

**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: 03-05-2025

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>
12VAC35-46-70. - 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	The Barry Robinson Center This regulation was NOT MET as evidenced by: See OHR citations	The Barry Robinson Center strives to guarantee all youth rights by complying with the regulations in both 46 and 115 as established by the Department. Please see remediation completed in response to OHR citations.	3/27/2025
12VAC35-115-175. F. (4) - Additional requirements for complaints involving abuse, neglect, or exploitation: 4. The program director shall ensure that the investigation is conducted by a person trained to do investigations and who is not involved in the issues under investigation.	N	The Barry Robinson Center This regulation was NOT MET as evidenced by: Upon review, a request for verification of Trained Investigator Training, the provider failed to produce verification confirming that staff have completed an approved training.	PR) 04/11/2025 Two staff members were initially trained by the former Human Rights Advocate. No evidence was provided by OHR at that time. Two BRC staff members received investigatory training by two separate trainers in 2021. Certificates of training are attached to this response. In addition, three staff members attended the training provided by DBHDS on March 27 2025 to further solidify and assure the agency has skills necessary for investigating. The agency will assure training is completed if any new investigators are hired. OHR/OLR) Accepted 04/18/2025	3/27/2025

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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				