

**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: **01-21-2025**

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<br><br>This regulation was NOT MET as evidenced by: See OHR citation. |                            | 11/24/2024                |

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| <u>Standard(s) Cited</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>Comp</u> | <u>Description of Noncompliance</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>Actions to be Taken</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>Planned Comp. Date</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 12VAC35-115-110. C. (9a) - The provider's duties. 9. Providers shall comply with all applicable state and federal laws and regulations, certification and accreditation standards, and third party requirements as they relate to seclusion and restraint. 9a. Whenever an inconsistency exists between this chapter and federal laws or regulations, accreditation or certification standards, or the requirements of third party payers, the provider shall comply with the higher standard. | N           | <p>Three Rivers Treatment Center</p> <p>"Providers shall comply with all applicable state and federal laws and regulations, certification and accreditation standards, and third party requirements as they relate to seclusion and restraint."</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Upon review of CHRIS entry A:20240067 included interviews with Employee #1, Employee #2 and Individual #1, a review of the provider's policy and a review of video footage which revealed:</p> <ul style="list-style-type: none"> <li>Employee #1 implemented a technique that did not meet Handle With Care protocol.</li> <li>Upon video review, it was determined that Individual #1 was placed face first against the wall.</li> </ul> <p>Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's finding of a regulatory violation.</p> | <p>PR) 03/05/2025</p> <p>PR1: Individual #1 reported that she had been improperly restraint and placed into seclusion by Employee #1. After investigation, Individual #1's allegation of physical abuse during restraint was substantiated. Employee #1 was terminated from employment at Three Rivers Treatment Center on 11-12-2024.</p> <p>PR2: A comprehensive debriefing was conducted on this incident with all supervisory staff. 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. All Facility staff also attended recertification training in Handle With Care.</p> <p>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.</p> <p>PR4: November 24, 2024</p> <p>OHR/OLR) Accepted 03/26/2025</p> | 11/24/2024                |
| 12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be                                                                                                                                                                                                                                                                                                                                                                                                    | N           | <p>Three Rivers Treatment Center</p> <p>This regulation was NOT MET as evidenced by:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>PR) 03/05/2025</p> <p>PR1: Individual #1 reported that she had been improperly restrained and placed into seclusion by Employee #1. After investigation, Individual</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11/24/2024                |

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| <u>Standard(s) Cited</u>                                        | <u>Comp</u> | <u>Description of Noncompliance</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>Actions to be Taken</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Planned Comp. Date</u> |
|-----------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| protected from harm including abuse, neglect, and exploitation. |             | <p>"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.</p> <p>"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.</p> <p>Upon review of CHRIS entry A:20240067, the provider's investigation included interviews with Employee #1, Employee #2 and Individual #1, a review of the provider's policy and a review of video footage which revealed:</p> <ul style="list-style-type: none"> <li>Employee #1 grasped Individual #1 by the neck from behind.</li> <li>Employee #1 hit Individual #1 in the back.</li> <li>Employee #1 slapped Individual #1 with their right hand.</li> <li>Employee #2 failed to report physical abuse as outlined in the provider's policy.</li> </ul> <p>Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of physical abuse and neglect.</p> | <p>#1's allegation of physical abuse during restraint was substantiated. Employee #1 was terminated from employment at Three Rivers Treatment Center on 11-12-2024. Employee #2 did fail to report physical abuse he witnessed and received a written reprimand for same on 11-14-2024.</p> <p>PR2: A comprehensive debriefing was conducted on this incident with all supervisory staff. 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. All Facility staff also attended recertification training in Handle With Care.</p> <p>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.</p> <p>PR4: November 24, 2024</p> <p>OHR/OLR) Accepted 03/26/2025</p> |                           |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|----------------------------|---------------------------|
| <b>General Comments / Recommendations:</b>                                                                                                                                                                                                                                                                   |             |                                                     |                            |                           |
| <p>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.</p> |             |                                                     |                            |                           |
| _____<br>Andrea Milhouse, Human Rights                                                                                                                                                                                                                                                                       |             | _____<br>(Signature of Organization Representative) |                            | _____<br>Date             |
| <p>C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined</p>                                                                                                                                                                                                     |             |                                                     |                            |                           |