

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

Page: 1 of 4

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

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

Date of Inspection: **06-27-2023**

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 citation.	See response below.	7/21/2023
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 entries A-20230014 - A20230025, the provider's investigation determined abuse was substantiated.	PR) 07/21/2023 PR1: On April 4, 2023 at or about 2200, Individuals 1 & 2 were encouraging and assisting Individuals 3-12 to assist in breaking one of the windows on Unit 2 and attempting to break down the fire exit. One pane of the triple paned security window was shattered; the door held. Staff on the unit were attempting redirection and de-escalation. Employee 1 had taken Individual 10 into the phone room to attempt further redirection when an unidentified individual punched a staff member, leading to Individuals 2 -9 and 11-12 led by Individual 1 to punch and kick at this staff member as well. Employee 1 left Individual 10 in the phone room to assist staff being attacked. Individual 10 called the police of her volition. Additional staff responded and eventually redirected Individuals 1-12. Following this incident Interviews with staff and residents, incident debrief, and video review indicate that	7/31/2023

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

Page: 2 of 4

License #: 2917-14-001

Organization Name: Three Rivers Treatment Center, LLC

Date of Inspection: 06-27-2023

Program Type/Facility Name: 14-001 Three Rivers Treatment Center

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		- Upon review of the provider's written findings, the provider determined, based on interviews with staff and individuals and video review, the incident began with individuals' threat to staff and to break out the window. Despite the threats of violence, staff should have engaged to de-escalate the situation at that time and did not. Staff failed to engage in a timely manner in order to maintain safety in the milieu. Staff failed to utilize authorized restraint techniques during restraint. "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. Provider substantiated neglect based on the following: - Upon review of CHRIS entries A-20230014 - A20230025, the provider's investigation determined Neglect was substantiated. - Upon review of the provider's written findings, the provider determined that the involved staff failed to document the incident which was determined to be neglect. - Per statement from Employee #3 on 6/21/2023, staff were not providing supervision as they were on the other side of the unit. Based on preponderance of evidence, Employees #1 and #2 failed to ensure the health and safety of Individuals #1 - #12.	this incident began at approximately 2100 hours with resident threats to staff and an attempt to break out a window in the rear dayroom. Despite threats of physical violence to staff, staff should have engaged to de-escalate the situation at that time and did not. Finding: Staff failed to engage aggressive residents in a timely manner in order to maintain safety in the milieu. Once physicality initiated between residents and staff, several staff were injured with one having several braids pulled from her head. However, video review does reveal that in attempting to defend themselves and restore order, staff did inadvertently utilize unauthorized holds during restraint. Finding: The use of unauthorized holds, regardless of reason, violates regulations and Three Rivers policy and is considered physically abusive. The incident and action taken as a result of this incident was not properly documented in either the incident reporting system or the clinical record. Finding: Failure to document is substantiated for neglect. Correction: Incident was thoroughly documented as a result of investigation into allegations of abuse/neglect. Clinical records were updated accordingly. PR2: Three Rivers uses Handle With Care as a behavior management program. Employee 2 is a certified instructor in HWC; however, Three	

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

Page: 3 of 4

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

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

Date of Inspection: **06-27-2023**

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>
			Rivers has removed Employee 2 from the teaching roster for this program. Both Employees 1 & 2 will need to recertify in HWC. An incident debriefing was conducted for involved staff on April 12 where actions were critiqued. On-site training in our EMR has been provided to all staff, stressing the importance of timely incident documentation and clinical documentation. Incident reporting and restraint procedures continue to be reviewed. PR3: Incident reporting in general and for incidents of restrain/seclusion are reviewed daily by Risk Management, weekends and holidays excepted. Incidents that have occurred on a weekend or holiday are reviewed the next business day following the weekend or holiday. Incidents of reported restraint will include a clinical and video review to insure proper procedures were followed and documentation present. PR4: July 31, 2023 OHR/OLR) Accepted 07/21/2023	

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

Page: 4 of 4

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

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

Date of Inspection: **06-27-2023**

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>
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				