may escalate inappropriate behaviors.	PR) 09/22/2026 BSP for Individual #1 has been located and properly filed in the youth's book. Resident Manager is responsible for ensuring the BSP is filed properly in the youth's book once all signatures have been obtained. OLR) Accepted 09/23/2026	9/22/2026

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.

Delvonne Major, Licensing Specialist | (Signature of Organization Representative) | Date

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