DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **08-09-2022**
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: 20220198 Date/Time of Discover: 07/23/2022 4:46PM Enter Date/Time: 07/25/2022 4:27AM Reporting Delay: 11:41:00 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) 09/14/2022 PR) 08/27/2022 The Director of Risk Management and Performance Improvement conducted a retraining with the facility's Senior Leaders, Program Managers, and medical staff on completing the internal incident report at the time an incident or injury occurs, or at the time an incident or injury is discovered or reported. Staff will submit the completed internal incident report to the Nursing Department for review, signatures, and notification of the substitute decision maker (Administrator-On-Call). The nursing department will submit the completed internal incident report to the Risk Management Department either in-person or by depositing the completed incident report in the designated area in the mail room. The Director of Risk Management and Performance Improvement will enter all serious incidents into the CHRIS within 24 hours after receiving completed incident reports. Additionally, in the absence of the Director of Risk Management and Performance Improvement or Designee, Harbor Point requires all AOCs who work on weekends and on holidays to enter all serious incidents into the CHRIS by the end of their shifts. The Director of Risk Management and Performance Improvement or Designee will audit the CHRIS each Monday morning to ensure that all serious incidents that occurred during the weekend were entered into the CHRIS on time. 08-25-2022	8/25/2022

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			OLR) Partially Accepted 08/29/2022 In addition to the above, the provider response needs to include the following: 1. Describe the specific issue that led to the late reporting. PR) 09/14/2022 The incident occurred during the weekend (Saturday, 7/23/2022), it was entered on Monday, 7/25/2022. The reporting lag occurred because the staff who was responsible to enter the incident into the CHRIS did not work. We have now corrected this gap by requiring all Administrators-On-Call (AOC) to enter incidents into the CHRIS. AOCs who work on holidays are also required to enter incidents into the CHRIS. This will fulfill the 24-hr incident reporting requirement. OLR) Accepted 09/16/2022 In addition to the above, the provider response needs to include the following: 1. Describe the specific issue that led to the late reporting.	

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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