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

Date of Inspection: **05-26-2023**
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: 20230033 Date/Time of Discover: 05/05/2023 2:00PM Enter Date/Time: 05/08/2023 3:36PM Reporting Delay: 49:36:00 Location Name: Harbor Point Behavioral Health CHRIS Number: 20230034 Date/Time of Discover: 05/05/2023 2:00PM Enter Date/Time: 05/08/2023 3:42PM Reporting Delay: 49:42:00 Location Name: Harbor Point Behavioral Health CHRIS Number: 20230035 Date/Time of Discover: 05/05/2023 2:00PM Enter Date/Time: 05/08/2023 3:48PM Reporting Delay: 49:48:00 Location Name: Harbor Point Behavioral Health CHRIS Number: 20230044 Date/Time of Discover: 06/03/2000 1:00PM Enter Date/Time: 06/05/2023 3:09PM Reporting Delay: 201626:9:00 Location Name: Harbor Point Behavioral Health This is a systemic (NS) citation. Based upon the rolling year (May 27, 2022 – May 26, 2023) for 14-003 this is the Third Step in the Progressive Citation Process for violation of 12VAC35-46-1070.C. • The first citation was issued on 5/11/22 and is now a non-compliant. • The second citation was issued on 6/7/22 and is now a non-compliant. • The third citation was issued on 7/15/22 and is now a	PR) 06/21/2023 On Friday, May 5, 2023, three (3) residents were sent to the emergency room at about the same time. The CHRIS Numbers are: 20230033, 20230034, and 20230035. These were three (3) separate CHRIS entries for the ER visits that should have been entered into the CHRIS within twenty-four hours of occurrence, per regulation. However, they were not entered until Monday, May 8, 2023, thus causing the late entry and the CAP. At the time of the incidents, the Building Supervisor was overwhelmed with the staffing requirement that was needed to facilitate the three separate emergency room visits. Consequently, the three (3) ER visits were not entered into the CHRIS until Monday after Risk Management audited the system. In spite of these circumstances, we should have entered the incidents the next day because we have adequate oversight of the process. Each day at our facility, we have an Administrator-On-Call (AOC) who has the responsibility of visiting all units to oversee programming, patient supervision, and to provide support to Building Supervisors. The AOC is required to work with Building Supervisors in ensuring that incident reports are complete, and especially to assure that CHRIS entries are done. However, the oversight is not ironclad and there was no documentation process to require the AOC to account for the oversight of CHRIS entries. To prevent a recurrence of this incident, the facility conducted retraining for all AOCs using the CHRIS training resource. AOCs are now required to validate that all CHRIS reportable	8/23/2023

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		non-compliant-systemic. Per the Guidance on Incident Reporting Requirements, you are being required to attest to reviewing ALL CHRIS Training and guidance documents located on the DBHDS website as indicated by a check mark on the attestation form. Resolution to this licensing report requires two actions. The first action is to submitting an acceptable licensing report response. The second is to include the signed attestation form(s) for each individual within the organization who is required by you to receive training and to review guidance documents as attachments with the licensing report response. Both Items are due no later than the due date of 6/20/23. If the provider does not submit attestation(s) to confirm completion of required trainings and document reviews as indicated on the form, the provider may incur negative actions. The links for the trainings and guidance documents are listed in the attached attestation form.	incidents are entered and reported in the AOC rounding report prior to each AOC leaving the facility. To fulfill this responsibility, AOCs are required to audit all incident reports that occur during their rounds, and personally enter CHRIS incidents if the Building Supervisor forgets to enter them. The AOC is then required to include such CHRIS entry in the AOC report. Separately, CHRIS Incident Number 20230044 was for an incident that occurred on Saturday, June 3, 2023 during which a resident was sent to the ER. Based on previous experience and retraining, the Building Supervisor attempted to enter the incident into the CHRIS prior to the end of her shift, but the CHRIS system would not save the information despite repeated attempts. The next day, Sunday, June 4, 2023, the Supervisor attempted again to enter the incident into the CHRIS in compliance with the 24-hour requirement. Again, in spite of repeated attempts, the system could not save the information. By the time we entered the incident on Monday, June 5, 2023, we were already out of compliance. After auditing the printout of the failed entry, we discovered that the Supervisor had used military time when entering the incident. Harbor Point uses military time, whereas the CHRIS system is programmed on the 12-hour AM/PM time cycle, and will not save an entry outside its program parameters. We have uploaded the screen prints of that failed entry for your review. We have notified Building Supervisors, Program Managers, and AOCs not to use military time when entering CHRIS incidents. The late entry was therefore a human error. We request kindly	

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			that you remove it from the CAP. OLR) Partially Accepted 07/05/2023 Based on the above response and the attached documentation there is not sufficient information to excuse the late report. The documentation indicates the use of military time when the report was entered. CHRIS does not accept military time. We do not excuse reports when provider's use military time as that is a user error not a system issue. In addition to the above, the provider response needs to include the following: 1. Please return a signed attestation for each individual trained using the Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website. The OL Attestation has been uploaded to the CAP Response Screen as a document for your convenience. PR) 07/20/2023 Building Supervisors and Program Managers have been trained in Navigating CHRIS V5.1. The records are attached. OLR) Partially Accepted 07/21/2023 In addition to the above, the provider response needs to include the following: 1. Please return a signed attestation for each individual trained using the Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website. The OL Attestation has been	

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			uploaded to the CAP Response Screen for your convenience. The individuals trained needs to complete the training listing on the OL Attestation Form and the Attestation form submitted must be the OL Attestation Form. PR) 08/23/2023 This (DBHDS) CHRIS Training Attestations have been uploaded, as requested. OLR) Accepted 08/28/2023	

General Comments / Recommendations:
Please be sure to review the Licensing Report Response Guidance in the CAP Issue Letter to aid in the acceptance of your CAP and return the following items no later than June 20, 2023.

1. Licensing Report Response
2. Signed Attestation Form(s) for each individual required by you to receive training and to review guidance documents.

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