

**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: **03-26-2024**

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 below.	4/19/2024
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. Upon review of CHRIS entry, A-20240008, the provider's investigation included eyewitness statements which revealed: Employee #1 pushed Individual #1 to the floor	PR) 04/19/2024 PR1: Individual 1 and other residents were observed in a physical altercation with residents and staff. Individual 1 and another resident first engaged in a verbal altercation where both residents admitted to saying inappropriate things to each other. It is reported that at some point during this altercation Employee 1 pushed Individual 1 to the floor. Initial review of the incident resulted in an allegation of physical abuse against Employee 1, who was placed on administrative leave pending results of abuse/neglect investigation. On conclusion of the facility's investigation, the preponderance of evidence indicated that Employee 1's interaction with Individual 1 was not in keeping with HWC techniques, DBHDS regulation or Three Rivers' policy. Therefore, the allegation of physical abuse was substantiated. Additionally, Employee 1's verbal comments to Individual 1 as	4/30/2024

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		during a verbal altercation Individual #1 had with peers. Employee #1 was witnessed to have had a verbal interaction with Individual #1 which constituted verbal abuse. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of verbal and physical abuse.	reported by witnesses constituted an allegation of verbal abuse that was also substantiated. Employee 1 was terminated on 02-12-2024 from Three Rivers Treatment Center and Academy. PR2: Three Rivers leadership reviewed the policies, procedures, and practices for resident supervision and physical interaction with residents. The leadership team found these policies, procedures, and practices to be sound and without need of revision. However, to ensure and validate proper verbal and physical interactions with residents, all Three Rivers staff will attend Handle With Care, Three Rivers' behavioral management training program, regardless of the expiry date of their current certification. PR3: Three Rivers Training Coordinator will monitor staff attendance at scheduled HWC session to ensure all staff attend, reporting attendance to the Human Resources Director. Staff who do not certify in HWC prior to 04-30-2024 will not be scheduled for duty shifts until certification is completed. PF4: April 30, 2024 OHR/OLR) Accepted 04/25/2024	

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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				