

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

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

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

Date of Inspection: **01-18-2023**

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>
12VAC35-46-70. - 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 citations below.		2/4/2023

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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	Three Rivers Treatment 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, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. Upon review of CHRIS entries, A-20220060 and A-20220061 and a review of video footage and documentation revealed: - Employee #1 and Employee #2 failed to conduct the Q5 safety checks of Individual #1 and Individual #2 and failed to maintain the level of "at all times" observation of Individual #1 and Individual #2. - Individual #1 and Individual #2 were viewed on video, entering, and exiting the shower area via an unsecured door. Based on the review of the information received, there is a preponderance of evidence to suggest that Employee #1 and Employee #2 failed to ensure the health, safety, or welfare of Individual #1 and Individual #2 during the provision of a licensed service.	PR) 02/08/2023 PR1: Three Rivers Treatment Center has been unable to verify the allegations documented in 202260 & 20220061. Individual #1, Individual #2 and resident witness statements differ and contain verified falsehoods. Video documentation reviewed is inconclusive as the individuals entering the bathroom cannot be positively verified due to the range and angle of the camera. However, Employee #1 is viewed as not conducting full Q5 checks on Individual #1 or Individual #2. Employee #2 was not screened during video review. Employee #1 will receive a documented verbal reprimand emphasizing the importance of conducting Q5 checks as ordered. PR2: The facility has initiated a full review of the resident monitoring process, including policy, procedure, and monitoring requirements during group activities. Any recommendations will be forwarded to leadership for review and comment, then to the Medical Director for approval. PR3: Pending this review, the Program Supervisor will conduct random audits daily to ensure monitoring checks are conducted and documented correctly. PR4: February 4, 2023 OHR/OLR) Accepted 02/10/2023	2/4/2023

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12VAC35-115-60. B. (8) - The provider's duties. 8. Providers shall ensure that the entries in an individual's services record are at all times authentic, accurate, complete, timely, and pertinent.	N	Three Rivers Treatment Center This regulation was NOT MET as evidenced by: Providers shall ensure that the entries in an individual's services record are at all times authentic, accurate, complete, timely, and pertinent. Upon review of CHRIS entries, A-20220060 and A-20220061 and a review of video footage and documentation revealed: On 10/24/22, Employee #1 documented on the Youth Observation Record – Q5 forms that Individual #1 was in the day room and youth room from 1850hrs until 1950hrs. Video review showed Individual #1 was not present in the dayroom nor the youth room during the timeframe of 1850hrs – 1950hrs. On 10/24/22, Employee #2 documented on the Youth Observation Record – Q5 forms that Individual #2 was in the day room and youth room from 1850hrs until 1950hrs. Video review showed Individual #2 was not present in the dayroom nor the youth room during the timeframe of 1850hrs – 1950hrs. Based on the information reviewed, there is a preponderance of evidence to suggest that Employee #1 and Employee #2 failed to ensure that the entries in Individual #1 and Individual #2's services records were at all times authentic.	PR1: Three Rivers Treatment Center has been unable to verify the allegations documented in 202260 & 20220061. Individual #1, Individual #2 and resident witness statements differ and contain verified falsehoods. Video documentation reviewed is inconclusive as the individuals entering the bathroom cannot be positively verified due to the range and angle of the camera. However, Employee #1 is viewed as not conducting full Q5 checks on Individual #1 or Individual #2. Employee #2 was not screened during video review. Employee #1 will receive a documented verbal reprimand emphasizing the importance of conducting Q5 checks as ordered. PR2: The facility has initiated a full review of the resident monitoring process, including policy, procedure, and monitoring requirements during group activities. Any recommendations will be forwarded to leadership for review and comment, then to the Medical Director for approval. PR3: Pending this review, the Program Supervisor will conduct random audits daily to ensure monitoring checks are conducted and documented correctly. PR4: February 4, 2023	2/4/2023

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