

**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: **08-29-2023**

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.		
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-20230040, the provider's investigation determined Verbal abuse, Seclusion Not in Compliance with Standards, and	PR) 09/22/2023 PR1: Employee 1's services to Three Rivers Treatment Center were terminated. Employee 2 is to be issued a performance improvement plan as a disciplinary action. Facility leadership review the current restraint and seclusion policy and found no need for revision. PR2: The facility's restraint and seclusion policy will be reviewed during in-service training for all employees with direct care responsibilities. The procedure elements of the restraint & seclusion policy were broken out into an emergency reference guide and distributed to all employees attending the in-service. PR3: An audit of restraint/seclusion documentation will be conducted by HIM. RM will conduct video audit of reported restraint /seclusion incidents. 100% of restraint/seclusion	10/31/2023

**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: **08-29-2023**

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>
		Restraint Not in Compliance with Standards to be substantiated. • Upon review of the provider's written investigation summary received on 8/25/2023, it was determined: ◦ Improper restraint techniques and improper placement into seclusion. There is no record that the three criteria required by regulation for restraint/seclusion were present or would soon be present without intervention. ◦ Video review indicated Employee #1 was very forceful, dragging Individual #1 down the hall and pulling Individual #1 into the seclusion room while Employee #2 assisted. ◦ No physician order was obtained for the restraint/seclusion within the one-hour notification window required by standard and policy. ◦ Individual #1 had several bruises and scrapes. Based on preponderance of evidence, Employee #1 and Employee #2 failed to ensure the health and safety of Individual #1.	incidents occurring on the second shift (1900 – 0700) will be audited through Dec. 31, 2023, with results reported to Leadership monthly. PR4: October 31, 2023 OHR/OLR) Accepted 09/27/2023	

**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: **08-29-2023**

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				