

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES  
CORRECTIVE ACTION PLAN**

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License #: **185-14-001**

Organization Name: **The James Barry Robinson Institute**

Date of Inspection: **12-20-2023**

Program Type/Facility Name: **14-001 The Barry Robinson Center**

| <u>Standard(s) Cited</u>                                                                                                                                                                                                              | <u>Comp</u> | <u>Description of Noncompliance</u>                                                                    | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| 12VAC35-105-150. (4)<br>- The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board; | N           | The Barry Robinson Center<br><br>This regulation was NOT MET as evidenced by: See OHR citations below. |                            |                           |

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| <u>Standard(s) Cited</u>                                                                                                                                    | <u>Comp</u> | <u>Description of Noncompliance</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>Actions to be Taken</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>Planned Comp. Date</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 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           | <p>The Barry Robinson Center</p> <p>This regulation was NOT MET as evidenced by:</p> <p>"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.</p> <p>Upon review CHRIS entry A- 20230020; the provider's investigation includes review of cameras and eyewitness statements which revealed that Employee # 1 had inappropriate sexual conversations and exchange letters with sexual content with Individual #1. During the course of the investigation a series of letters exchanged were discovered.</p> <p>Based on the investigative findings of the provider, there is a preponderance of evidence to support the provider's substantiated finding of abuse.</p> | <p>PR) 01/25/2024</p> <ol style="list-style-type: none"> <li>1. The employee is no longer employed at BRC.</li> <li>2. The Center had previously been reviewing policies related to staff/youth interactions. Revision included the "Fraternization" Policy. All staff will review and sign acknowledgement.</li> <li>3. All staff received a general supervision acknowledging client rights expectations and obligations related to reporting any unusual actions in other staff.</li> <li>4. Client rights document routinely signed by all staff at hire and annually revised to stress definitions and add consequences for infraction.</li> <li>5. Managerial review of all orientation training materials, emphasis areas, and annual review of required policies to strengthen the skills of staff at hire and throughout employment.</li> </ol> <p>OHR/OLR) Accepted 01/31/2024</p> | 02/02/2024<br>00:00:00    |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|----------------------------|---------------------------|
| <b>General Comments / Recommendations:</b>                                                                                                                                                                                                                                                            |             |                                                     |                            |                           |
| 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. |             |                                                     |                            |                           |
| _____<br>Latoya Wilborne, Human Rights                                                                                                                                                                                                                                                                |             | _____<br>(Signature of Organization Representative) |                            | _____<br>Date             |
| C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined                                                                                                                                                                                                     |             |                                                     |                            |                           |