

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

Page: 1 of 3

License #: **2917-14-001**

Organization Name: **Three Rivers Treatment Center, LLC**

Date of Inspection: **09-28-2022**

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>
12VAC35-46-70. - 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	Three Rivers Treatment Center This regulation was NOT MET as evidenced by: See OHR citation below.		
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	Three Rivers Treatment Center This regulation was NOT MET as evidenced by: "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. Provider substantiated abuse based on the following: Upon review of CHRIS entry A-20220053, the provider's investigation determined Employee #1 engaged in inappropriate behavior/verbal exchange	PR) 10/21/2022 PR1: Employee #1 was placed on administrative leave during the investigation of this incident. The preponderance of evidence indicating that verbal abuse occurred, facility leadership reviewed Employee #1's performance to determine mitigating factors. Leadership determined that Employee #1's administrative leave will be reclassified as a suspension without pay. Employee #1 agreed to return to work under a performance improvement plan (PIP) requiring refraining from using verbally abusive language to and about residents, learning to tap out and handoff crisis situations to another staff member if unable to manage the situation, and to complete tasks and request assistance whenever necessary. Additionally, Employee #1 is required to re-attend facility training in therapeutic boundaries and program structure and attend weekly supervisions with the Program	11/30/2022

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

Page: 2 of 3

License #: **2917-14-001**

Organization Name: **Three Rivers Treatment Center, LLC**

Date of Inspection: **09-28-2022**

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>
		with Individual #1; - Employee #2 reported observing Employee #1 yelling and cursing at Individual #1; and, - Based on preponderance of evidence, Employee #1 used language that demeaned, threatened, intimidated, or humiliated the individual, which meets the regulatory definition for abuse.	Director. Training to be completed: 11-07-22 Supervisions begin 09-13-2022 PR2: An in-service on Abuse/Neglect prevention and response will be presented to all staff utilizing the facility's LMS system, with briefings at shift changes and departmental training sessions. Training to be completed: 11-30-2022 PR3: Employee #1's PIP will be evaluated by the Program Director at 30, 60, and 90 intervals in a one-on-one meeting. The abuse/neglect in-service attendance will be monitored by the Training Manager tracking attendance in the LMS system. OHR/OLR) Accepted 10/24/2022	

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

Page: 3 of 3

License #: **2917-14-001**

Organization Name: **Three Rivers Treatment Center, LLC**

Date of Inspection: **09-28-2022**

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