

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

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Investigation ID: 204

License #: 2917-14-001

Organization Name: Three Rivers Treatment Center, LLC

Date of Inspection: 10-25-2023

Program Type/Facility Name: 14-001 Three Rivers Treatment 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>
12VAC35-46-870. D. - There shall be at least one trained child care worker on duty and actively supervising residents at all times that one or more residents are present.	NS	Three Rivers Treatment Center This regulation was NOT MET as evidenced by: Based on the providers own documentation the provider did not provide active supervision of Individual #1 during overnight hours on 9/21/2023.	PR) 11/17/2023 PR1: Individual 1 issued a complaint to staff that she had been injured during an agreed upon sexual encounter with Individual 2. On investigation, video review revealed that Individual 2 was allowed to make rounds in place of staff member assigned to the unit. Individual 1 was not supervised by staff in accordance with regulation and facility policy. Staff assigned to the unit during this incident was terminated prior to investigation on 10-01-2023. Facility leadership reviewed the facility's policy resident supervision and found that current policy met applicable regulations and did not require revision. PR2: Staff supervisors received counseling for not properly supervising staff and ensuring proper monitoring of residents was maintained. Leads are to ensure proper monitoring of residents and to contact the facility scheduling coordinator whenever necessary to ensure staffing ratios are maintained. PR3: Staffing will be monitored on daily basis by review of floor schedule and assignment sheets. PR4: The Staffing Coordinator and Program Supervisor will be responsible for monitoring this plan of correction. PR5: October 3, 2023 OLR) Accepted 11/17/2023	10/3/2023

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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.				
_____ Cynthia Gwinn, Licensing Specialist		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				