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



Investigation ID: **635**
License #: **909-14-003**
Organization Name: **Harbor Point Behavioral Health Center**

Date of Inspection: **09-30-2025**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| 12VAC35-46-850. A. (6) - The provider shall develop and implement written policies and procedures regarding the delivery and administration of prescription and nonprescription medications used by residents. At a minimum these policies will address: 6. Distribution of medication off campus. | N | Harbor Point Behavioral Health<br><br>This regulation was NOT MET as evidenced by:<br><br>At the time of review, the provider did not effectively implement their own medication adminstation protocals; per their policy, at the time of the incident. | PR) 11/18/2025<br><br>The facility submitted a corrective action plan for this incident which was later accepted by the office of Licensing. The incident was assigned two case numbers in CHRIS as it is reportable to OHR and OL. The accepted CAP was for the Abuse/Neglect case number 20250201. Therefore, the facility is asking for this citation to be removed.<br><br>OLR) Accepted 11/24/2025 | 7/21/2025 |

**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