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

Date of Inspection: **04-28-2022**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (5) - The records of each employee shall include: 5. Annual performance evaluations;	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: The personnel record for Employee #2 contained a performance evaluation but it was last completed on 11/13/2019.	PR) 05/20/2022 Performance Appraisals are complete on an annual basis, evaluating the year of employment, despite date-of-hire. Self-Evaluations will be provided to 100% of employees, during October, and the completed Self-Evaluation to their assigned Manager within 30-days. The assigned Manager will complete their respective staff's Employee Appraisal, submitting both the employee's Self Evaluation and the Employee Appraisal to Human Resources no later than December 5th of the year in review. Human Resources will review both the employee's Self Evaluation and the Employee Appraisal for accuracy of completeness. Human Recourses will give the forms back to the respective Manager. The Manager will complete the yearly Employee Appraisal with their respective employee, providing all signed documentation, comments, goals for the upcoming year, etc. to Human Recourses upon completion, but no later than January 31st of the following year. Person Responsible: Director of Human Resources Monitoring System: Human Resources created a tracking	5/20/2022

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			spreadsheet to track when the performance evaluation is complete, when it is received by Human Resources and filed in the corresponding employee personnel file. Human Resources will complete a file review annually to ensure 100% of employees have a current Annual Employee Appraisal filed in their personnel record. Audit results will be reported in Quality Council, developing new initiatives and/or goals as appropriate based on audit results. OLR) Accepted 05/26/2022	
12VAC35-46-310. B. (1a) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1a. Alerting emergency personnel and sounding alarms;	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: At the time of the inspection, personnel records for Employee #1 and Employee #2 did not contain evidence of annual retraining in emergency preparedness. The provider's training policy did not include emergency preparedness as an annual training.	PR) 05/20/2022 Provider Response/Corrective Action Taken: The Director of Risk Management revised the Annual In-Service Review Policy to include the requirement of annual refresher training in emergency preparedness and response training. The Director of Plant Operations developed an emergency preparedness training, to include alerting emergency personnel and sounding alarms. The training was uploaded to Healthstream, an on-line training portal, to include training materials and a competency test. The Human Resource Department assigned the refresher for emergency preparedness and response training to 100% of Harbor Point Behavioral Health Center employees. Thereafter, the Human Resource Department will assign the refresher for	5/20/2022

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			emergency preparedness and response training to all employees annually. The Human Resource Director, or designee, in conjunction with the Training Coordinator, verifies completion of the required annual training by running a completed training report through Healthstream. Evidence of training is filed in the employee's training file. Person Responsible: Director of Plant Operations Director of Human Resources Director of Risk Management Monitoring System: To ensure sustained compliance, the Human Resource Director, or designee, in conjunction with the Training Coordinator, will review the Healthstream completion report monthly to determine the employees who are due each month. The employee and their supervisor will be notified of the impending due dates and of the mandatory completion of the annual training for emergency preparedness and response training.	

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			Human Resources will complete a file review, at least twice annually, to ensure all training components are evident in the employee training file. Audit results will be reported in Quality Council, developing new initiatives and/or goals as appropriate based on audit results. OLR) Accepted 05/26/2022	
12VAC35-46-310. B. (1b) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1b. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: At the time of the inspection, personnel records for Employee #1 and Employee #2 did not contain evidence of annual retraining in emergency preparedness. The provider's training policy did not include emergency preparedness as an annual training.	PR) 05/20/2022 The Director of Risk Management revised the Annual In-Service Review Policy to include the requirement of annual refresher training in emergency preparedness and response training. The Director of Plant Operations developed an emergency preparedness training, to include implementing evacuation procedures, including evacuation of residents with special needs. The training was uploaded to Healthstream, an on-line training portal, to include training materials and a competency test. The Human Resource Department assigned the refresher for emergency preparedness and response training to 100% of Harbor Point Behavioral Health Center employees. Thereafter, the Human Resource Department will assign the refresher for emergency preparedness and response training to all employees annually. The Human Resource Director, or designee, in conjunction with the Training Coordinator, verifies completion of the required annual	5/20/2022

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			training by running a completed training report through Healthstream. Evidence of training is filed in the employee's training file. Person Responsible: Director of Plant Operations Director of Human Resources Director of Risk Management Monitoring System: To ensure sustained compliance, the Human Resource Director, or designee, in conjunction with the Training Coordinator, will review the Healthstream completion report monthly to determine the employees who are due each month. The employee and their supervisor will be notified of the impending due dates and of the mandatory completion of the annual training for emergency preparedness and response training. Human Resources will complete a file review, at least twice annually, to ensure all training components are evident in the employee training file. Audit results will be reported in Quality Council, developing new initiatives and/or goals	

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			as appropriate based on audit results. OLR) Accepted 05/26/2022	
12VAC35-46-310. B. (1c) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1c. Using, maintaining, and operating emergency equipment;	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: At the time of the inspection, personnel records for Employee #1 and Employee #2 did not contain evidence of annual retraining in emergency preparedness. The provider's training policy did not include emergency preparedness as an annual training.	PR) 05/20/2022 Provider Response/Corrective Action Taken: The Director of Risk Management revised the Annual In-Service Review Policy to include the requirement of annual refresher training in emergency preparedness and response training. The Director of Plant Operations developed an emergency preparedness training, to include using, maintaining and operation emergency equipment. The training was uploaded to Healthstream, an on-line training portal, to include training materials and a competency test. The Human Resource Department assigned the refresher for emergency preparedness and response training to 100% of Harbor Point Behavioral Health Center employees. Thereafter, the Human Resource Department will assign the refresher for emergency preparedness and response training to all employees annually. The Human Resource Director, or designee, in conjunction with the Training Coordinator, verifies completion of the required annual training by running a completed training report through Healthstream. Evidence of training is filed in the employee's training file.	5/20/2022

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			Person Responsible: Director of Plant Operations Director of Human Resources Director of Risk Management Monitoring System: To ensure sustained compliance, the Human Resource Director, or designee, in conjunction with the Training Coordinator, will review the Healthstream completion report monthly to determine the employees who are due each month. The employee and their supervisor will be notified of the impending due dates and of the mandatory completion of the annual training for emergency preparedness and response training. Human Resources will complete a file review, at least twice annually, to ensure all training components are evident in the employee training file. Audit results will be reported in Quality Council, developing new initiatives and/or goals as appropriate based on audit results. OLR) Accepted 05/26/2022	
12VAC35-46-310. B. (1d) - Required annual	N	Harbor Point Behavioral Health	PR) 05/20/2022	5/20/2022

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1d. Accessing emergency information for residents including medical information;		This regulation was NOT MET as evidenced by: At the time of the inspection, personnel records for Employee #1 and Employee #2 did not contain evidence of annual retraining in emergency preparedness. The provider's training policy did not include emergency preparedness as an annual training.	Provider Response/Corrective Action Taken: The Director of Risk Management revised the Annual In-Service Review Policy to include the requirement of annual refresher training in emergency preparedness and response training. The Director of Plant Operations developed an emergency preparedness training, to include accessing emergency information for residents, including medical information. The training was uploaded to Healthstream, an on-line training portal, to include training materials and a competency test. The Human Resource Department assigned the refresher for emergency preparedness and response training to 100% of Harbor Point Behavioral Health Center employees. Thereafter, the Human Resource Department will assign the refresher for emergency preparedness and response training to all employees annually. The Human Resource Director, or designee, in conjunction with the Training Coordinator, verifies completion of the required annual training by running a completed training report through Healthstream. Evidence of training is filed in the employee's training file. Person Responsible:	

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			Director of Plant Operations Director of Human Resources Director of Risk Management Monitoring System: To ensure sustained compliance, the Human Resource Director, or designee, in conjunction with the Training Coordinator, will review the Healthstream completion report monthly to determine the employees who are due each month. The employee and their supervisor will be notified of the impending due dates and of the mandatory completion of the annual training for emergency preparedness and response training. Human Resources will complete a file review, at least twice annually, to ensure all training components are evident in the employee training file. Audit results will be reported in Quality Council, developing new initiatives and/or goals as appropriate based on audit results. OLR) Accepted 05/26/2022	
12VAC35-46-310. B. (1e) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: At the time of the inspection, personnel records for Employee #1 and Employee #2 did not contain evidence of	PR) 05/20/2022 Provider Response/Corrective Action Taken: The Director of Risk Management revised the Annual In-Service Review Policy to include the requirement of annual refresher training in	5/20/2022

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complete an annual refresher emergency preparedness and response training that shall include: 1e. Utilizing community support services.		annual retraining in emergency preparedness. The provider's training policy did not include emergency preparedness as an annual training.	emergency preparedness and response training. The Director of Plant Operations developed an emergency preparedness training, to include utilizing community support services. The training was uploaded to Healthstream, an on-line training portal, to include training materials and a competency test. The Human Resource Department assigned the refresher for emergency preparedness and response training to 100% of Harbor Point Behavioral Health Center employees. Thereafter, the Human Resource Department will assign the refresher for emergency preparedness and response training to all employees annually. The Human Resource Director, or designee, in conjunction with the Training Coordinator, verifies completion of the required annual training by running a completed training report through Healthstream. Evidence of training is filed in the employee's training file. Person Responsible: Director of Plant Operations Director of Human Resources Director of Risk Management	

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			Monitoring System: To ensure sustained compliance, the Human Resource Director, or designee, in conjunction with the Training Coordinator, will review the Healthstream completion report monthly to determine the employees who are due each month. The employee and their supervisor will be notified of the impending due dates and of the mandatory completion of the annual training for emergency preparedness and response training. Human Resources will complete a file review, at least twice annually, to ensure all training components are evident in the employee training file. Audit results will be reported in Quality Council, developing new initiatives and/or goals as appropriate based on audit results. OLR) Accepted 05/26/2022	
12VAC35-46-310. B. (4) - Required annual retraining: 4. All staff working with residents shall receive annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: The personnel record for Employee #2 did not contain evidence of annual retraining in child abuse and neglect/ mandatory reporting. The last training was dated 4/8/2020.	PR) 05/20/2022 Provider Response/Corrective Action Taken: Trainings for child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships/interaction among staff and residents and suicide prevention was uploaded to Healthstream, an on-line training portal, to include training materials and a competency test. The Human Resource Department	5/20/2022

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interaction among staff and residents, and suicide prevention.			assigned annual trainings to 100% of Harbor Point Behavioral Health Center employees. Thereafter, the Human Resource Department will assign the refresher for child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships/interaction among staff and residents and suicide prevention trainings to all employees annually. The Human Resource Director, or designee, in conjunction with the Training Coordinator, verifies completion of the required annual trainings by running a completed training report through Healthstream. Evidence of training is filed in the employee's training file. Person Responsible: Director of Human Resources Director of Risk Management Monitoring System: To ensure sustained compliance, the Human Resource Director, or designee, in conjunction with the Training Coordinator, will review the Healthstream completion report monthly to determine the employees who are due each month. The employee and their supervisor will	

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			be notified of the impending due dates and of the mandatory completion of the annual training for emergency preparedness and response training. Human Resources will complete a file review, at least twice annually, to ensure all training components are evident in the employee training file. Audit results will be reported in Quality Council, developing new initiatives and/or goals as appropriate based on audit results. OLR) Accepted 05/26/2022	
12VAC35-46-310. B. (5) - Required annual retraining: 5. All staff shall receive annual retraining on the provider's policies and procedures regarding standard precautions.	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: The personnel record for Employee #2 did not contain evidence of annual retraining regarding standard precautions. The last training was dated 3/31/2021.	PR) 05/20/2022 Provider Response/Corrective Action Taken: Training for Harbor Point Behavioral Health Center's policies and procedures regarding standard precautions was uploaded to Healthstream, an on-line training portal, to include training materials and a competency test. The Human Resource Department assigned the annual training to 100% of Harbor Point Behavioral Health Center employees. Thereafter, the Human Resource Department will assign the refresher for standard precautions, facility policies and procedures, training to all employees annually. The Human Resource Director, or designee, in conjunction with the Training Coordinator, verifies completion of the required annual training by running a completed training report through Healthstream. Evidence of training is filed in the employee's training file.	5/20/2022

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			Person Responsible: Director of Human Resources Director of Risk Management Monitoring System: To ensure sustained compliance, the Human Resource Director, or designee, in conjunction with the Training Coordinator, will review the Healthstream completion report monthly to determine the employees who are due each month. The employee and their supervisor will be notified of the impending due dates and of the mandatory completion of the annual training for emergency preparedness and response training. Human Resources will complete a file review, at least twice annually, to ensure all training components are evident in the employee training file. Audit results will be reported in Quality Council, developing new initiatives and/or goals as appropriate based on audit results. OLR) Accepted 05/26/2022	
12VAC35-46-420. D. (1) - At the time of the	N	Harbor Point Behavioral Health	PR) 05/20/2022	6/15/2022

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
original application and at least annually thereafter the buildings shall be inspected and approved by state or local health authorities, whose inspection and approval shall include: 1. General sanitation;		This regulation was NOT MET as evidenced by: At the time of the inspection, the provider did not have evidence of a general sanitation inspection.	Provider Response/Corrective Action Taken: The Director of Plant Operations contacted the City of Portsmouth, reviewing the annual requirement for Harbor Point Behavioral Health Center to receive an annual inspection and approval for general sanitation. The City of Portsmouth will conduct a general sanitation inspection at the time the annual inspection of the pool is complete. The City of Portsmouth will provide the facility with the date for completion, but no later than June 15, 2022. Upon completion of the general sanitation inspection, the City of Performance will provide the Director of Plan Operations with a completed report. The Director of Plant Operations will report findings of the general sanitation inspection to the Environment of Care Committee, filing the doucemantion of the completed general sanitation inspection for record of completion. Person Responsible: Director of Plant Operations Monitoring System: The Director of Plant Operations created a tickler system to track when the pending annual inspection for general sanitation is due. The Director of Plant Operations will then contact the City of Portsmouth to schedule the inspection for	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			general sanitation, ensuring compliance with the annual requirement. The Director of Plant Operations will complete a record review bi-annually to ensure 100% of annual inspections are complete and filed with the Environment of Care Committee meeting minutes. Audit results will be reported in the Environment of Care Committee Meeting, developing new actions plans and/or goals as appropriate based on audit results. OLR) Accepted 05/26/2022	
12VAC35-46-420. D. (2) - At the time of the original application and at least annually thereafter the buildings shall be inspected and approved by state or local health authorities, whose inspection and approval shall include: 2. The sewage disposal system;	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: At the time of the inspection, the provider did not have evidence of an inspection of the sewage disposal system.	PR) 05/20/2022 Provider Response/Corrective Action Taken: The Director of Plant Operations contacted the City of Portsmouth, reviewing the annual requirement for Harbor Point Behavioral Health Center to receive an annual inspection and approval for the sewage disposal system. The City of Portsmouth will conduct a sewage disposal system inspection at the time the annual inspection of the pool is complete. The City of Portsmouth will provide the facility with the date for completion, but no later than June 15, 2022. Upon completion of the sewage disposal system inspection, the City of Performance will provide the Director of Plan Operations with a completed report. The Director of Plant Operations will report findings of the sewage disposal system to the Environment of Care Committee, filing the doucemantion of the completed sewage disposal system inspection for record of completion.	6/15/2022

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			Person Responsible: Director of Plant Operations Monitoring System: The Director of Plant Operations created a tickler system to track when the pending annual inspection for the sewage disposal system is due. The Director of Plant Operations will then contact the City of Portsmouth to schedule the inspection for the sewage disposal system, ensuring compliance with the annual requirement. The Director of Plant Operations will complete a record review bi-annually to ensure 100% of annual inspections are complete and filed with the Environment of Care Committee meeting minutes. Audit results will be reported in the Environment of Care Committee Meeting, developing new actions plans and/or goals as appropriate based on audit results. OLR) Accepted 05/26/2022	
12VAC35-46-420. D. (3) - At the time of the original application and at least annually thereafter the buildings	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by:	PR) 05/20/2022 Provider Response/Corrective Action Taken: The Director of Plant Operations contacted the	6/15/2022

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shall be inspected and approved by state or local health authorities, whose inspection and approval shall include: 3. The water supply;		At the time of the inspection, the provider did not have evidence of an inspection of the water supply.	City of Portsmouth, reviewing the annual requirement for Harbor Point Behavioral Health Center to receive an annual inspection and approval for the water supply. The City of Portsmouth will conduct a water supply inspection at the time the annual inspection of the pool is complete. The City of Portsmouth will provide the facility with the date for completion, but no later than June 15, 2022. Upon completion of the water supply inspection, the City of Performance will provide the Director of Plan Operations with a completed report. The Director of Plant Operations will report findings of the water supply inspection to the Environment of Care Committee, filing the doucemantion of the completed water supply inspection for record of completion. Person Responsible: Director of Plant Operations Monitoring System: The Director of Plant Operations created a tickler system to track when the pending annual inspection for the water supply is due. The Director of Plant Operations will then contact the City of Portsmouth to schedule the inspection for the water supply, ensuring compliance with the annual requirement.	

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			The Director of Plant Operations will complete a record review bi-annually to ensure 100% of annual inspections are complete and filed with the Environment of Care Committee meeting minutes. Audit results will be reported in the Environment of Care Committee Meeting, developing new actions plans and/or goals as appropriate based on audit results. OLR) Accepted 05/26/2022	
12VAC35-46-710. B. (3) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 3. The physical health needs, including the immunization needs, of the prospective resident;	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: The application for admission for Individual #1 did not include physical health needs, including the immunization needs, of the prospective resident.	PR) 05/20/2022 Provider Response/Corrective Action Taken: The Director of Admissions revised the RTC Application to delineate the physical health needs of the resident, to include the immunization needs, prior to the resident's acceptance for care. Prior to acceptance, the Admissions Department obtains information for the resident's medical history, current medical needs, as well as, current immunizations, the immunization needs of the resident, and verifying the request for a copy of the resident's current immunization record has been submitted to the legal guardian, referring agency and/or current school system. Person Responsible: Director of Admissions	5/20/2022

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			Monitoring System: The Director of Admissions, or designee, will audit 100% of the RTC Applications, auditing for completion of the resident's medical history, current medical needs, as well as, current immunizations, the immunization needs of the resident, and verifying the request for a copy of the resident's current immunization record. If non-compliance is discovered, the Director of Admissions 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 Admissions will complete a file review monthly, ensuring compliance with the resident's medical history, to include immunizations is collected prior to admission. Audit results will be reported in Quality Council, developing new initiatives and/or goals as appropriate based on audit results. OLR) Accepted 05/26/2022	
12VAC35-46-810. B. (4b) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: For Individual #1, the daily progress notes and (Q15) observation rounds documentation which is available to the	PR) 05/20/2022 Provider Response/Corrective Action Taken: The Director of Health Information Management modified the Patient Observation Round Sheet, for 100% of current residents, documenting	5/20/2022

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a medical or dental emergency: 4. Information concerning: 4b. All allergies, including medication allergies;		mental health technicians/ direct care staff for 4/1/2021-4/30/2021 did not include documentation of the individuals known food allergies. The Q15 form includes an area for allergies but it was blank on all forms. The provider has a practice in place in which medical alerts are written by nursing staff on “pink slips” and provided to direct care staff by being placed between the pages of the communication log. However, there is not a policy which describes this practice and how staff are alerted to the information on pink slips. Also the pink slips are not secured in the communication log and could potentially be lost or misplaced.	known allergies, including medication allergies, and or no known drug allergies. The Patient Observation Round Sheet is maintained by the direct-care staff and remains with the staff at all times. The Patient Observation Round Sheet transitions to any staff that is responsible for supervision of the resident, allowing for written information concerning each resident to be readily accessible to any staff. For all new admissions, the Director of Admissions revised the patient identification label, used on each form completed by staff and/or filed in the medical record, documenting known allergies, including medication allergies, for each resident with identified allergies, allowing for written information concerning each resident to be readily accessible to any staff. As current residents require the printing of additional patient identification labels, the information identifying all allergies, including medical allergies will be documented on the patient identification label. The Director of Health Information Management and the Director of Admissions will document on the Patient Observation Round Sheet, as well as, the patient identification label, "NKA" and/or "NKDA", noting the resident has not been identified as having allergies. Following the resident’s admission, the Director of Nursing will notify the Director of Health Information Management and the Director of Admissions of any changes in the resident’s identified allergies, including medication allergies. Upon discovery of newly identified allergies, the Director of Health Information Management and the Director of Admissions will update the Patient Observation Round Sheet and the Patient Identification Label. Person Responsible:	

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			Director of Admissions Director of Nursing Director of Health Information Management Monitoring System: The Director of Health Information Management, or designee, will audit 100% of the Patient Observation Round Sheets, verifying the identification of allergies, including medication allergies, prior to making copies and providing to the direct-care staff. The Director of Admissions, or designee, will audit 100% of the Patient Identification Labels, verifying the identification of allergies, including medication allergies, prior to labeling forms at the time of admission. If non-compliance is discovered, the Director of Health Information Management and/or the Director of Admissions 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 Admissions will complete a file review monthly, ensuring compliance with the documentation of the resident's allergies, including medical allergies, is identified on the Patient Identification Label. Audit results will be reported in Quality Council,	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			developing new initiatives and/or goals as appropriate based on audit results. OLR) Accepted 05/26/2022	
12VAC35-46-900. A. (5) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 5. Identification of interventions that may escalate inappropriate behaviors.	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: The behavior support plan for Individual #1 did not identify interventions that may escalate inappropriate behaviors.	PR) 05/20/2022 Provider Response/Corrective Action Taken: The Director of Clinical Services revised the Behavior Support Plan to include identification of interventions that may escalate the resident's inappropriate behaviors. The Director of Admissions revised the Restraint Reduction From to include identification of interventions that may escalate the resident's inappropriate behaviors. The Director of Clinical Services trained the clinical services department on the revised Behavior Support Plan and the differences between triggers for the resident and interventions that may escalate the resident's inappropriate behaviors. The Director of Admissions trained the admissions department staff on the revised Restraint Reduction Form and the differences between triggers for the resident and interventions that may escalate the resident's inappropriate behaviors. Person Responsible: Director of Clinical Services Director of Admissions Monitoring System:	5/20/2022

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

Date of Inspection: **04-28-2022**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			The Director of Clinical Services, or designee, will audit 100% of the Behavior Support Plans, auditing for completion of the resident's identification of interventions that may escalate inappropriate behaviors. The Director of Admissions, or designee, will audit 100% of the Restraint Reduction forms, complete at time of admission, auditing for completion of the resident's identification of interventions that may escalate inappropriate behaviors. If non-compliance is discovered, the Director of Clinical Services and/or the Director of Admissions 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 Clinical Services will complete a file review monthly, of all new admissions, ensuring compliance with resident's identification of innervations that may escalate inappropriate behaviors. Audit results will be reported in Quality Council, developing new initiatives and/or goals as appropriate based on audit results. OLR) Accepted 05/26/2022	

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

Date of Inspection: **04-28-2022**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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.

Carrie Craddock	(Signature of Organization Representative)	Date

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