

**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: **09-25-2024**

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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Page: 2 of 3

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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 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:20240040, the provider's investigation included an interview with Individual #1 and an interview with witnesses which revealed: - Employee #1 punched Individual #1 in the face. - Individual #1 began to bleed from the nose and mouth. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of physical abuse.	PR) 10/28/2024 PR1: Individual #1 issued an allegation of physical abuse against Employee #1 which, on investigation, was substantiated. Employee #1 was terminated from her employment at Three Rivers Treatment Center. 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 additional instruction in Therapeutic Boundaries, Motivational Interviewing, Collaborative Problem Solving, and the Tension Reduction Cycle. PR3: Three Rivers Training Coordinator will monitor staff attendance at scheduled training sessions to ensure all staff attend, reporting attendance to the Human Resources Director who will audit all attendance sheets to ensure all staff have received this additional training. PR4: November 15, 2024 OHR/OLR) Accepted 12/19/2024	11/15/2024

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Page: 3 of 3

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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				