

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

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License #: **780-14-001**

Organization Name: **Liberty Point Behavioral Healthcare, LLC**

Date of Inspection: **04-11-2023**

Program Type/Facility Name: **14-001 Liberty Point Academy**

<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	Liberty Point Academy This regulation was NOT MET as evidenced by: See OHR citation below.		

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Program Type/Facility Name: 14-001 Liberty Point Academy

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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	Liberty Point Academy This regulation was NOT MET as evidenced by: CHRIS A#20230060/Incident Date: 3/07/23 Provider substantiated for unauthorized restraint being performed on Individual #1 by Employee #1 based on the following: - During an interview, Employee #1 stated that after Individual #1 kicked Employee #1 in the legs and groin area, Employee #1 moved Individual #1 "to the ground [on their back] in a controlled fall and then held [Individual #1] on the ground [for approximately 60 seconds] by securing [Individual #1's] arms with [Employee#1's] arms while attempting to de-escalate Individual #1". - Provider indicated in the investigation report that video review of the incident "supports [Employee #1's] recounting of the event which supports the complaint that improper Handle with Care techniques were used."	PR) 05/03/2023 Employee #1 was involved in a thorough video review process with the Director of Training and was provided counseling regarding handle with care techniques and best practices. Employee #1 was also provided with corrective action via a write up and is being required to complete a handle with care recertification. OHR/OLR) Accepted 05/03/2023	5/2/2023

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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.				
_____ Cassie Purtlebaugh, Human Rights		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				