

**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: **05-23-2023**

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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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	Liberty Point Academy This regulation was NOT MET as evidenced by: "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. During an internal investigation the provider substantiated the allegation of physical abuse due to the following: • Video review showed Employee 1 used both hands to push Individual 1 away from a toilet which Individual 1 was intentionally attempting to clog by stuffing paper towels into the toilet. • Employee 1 admitted to failing to use internal protocol of safely escorting Individual 1 away from the toilet. • Although Individual 1 did not sustain any injury, Individual 1 did fall to the floor as a result of being pushed by Employee 1.	PR) 06/14/2023 Camera footage reviewed with staff member to re-educate staff on protocols for redirection of negative behaviors. A leadership form was provided to staff to reinforce the aforementioned education that was provided. This particular staff member was not assigned to the same unit as the patient for the duration of their employment at Liberty Point. OHR/OLR) Accepted 06/14/2023	6/14/2023

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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				