

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

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.		

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 2 of 3

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>
12VAC35-115-50. 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: "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. Upon review of CHRIS entry A:20240057, 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 had Medication #1 in their personal possessions inside the secure facility. - Individual #1 obtained access to Medication #1. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	PR) 01/21/2025 PR1: Employee 1 violated Facility policy in taking personal medication to her classroom, allowing the medication to be removed from her bag by Individual 1. Contraband was relinquished by Individual 1 and laboratory tests revealed none of Medication 1 has been taken by Individual 1. Employee 1 received a 3 day suspension for her violation of Facility policy. PR2: The Facility established a clear bag policy for all employees. Lockers continue to be provided to all staff to secure belongings, such as personal medication and cell phones, that are not permitted in residential and classroom areas. PR3: Community Managers and the Director of Clinical Services monitor compliance with the clear bag policy daily. Staff not in compliance must secure their belongings and/or non-clear bag in the lockers provided or in their personal vehicle. Subsequent failure to abide by the clear bag and/or contraband policies can result in disciplinary action in accordance with Human Resource policy and procedures. PR4: September 20, 2024 OHR/OLR) Accepted 01/24/2025	9/20/2024

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 3 of 3

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>
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				