

**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: **09-17-2024**

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) - 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 This regulation was NOT MET as evidenced by: See OHR Citations below.		

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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	The Barry Robinson Center 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 of goods, or services necessary to the health, safety, or wellness of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse." Upon review CHRIS entry A- 20240013; the provider's investigation includes staff admission and eyewitness statements which revealed that Individual #1 picked a lock and eloped from the facility while under the supervision of Employee #1. Based on the investigative findings of the provider, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	PR) 10/01/2024 Staff member #1 working elsewhere currently. Revised General Clinical Policy 26.0: Staffing Ratios/Supervision of Residents to clarify definition of "active supervision" and enhance understanding of supervisory expectations. Retraining in above policy to be completed for direct-care staff working with residents. OHR/OLR) Accepted 10/02/2024	10/18/2024 00:00:00

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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.				
_____ Latoya Wilborne, Human Rights		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				