

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

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Investigation ID: 247

License #: 2917-14-001

Organization Name: Three Rivers Treatment Center, LLC

Date of Inspection: 08-29-2024

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>
12VAC35-46-290. A. - The provider shall have and implement provider approved written personnel policies and make its written personnel policies readily accessible to each staff member.	N	Three Rivers Treatment Center This regulation was NOT MET as evidenced by: Employee #11 called 911 from personal cell phone. Per the provider's policy, staff are not to call 911 from their cell phone but are to use the phones that are on the units should there be an emergency. Employee #1 is no longer employed and could not be interviewed during the time of investigation. Provider failed to ensure that staff were not using personal cell phones in the units. Please provide a detailed plan to ensure that staff follow cell phone policy and other policies in effect when it comes to calling 911.	PR) 01/14/2025 PR1: Employee 1 is still employed at Three Rivers Treatment Center. The initiator of the 911 call, Employee 11, is no longer employed. PR2: The facility cell phone policy was reviewed by leadership and revised to specifically indicate which staff are allowed to have personal cell phones in resident/student areas. A clear bag policy was instituted on 09-20-24 to allow for supervisory staff to rapidly inspect personal items being taken into residential and classroom area by staff. Lockers continued to be provided to staff to secure personal items away from their work area. Facility leadership met with the Kenbridge Chief of Police to develop a protocol for the contacting 911 and verification of services required. Cell phone use in residential & classroom areas will be monitored by Community Managers with unauthorized use being terminated and the staff using the phone subject to disciplinary action in accordance with facility policy. PR3: Weekly inspections, randomized by day, will be conducted by Community Managers supervised by the Director of Clinical Services. Inspections will be of residential and classroom areas looking for staff in possession of an unauthorized cell phone. Staff in possession of an unauthorized cell phone will be required to secure their phone in a staff locker provided or their personal vehicle. Staff in possession of an unauthorized cell phone will be subject to disciplinary action in accordance with facility policy. PR4: February 28, 2025	2/28/2025

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12VAC35-46-310. B. (3) - Required annual retraining: 3. All child care staff shall receive annual retraining on the provider's behavior supports and timeout policies and procedures.	N	Three Rivers Treatment Center This regulation was NOT MET as evidenced by: Upon review of video footage, on 8/24/2024, Employee #5 was supervising Unit 2 girls in the unit when Individual #1 began tearing up papers from the clipboard. Employee #5 pushed Individual #1 while trying to get the clipboard back. Per the Handle with Care training and confirmation from Employee #2, Employee #5 should have verbally redirected Individual #1 from engaging in behavior instead of pushing Individual #1. While reviewing video footage for 8/25/2024, Employee #9 was seen supervising a group of Unit 2 girls in the gym during the evening time. Employee #9 was seen pushing Individual #1 to keep Individual #1 from hitting/kicking them. Individual #1 was trying to get out of the gym by way of the back gym door. Individual #1 did not fall to the ground or sustain injury when pushed by Employee #9; however, this was not how staff had been trained to de-escalate or stop behavior per Handle with Care. Per Employee #2, the first step to diffuse behavior is to verbally redirect the individual from engaging in the behavior. Provider failed to ensure that staff appropriately implemented the behavior training that staff had taken. It should be noted that provider stated that staff were trained in behavioral management; however, the training was not implemented appropriately. Please provide a detailed plan to ensure that staff follow all steps appropriately of behavioral training when behaviors are being managed to ensure appropriate implementation of trainings. Please submit behavioral management training certificates (Handle with Care) for Employee #5 and Employee #9 when CAP is returned.	OLR) Accepted 02/05/2025 PR) 01/14/2025 PR1: Employee 11 is no longer employed at Three Rivers Treatment Center, terminating employment on 09-02-2024. Facility video cameras are not equipped for audio surveillance. On investigation, Employee 9 stated that verbal de-escalation was attempted with Individual 1 but was unsuccessful. After being repeatedly kicked in the shins and genitals, and hit in the face with a ball, Employee 9 did push Individual 1 away from him in a move not necessarily sanctioned by the Handle With Care Program. All Facility staff were mandated to attend additional training in therapeutic boundaries, motivational interviewing, collaborative problems solving, and the tension reduction cycle to improve their skills in verbal de-escalation and redirection. Employee 9 completed this training on 10-18-24. PR2: HWC is an annually certified program; however, to ensure that all employee's skills are sharp, Three Rivers will conduct HWC certification programs semi-annually. The next cycle of HWC training occurs in February, March, and April 2025. All direct care staff are currently certified; this training is in addition to certification training already received. Our orientation program has been revised to add to and expand on the above listed verbal redirection and de-escalation skills. PR3: All staff training is coordinated by the Three Rivers Training Coordinator under the supervision of the Director, Human Resources. Staff who do not complete required training are	11/19/2024

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			removed from the work schedule until such time as the training is completed or their employment terminated. Compliance with training requirements is audited monthly by the H/R Director with reporting to all department and division heads within the organization. PR4: November 19, 2024 OLR) Accepted 02/05/2025	
12VAC35-46-800. B. - There shall be evidence of a structured daily routine designed to ensure the delivery of program services.	N	Three Rivers Treatment Center This regulation was NOT MET as evidenced by: During interviews with staff, it was discovered that Employee #3 did not follow the provider's "structure of care" policy as evidenced on 8/24/2024, as Employee #3 left the boy's Unit 1 for about five minutes, by going through the back door, in order to retrieve paperwork for the shift change. Upon the video footage review, it was discovered that during a different timeframe on 8/24/2024, in the boy's Unit 1 at 4:22pm, Individual #2 ran to the back of the unit and knocked the back door open. Staff were not in the back of the unit at the time when Individual #2 ran into the door. In addition, on the same day in the girl's Unit 4, three youth were noted to leave out through the back door of the unit as there was no staff supervising the back of the unit at the time the youth left. Per Employee #2, staff are supposed to remain in the front and the back of the units at all times to maintain appropriate supervision. Provider failed to ensure that the structure of care was followed at all times while staff supervised youth to ensure appropriate delivery of program services which include appropriate supervision. Please provide a detailed plan to ensure that staff stay in their assigned areas while supervising youth.	PR) 01/14/2025 PR1: Debriefings of the events of 08-24-24 were hosted by the Clinical Supervisor and the Program Director for all direct care staff. Additionally, Three Rivers leadership participated in discussions aimed at performance improvement with town, county, and state officials, including DBHDS. A program of improvements in Three River's structure of care was developed beginning with these debriefings and implementation began 11-15-2024. PR2: The Facility's structure of care is reorganized for a comprehensive focus on phase programming, motivational interviewing, trauma informed care, the tension reduction cycle, therapeutic boundaries and a restricted program focusing on enhanced oversight and resident and staff feedback. The Lead Skills Coach positions were replaced with Community (Unit) Managers, one for each occupied unit on each shift. The Clinical Supervisor was promoted to the position of Director, Clinical Services to provide oversight and direction to therapists and the new Community Managers. An Evening Manager position has been created to provide overall facility direction during the hours of 1600 to 2359. Acknowledgement of all new procedures	3/30/2025

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			is pushed to all staff via our LMS system to ensure all staff are kept informed in a timely manner. PR3: Risk Management will continue to monitor resident incidents each weekday, with reports on category increases or decreases in prime areas such as aggression, elopement, and property damage begin given to leadership quarterly. The goal is for a measurable decrease in incident frequency and severity while the Program Director captures increases in therapeutic effectiveness and resident satisfaction. PR4: March 30, 2025 OLR) Accepted 02/05/2025	

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.

Nanshill Wilson, Regional Manager

(Signature of Organization Representative)

Date

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