DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **580**
License #: **909-14-003**
Organization Name: **Harbor Point Behavioral Health Center**

Date of Inspection: **01-27-2025**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-765. A. (1) - The provider shall have written criteria for discharge that shall include: 1. Criteria for a resident's completing the program that are consistent with the facility's programs and services;	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: At the time of review, there was no evidence of a Face-to-Face assessment of the resident on the day of discharge by the attending psychiatrist, which is documented in the agencies written discharge policy.	PR) 03/04/2025 **1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation.** On the day of his discharge from Harbor Point on 12-23-2024, the resident had a face-to-face assessment by the attending physician at 1120hrs for "treatment team review, medication management, clinical care services and discharge summary." However, at the time of the licensure inspection, the document was not made available to the surveyor. It has now been attached to this report for review. Note that though the physician had a face-to-face with the resident at the point of discharge, he dictated the medication management note upon his return from the Christmas holiday on 12-27-2024. **2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation.** No plan of action is required because the face-to-face engagement with the resident was consistent with our internal policy for patient discharges and in compliance with regulatory expectations. **3. Include Staff by Title who will monitor the 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).**	3/7/2025

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			The Physician Medication Management/Progress Note is standard operational procedure at Harbor Point when residents are being discharged from the facility. Each month the Risk Management Department audits a sample of discharge summaries to ensure adherence to facility discharge policy. The audit report is submitted to facility leadership as part of a performance improvement oversight process. **4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).** This is a standard process at Harbor Point and it is done at each point of patient discharge from the facility. This patient's discharge documentation, completed on 12-23-2024 will be archived as part of his chart. OLR) Accepted 03/18/2025	
12VAC35-46-765. G. (1) - Unless discharge is ordered by a court of competent jurisdiction prior to the planned discharge date, each resident's record shall contain: 1. Documentation that discharge has been planned and discussed with the parent, if appropriate; legal guardian; child-placing agency; and resident;	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: At the time of review, the discharge acceptance information form, provided in record of Individual #1 did not contain the signatures of the following agency, parent/Guardian, or resident indicating the discharge was planned and discussed.	PR) 03/04/2025 **1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation.** On the day of discharge, the resident's mother signed the Medication Reconciliation Form, allowing the nurse to provide the resident's medications as part of the facility's responsibility for the continuation of care. However, the resident's mother refused to sign any other documents. A review of the discharge documentation revealed that the facility did not	3/7/2025

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			indicate this refusal. Harbor Point submits that we could have adequately documented the mother's refusal to indicate as such. **2. Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation.** Our experience from this incident has informed us to improve our due diligence practices in completing documents satisfactorily. Risk management has advised applicable departments to indicate and date whenever there is a refusal by external parties to sign critical patient documents like the patient discharge document. If an external stakeholder refuses to sign a document, our relevant departments will indicate such refusal and document appropriately. **3. Include Staff by Title who will monitor the 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).** The Risk Management Department audits a sample of discharge summaries monthly to ensure adherence to facility discharge policy. The audit includes patient and family participation in the discharge process and documentation. Findings from the audits are shared with the facility leadership for course correction. The Director of Clinical Services, or designee, will complete the discharge checklist and indicate any instance of refusals to sign.	

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			4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). March 7, 2025 OLR) Accepted 03/18/2025	

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.

Evmarian Cabey, Licensing Specialist | (Signature of Organization Representative) | Date

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