DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **11-29-2022**
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: 20220211 Date/Time of Discover: 11/07/2022 10:28AM Enter Date/Time: 11/08/2022 1:31PM Reporting Delay: 3:3:00 Location Name: Harbor Point Behavioral Health CHRIS Number: 20220213 Date/Time of Discover: 11/20/2022 5:20AM Enter Date/Time: 11/21/2022 2:32PM Reporting Delay: 9:12:00 Location Name: Harbor Point Behavioral Health CHRIS Number: 20220214 Date/Time of Discover: 11/20/2022 5:20AM Enter Date/Time: 11/21/2022 3:00PM Reporting Delay: 9:40:00 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 04/26/22 and is now a non-compliant. • The second citation was issued on 08/09/22 and is now a non-compliant.	PR) 01/05/2023 The recent discussion with DBHDS concerning this CAP and our overall incident reporting obligations under 12VAC35-46-1070.C was greatly appreciated. Our previous understanding was that we were required to enter incidents into the system 24 hours after Risk Management received notification. After the discussion with DBHDS, we now understand that incidents are to be entered into the system 24 hours after the incident occurs. This made us to enter incidents (including the two which caused the CAP) close to or after the 24-hour reporting period. Prior to the meeting, we took the following steps to strengthen our internal processes to report incidents within the 24-hour reporting period as required by 12VAC35-46-1070. C: As of December 19, 2022, all six (6) Shift Supervisors were granted access to the C.H.R.I.S. system, and they were trained to enter incidents in the system. We created a process that requires Shift Supervisors to enter reportable incidents that occur during each eight-hour shift, and report to Risk Management incidents they entered into C.H.R.I.S. as part of their shift report. This ensures that incidents are entered into the system well within the 24-hour reporting period. Each day, Risk Management audits previous day C.H.R.I.S. entries for accuracy and compliance. During weekends, the On-Call Administrator ensures that Shift Supervisors enter reportable incidents into the C.H.R.I.S. by reviewing	1/5/2023

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

Date of Inspection: **11-29-2022**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			incident reports and auditing the C.H.R.I.S. incident reporting forms. The Supervisors' access and the required reporting form are attached for review and verification. Risk Management will continue to monitor the process to ensure compliance. OLR) Accepted 01/17/2023	

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