

**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: **09-03-2024**

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.		

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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 "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. This regulation was NOT MET as evidenced by: Upon review of CHRIS entry A:20240045, the provider's investigation included witness statements which revealed: Employee #1 was observed engaged in an inappropriate verbal exchange with Individual #1. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of verbal abuse.	PR) 10/07/2024 PR1: Individual #1 alleged that Employee #1 spoke to him in an abusive manner, making threats. Facility's internal investigation substantiated that allegation and Employee #1 was terminated. PR2: Facility Leadership has endorsed additional training for all direct care staff on the following processes: Collaborative Problem Solving, Therapeutic Boundaries, Motivational Interviewing, and the Tension Reduction Cycle. This training will provide and reinforce staff's skills in communicating properly and effectively with residents. PR3: The Training Coordinator will verify skills competency during training through testing and successful scenario completion. The Program Director, Clinical Director, and Risk Manager will audit incidents monthly and review all complaints of improper verbal interaction as they are presented. PR4: Nov. 15, 2024. OHR/OLR) Accepted 11/30/2024	11/15/2024

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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				