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

Date of Inspection: **08-11-2023**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-810. A. (3) - The provider shall have and implement written procedures for promptly: 3. Providing emergency services for each resident;	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: It was determined the provider did not promptly provide emergency medical care to Individual #1 as evidenced by the incident taking place on 7/6/23 and the individual being taken to the ED on 7/13/23 after complaining of pain since 7/6/23.	PR) 09/05/2023 **How the Non-Compliance Occurred** On July 6, 2023, the Resident engaged in a disturbance on her unit when her peers were in bed. Staff called a code and the Resident was placed in a hold for safety and escorted out of the unit to de-escalate. During the escort, an internal investigation discovered that one of the staff involved in the escort failed to follow facility Handle-With-Care training guidelines in conducting a hold for safety, thus injuring the Resident. That staff was suspended immediately upon an initial video review of the incident, and was eventually terminated after the investigation. However, the injury was not discovered because the Resident refused to participate in the post-incident debriefing. During the subsequent two days, the Resident complained of pain to her hand. Medical staff did not make a correlation to the incident on July 6th because the Resident was reportedly seen doing pushups in her room two days after the incident. However, the medical staff (Nursing) added the resident to the list of residents who were referred for X-ray, after she complained	7/13/2023

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			of pain repeatedly. The mobile X-ray arrived at the facility on July 10, 2023 at about 09:00pm but the technician left because residents were already in bed. The X-ray was rescheduled. On July 13, 2023, the Resident complained of increased pain to the same hand. That afternoon, the mobile X-ray arrived at the facility and it was determined that the Resident had a fractured ulna in her left arm. The Resident was sent out to the emergency room at CHKD for further evaluation on the same day. The ER confirmed the fracture and an orthopedic consult was scheduled and the Resident's left arm was placed in a cast. **Corrective Action Plan to Prevent a Recurrence** A corrective Action Plan was implemented to prevent a recurrence of delayed care in the event of such incidents. The plan includes preventive physical nursing assessment after any incident that may require care outside the scope of the facility. A resident who complains of swelling or pain after an injury is sent to the ER immediately for evaluation. This information is captured on a checklist of questions that nurses	

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			are required to ask residents daily. **Monitoring of the Corrective Action Plan** The Nursing Department is responsible for monitoring the corrective action plan through a daily physical assessment. During the daily medication administration, nurses ask residents if they have pain and other health issues to report to the doctor. The information is captured on the checklist that is submitted to the doctor for further assessment where applicable. **Date of Completion/Implementation of Action Plan** The Corrective Action Plan was implemented on July 13, 2023 and is an ongoing process to prevent a recurrence. The checklist is monitored daily by nurses. OLR) Accepted 09/05/2023	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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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.

Darragh Walker, Licensing Specialist	(Signature of Organization Representative)	Date

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