

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

Page: 1 of 3

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

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

Date of Inspection: **09-20-2023**

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 citations below.		

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

Page: 2 of 3

License #: 780-14-001

Organization Name: Liberty Point Behavioral Healthcare, LLC

Date of Inspection: 09-20-2023

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>
12VAC35-115-50. 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: • In a routine camera review, the reviewer observed Employee 1 with Individual 1. • Individual 1 tried grabbing Employee 1's items and hitting Employee 1. • Once the items hit the ground, Employee 1 moved closer and hit Individual 1 three times in the head.	PR) 10/08/2023 The camera review which revealed this incident occurred on the accused individual's day off. Upon returning to the facility on her next scheduled day of work, the accused individual was terminated as an employee of Liberty Point. OHR/OLR) Accepted 10/10/2023	9/14/2023

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

Page: 3 of 3

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

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

Date of Inspection: **09-20-2023**

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>
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				