

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

Page: 1 of 4

License #: 780-14-001

Organization Name: Liberty Point Behavioral Healthcare, LLC

Date of Inspection: 09-26-2023

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.	NS	Liberty Point RTC This regulation was NOT MET (Systemic) as evidenced by: CHRIS Number: 20230010 Date/Time of Discover: 09/02/2023 1:00PM Enter Date/Time: 09/05/2023 10:16AM Reporting Delay: 45:16:00 Location Name: Liberty Point RTC This is a systemic (NS) citation. Based upon the rolling year (September 27, 2022 – September 26, 2023) for 14-001 this is the Third Step in the Progressive Citation Process for violation of 12VAC35-46-1070.C. • The first citation was issued on 11/15/22 and is now a non-compliant. • The second citation was issued on 3/23/23 and is now a non-compliant-systemic. Per the Guidance on Incident Reporting Requirements, you are being required to attest to reviewing ALL CHRIS Training and guidance documents located on the DBHDS website as indicated by a check mark on the attestation form. Resolution to this licensing report requires two actions. The first action is to submitting an acceptable licensing report response. The second is to include the signed attestation form(s) for each individual within the organization who is required by you to receive training and to review guidance documents as attachments with the licensing report response. Both Items are due no later than the due date of 10/18/23. If the provider does not submit attestation(s) to confirm completion of required trainings and document reviews as indicated on the form, the provider may incur negative actions. The links for the trainings and guidance documents are listed in the	PR) 10/18/2023 The Facility Risk Manager and the Director of Training and Staff Development completed the CHRIS training on the Delta site, however, once completed, the request for the attestation form was made and it requires additional training on the Delta site. Liberty Point is requesting an extension to this CAP response until 10/27/2023 to complete the remainder of the required training. OLR) Partially Accepted 10/20/2023 Extension Approved PR) 10/26/2023 All trainings as outlined on the attestation have been completed by the two CHRIS users at Liberty Point. The trainings provided directly on the CHRIS site have been completed as well. OLR) Partially Accepted 10/26/2023 In addition to the above, the provider response needs to include the following: 1. Provide a statement of the issue that led to non-compliance. 2. State how you corrected/will correct the deficient practice in this specific violation. 3. 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. 4. Include Staff by Title who will monitor the	11/20/2023

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Page: 2 of 4

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		attached attestation form.	procedures implemented to ensure you stay in compliance with the regulation. - Indicate the frequency for monitoring the plan including how it will be monitored (Ex:monthly audits, weekly chart reviews, daily checklist). - Staff by title who has the primary responsibility to enter incidents into CHRIS. - Staff by title who serves as back up to enter incidents into CHRIS when the designated person is unable to do so including nights, weekends, and holidays. - Date backups were/will be trained/reeducated on entering information into CHRIS including deadlines. PR) 11/13/2023 Document attached. OLR) Partially Accepted 11/14/2023 In addition to the above, the provider response needs to include the following: - Please put the CAP response in the Actions To Be Taken section of the CAP Response screen in CONNECT. DO NOT attach your CAP response as an uploaded document. This functionality is reserved for submitting supporting documentation to your CAP response. PR) 11/20/2023	

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Page: 3 of 4

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			1. The issue that led to the non-compliance was confusion over the deadlines for reporting the patient's trip to the ER. The designated backup thought that it was the next business day. 2. A conversation was had with the designated backup and the Facility Risk Manager, and the designated backup completed the online trainings, per the directive in this CAP. 3. All confusion has been cleared up. 4. C.D., Director of Quality Management and Jeff Breeden, Director of Training and Staff Development 5. These are situational and do not happen very often. The confusion lies in the change of personnel and that has been clarified for all responsible personnel. 6. C.D., Director of Quality Management 7. J.B., Director of Training and Staff Development 8. 10/26/2023 OLR) Accepted 11/21/2023 Actual Names replaced with initials by IMU.,	

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Page: 4 of 4

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General Comments / Recommendations: Please be sure to review the Licensing Report Response Guidance in the CAP Issue Letter to aid in the acceptance of your CAP and return the following items no later than October 18, 2023.				
1. Licensing Report Response 2. Signed Attestation Form(s) for each individual required by you to receive training and to review guidance documents.				
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				