

**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: **05-07-2026**

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. CHRIS A#20260011 Provider substantiated for physical abuse based on the following: • Review of video footage revealed the following: ◦ Individual #1 can be seen going down the hallway and attempting to aggress toward Employee #1. ◦ Employee #1 immediately raised up arm and drew arm back and then forward toward Individual #1. ◦ While video footage was not clear if Employee #1 made physical contact with Individual #1, Employee #1's action was performed knowingly, recklessly, or intentionally, and that might have caused physical harm or injury to Individual #1 and is a violation of 12VAC35-115-50(B)(2).	PR) 05/21/2026 Employee #1 received a written corrective action on 4/28/2026. The Director of Quality Management reviewed tap out procedures with Employee #1 as well as additional training with blocks that covered in our Behavior Management System. Additionally, Employee #1 reviewed and signed Policy #101 Patient Rights, Policy #970b Employee Conduct and Work Rules, and Policy #231 Procedure on Least Restrictive Interventions for Problem Behaviors with attestations. OHR/OLR) Accepted 05/21/2026	5/21/2026

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