DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **696**
License #: **909-14-003**
Organization Name: **Harbor Point Behavioral Health Center**

Date of Inspection: **01-29-2026**
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 1/18/2026, at about 0737hrs, Individual #1 and two other Individuals eloped from the facility after one of the Individuals removed an inattentive staff member's key from the lock and used it to run out of the adjacent unit and out of the facility. The staff member was conducting morning hygiene, but the three Individuals were non-compliant with the morning activities. **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.** To prevent a reoccurrence of the incident, the facility changed locks on exit doors and installed a key fob system at key exit and entry points. Direct care staff were issued key fob bracelets and ancillary staff were issued conventional key fobs. A safety switch was also installed at the main lobby exit which can be used to disable the key fob system in case of an elopement attempt. Further, Employee #1 was suspended pending the conclusion of the investigation. However, Employee #1 returned the next day and resigned in lieu of termination. **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**	3/6/2026

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			including how it will be monitored (Ex: 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).** 01/19/2026 (Employee #1 resigned); February thru March 2026 (locks on exit doors were changed and key fob system was installed). 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