DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **780-14-001**
Organization Name: **Liberty Point Behavioral Healthcare, LLC**

Date of Inspection: **11-15-2022**
Program Type/Facility Name: **14-001 Liberty Point RTC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	N	Liberty Point RTC This regulation was NOT MET as evidenced by: CHRIS Number: 20220026 Date/Time of Discover: 10/25/2022 7:00PM Enter Date/Time: 10/27/2022 1:35PM Reporting Delay: 18:35:00 Location Name: Liberty Point RTC	PR) 12/12/2022 While the Provider did report the usage of emergency services for the victim of the peer to peer the Provider failed to report the aggressor as well. This was corrected upon request from the Department. The staff member reporting has been educated on the need to report both the victim and aggressor as part of the reporting requirements. OLR) Partially Accepted 12/16/2022 In addition to the above, the provider response needs to include the following: 1. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will implemented to ensure you remain in compliance of the regulation. 2. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex:monthly audits, weekly chart reviews, daily checklist). PR) 12/19/2022 1) Upon notification from OL to report the aggressor from this incident it was completed. The Risk Manager was trained by the OL representative on that date regarding the reporting of the aggressor as well as the patient in need of emergency services. The Risk Manager will review reporting requirements per	12/30/2022

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			OL regulations by 12/30/22. Completion of the review will be documented and submitted to Human Resources for record in the Risk Manager file. - Completion date 12/30/22 by Risk Manager 2) Risk Manager will ensure that completion of required reports are completed in a timely manner. Risk Manager reports occurrences/incidents to the CEO. The CEO will monitor reporting of incidents as well. - This will be reviewed daily by Risk Manager and CEO 3) A monthly review of reporting and meeting of requirements will be completed and submitted to Quality Council for review by the Risk Manager. This will be completed for a period of 6 months at 100% compliance before removing the tracking requirement. - This will begin with review of 12/22 in the 01/23 Quality Council meeting and will continue until the compliance threshold of 100% for 6 months is completed. OLR) Accepted 12/21/2022	

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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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined