

**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: **06-06-2023**

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: - During an internal investigation the provider substantiated the allegation that Employee 1 used an improper restraint technique on Individual 1. - The restraint technique used by Employee 1 on Individual 1 was not in line with the provider's internal system for crisis management. - It is significant to note that the restraint did not cause harm or injury to Individual 1.	PR) 06/27/2023 This staff member did a video review of the incident with the Director of Training and Development, Jeff Breeden. During this review, re-education on proper Handle With Care techniques were reviewed. Additionally, this staff member was provided with written corrective action. This staff member will be attending the next schedule Handle With Care recertification class in an effort to reinforce proper techniques. OHR/OLR) Accepted 06/27/2023	6/27/2023

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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				