DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **678**
License #: **909-14-003**
Organization Name: **Harbor Point Behavioral Health Center**

Date of Inspection: **01-21-2026**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-870. D. - There shall be at least one trained child care worker on duty and actively supervising residents at all times that one or more residents are present.	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: At the time of review, there was no evidence of staff actively supervising residents and ensuring their safety.	PR) 04/29/2026 **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 11/17/2025, at about 1404hrs, one Individual allegedly asked Individual #1 to follow him into the open Laundry Room on their unit. Once in the laundry room, the Individual and Individual #1 engaged in sexual misconduct without being observed by Employee #1 who was assigned to the unit. Evidence of the incident and Employee #1's lack of active supervision was captured by cameras on the unit. **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 with the regulation.** One cause of the incident was due to the laundry room being open and accessible to the accused Individual and Individual #1. Another cause was the failure of the Employee #1 to actively monitor and supervise all Individuals who were assigned to them. To prevent a recurrence of the incident, an automatic door closer was installed on the laundry room door on 11/19/2025. Employee #1 was terminated on 11/29/2025 **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:**	11/29/2025

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			monthly audits, weekly chart reviews, daily checklist). The Director, the Assistant Director, of Risk Management, and the Associate Administrator will monitor staff performance and ensure adherence to policy and regulations. **By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).** 11/19/2025 (automatic door closer installed); 11/29/2025. (Employee #1 terminated/resigned) OLR) Accepted 04/29/2026	

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