

**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: **09-24-2025**

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 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:20250032, the provider's investigation included witness statements, staff admissions, a review of video footage, and a review of the provider's policies which revealed: During an altercation on the unit, "Employee #1 turned around with keys in her hand and punched Individual #1 in her face about three times." Employee #1 failed to utilize the provider's Handle With Care protocol. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of physical abuse.	PR) 10/30/2025 PR1: Review of a restraint incident revealed that Individual #1 had been punched twice by Employee #1, an allegation of physical abuse later substantiated. Employee #1 was terminated as staff at Three Rivers Treatment Center immediately following the incident. PR2: Leadership reviewed policy and procedures related to restraint/seclusion, resident monitoring, and employee screening, finding no need for revision. Allegation was an isolated incident corrected with the termination of Employee #1. PR3: The facility's Resident and Family Advocate will monitor allegations daily, reporting any received to Leadership for appropriate investigation. PR4: July 10, 2025 OHR/OLR) Accepted 11/10/2025	7/10/2025

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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				