

**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: **12-10-2024**

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:20240058, the provider's investigation included an interview with Individual #1, an interview with Employee #1, and a review of the provider's policies which revealed: Employee #1 engaged in a verbal exchange with Individual #1 that did not align with the provider's policies. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of verbal abuse.	PR) 01/21/2025 PR1: Employee 1 responded in a verbally inappropriate manner to Individual 1 threats to kill him and his family. Employee 1 acknowledged he let his emotions get the best of him and to cursing at Individual 1 in violation of facility policy and human rights regulations. Employee 1 received preventive counselling from the Director of Human Resources for his actions. All Facility staff were required to attend additional training in therapeutic boundaries, collaborative problem solving, and the tension reduction cycle to enhance their skills in verbal redirection and de-escalation. Employee 1 completed this training on 10-30-2024. PR2: All Facility staff were required to attend additional training in therapeutic boundaries, collaborative problem solving, and the tension reduction cycle to enhance their skills in verbal redirection and de-escalation. PR3: All staff training is coordinated by the Three Rivers Training Coordinator under the supervision of the Director, Human Resources. Staff who do not complete required training are removed from the work schedule until such time as the training is completed or their employment terminated. Compliance with training requirements is audited monthly by the H/R Director with reporting to all department and division heads within the organization. PR4: November 19, 2024 OHR/OLR) Accepted 01/24/2025	11/19/2024

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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				