

**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: **12-05-2023**

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<br><br>This regulation was NOT MET as evidenced by: See OHR citation. |                            |                           |

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| <u>Standard(s) Cited</u>                                                                                                                                    | <u>Comp</u> | <u>Description of Noncompliance</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Actions to be Taken</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>Planned Comp. Date</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation. | N           | <p>Three Rivers Treatment Center</p> <p>This regulation was NOT MET as evidenced by:</p> <p>"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.</p> <p>Upon review of CHRIS entry A:20230051 &amp; A:20230052, the provider's investigation included interviews with Individual #1 and Individual #2, a review of provider's policy, and review of video footage which revealed:</p> <ul style="list-style-type: none"> <li>Employee #1 was seated in the dayroom during the morning of 9/22/23.</li> <li>Employee #1 failed to follow the provider's protocol regarding supervision.</li> <li>Individual #2 was viewed on camera making rounds to individual rooms.</li> <li>Individual #2 entered Individual #1's room unnoticed from 0129 to 0154.</li> </ul> <p>Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect.</p> | <p>PR) 01/10/2024</p> <p>As accepted by OLR on 11-17-2023:</p> <p>PR1: Individual 1 issued a complaint to staff that she had been injured during an agreed upon sexual encounter with Individual 2. On investigation, video review revealed that Individual 2 was allowed to make rounds in place of staff member assigned to the unit. Individual 1 was not supervised by staff in accordance with regulation and facility policy. Staff assigned to the unit during this incident was terminated prior to investigation on 10-01-2023. Facility leadership reviewed the facility's policy resident supervision and found that current policy met applicable regulations and did not require revision.</p> <p>PR2: Staff supervisors received counseling for not properly supervising staff and ensuring proper monitoring of residents was maintained. Leads are to ensure proper monitoring of residents and to contact the facility scheduling coordinator whenever necessary to ensure staffing ratios are maintained.</p> <p>PR3: Staffing will be monitored on daily basis by review of floor schedule and assignment sheets.</p> <p>PR4: The Staffing Coordinator and Program Supervisor will be responsible for monitoring this plan of correction.</p> <p>PR5: October 3, 2023</p> <p>OHR/OLR) Accepted 01/12/2024</p> | 10/3/2023                 |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|----------------------------|---------------------------|
| <b>General Comments / Recommendations:</b>                                                                                                                                                                                                                                                                   |             |                                                     |                            |                           |
| <p>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.</p> |             |                                                     |                            |                           |
| _____<br>Andrea Milhouse, Human Rights                                                                                                                                                                                                                                                                       |             | _____<br>(Signature of Organization Representative) |                            | _____<br>Date             |
| <p>C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined</p>                                                                                                                                                                                                     |             |                                                     |                            |                           |