DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **465**
License #: **909-14-003**
Organization Name: **Harbor Point Behavioral Health Center**

Date of Inspection: **03-12-2024**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

No Violation

General Comments / Recommendations:
Ensure Harbor Point Behavioral Health Center document the placing agency's involvement with Regulation 12VAC35-46-750.H.3. Individualized Service Plans and reviews need to be signed by the placement agency.

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.

Byron Nagle, Licensing Specialist	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined