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

Date of Inspection: **04-26-2022**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	NS	Harbor Point Behavioral Health This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20220174 Date/Time of Discover: 04/23/2022 1:06PM Enter Date/Time: 04/24/2022 4:55PM Reporting Delay: 3:49:00 Location Name: Harbor Point Behavioral Health Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting • The first citation was issued on 8/20/21 and is now a non-compliant.	PR) 05/17/2022 Provider Response/Corrective Action Taken: The Director of Risk Management/Performance Improvement Director completed a re-training with Senior Leaders and Managers, as well as medical staff on completing an internal incident report at the time of incident or injury and/or time of discovery of incident or injury. Upon completion of the internal incident the staff will submit the form to the nursing department for review and notification of the substitute decision maker. The nursing department will submit the completed internal incident report to the Risk Management Department, in person for placing the form in the designated area in the mail room. 04-26-2022 The Director of Risk Management/Performance Improvement Director, or designee, completes a training with each newly assigned individual within the organization, with granted access to the Comprehensive Human Rights Information System (CHRIS), utilizing the following training materials: CHRIS System Training (May 2021), Guidance for Serious Incident Reporting (November 2020), Guidance on Incident Reporting Requirements (August 2020), Memo – CHRIS Updates (October 2019), as well as, Creating Delta Accounts: Local Administrator, DELTA Security Officer, DELTA Supervisor and Production Account Request. The training includes review of materials, as well as, case	5/11/2022

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			review and hands on system training for entry. 04-26-2022 The Director of Risk Management/Performance Improvement Director, re-educated all individuals, with granted access to CHRIS, on submitting serious incidents, including but not limited to serious injury requiring medical attention and an unplanned emergency room or urgent care facility visit, when not used in lieu of primary care, into CHRIS for the Department of Behavioral Health and Developmental Services (DBHDS). This training encompassed the responsibility of authorized users (identified as Administrators On-Call) to enter incidents into CHRIS on nights, weekends, holidays and/or any time the primary person (Director of Risk Management or the Assistant Director of Risk Management) is not available. 04-26-2022 The Director of Risk Management/Performance Improvement Director, re-educated all individuals, with granted access to CHRIS, on submitting serious incidents, on the 24-hour notification of all serious injury or illness, and unplanned or emergency room visits. The re-education included the requirements of entering the date and time the incident occurred, a description of the incident, the actions taken as a result of the incident, the name of the person completing the report, the name of the person making the report to the placing agency, patient or legal guardian, the name of the persons to whom the report was made and notification of the licensing specialist no later than 24 hours	

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			from date and time the incident was discovered. 04-26-2022 The Director of Risk Management/Performance Improvement Director, in conjunction with the Chief Executive Officer will maintain oversight of submitted corrective action plans, ensuring compliance with submitted action steps, continuously reviewing the facility's obligation to adhere to the agreed upon action plan. 04-26-2022 In addition to re-training and re-education following an episode of non-compliance, the Director of Risk Management/Performance Improvement Director will conduct bi-annual training with all individuals, with granted access to CHRIS, on compliance with standard 12VAC35-46-170 – Serious Incident Reports. Training will include all required elements of reporting, required time frame for reporting and an analysis of defiant area and how to ensure compliance. 05-11-2022 Person Responsible: Director of Risk Management/Performance Improvement Director	

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			Assistant Director of Risk Management Chief Executive Officer Monitoring System: The Director of Risk Management/Performance Improvement Director audits 100% of internal incident reports to ensure all required case s have been submitted to CHRIS in compliance with 12VAC35-46-170 – Serious Incident Reports, noting the provider shall notify the department within 24-hours of any serious illness or injury, an death of a resident, and all other situations as required by the department. The audit is complete Monday – Friday by the Director of Risk Management, auditing Saturday and Sunday entries on Monday. If non-compliance is discovered, the Director of Risk Management/Performance Improvement Director completes an internal review, identifying the cause for non-compliance and immediately provides re-training to the identified individual (s). If repeat deficiencies are discovered, disciplinary action is initiated for non-compliance. The Director of Risk Management/Performance Improvement Director analyzes the data from the daily audit and reports findings monthly to the Quality Council Committee for findings and the development of additional actions plans as	

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			needed for compliance. The Director of Risk Management/Performance Improvement Director audits 100% of written corrective action plan to ensure compliance with 12VAC35-46-80 – written correction action plan, noting the provider will submit to the department and implement a written corrective action plan for each regulation for which the provider was found to be in noncompliance. OLR) Partially Accepted 05/23/2022 In addition to the above, the provider response needs to include the following: 1. Describe the specific issue that led to the late reporting(s). 2. Please ensure that if it is discovered during monitoring that an incident was not entered in CHRIS within 24 hours, please do so immediately. PR) 06/06/2022 The Director of Risk Management/Performance Improvement Director completed an internal review, determining the cause for late entry. It was discovered that the Administrator-On-Call, also the Program Manager, was managing acuity within the facility. At the time of managing crisis events, it was not communicated to another staff member, with accesses to CHRIS, that the incident needed to be entered; therefore it was entered post 24-hours from date/time of incident. Following discovery that an incident has not	

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			been entered, the assigned Administrator-On-Call, or designee, will immediately enter the serious incident to ensure notification via CHRIS. OLR) Accepted 06/09/2022	

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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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