DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **09-26-2023**
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: 20230065 Date/Time of Discover: 09/03/2023 7:51PM Enter Date/Time: 09/05/2023 9:58AM Reporting Delay: 14:7:00 Location Name: Harbor Point Behavioral Health This is a systemic (NS) citation. Based upon the rolling year (September 27, 2022 – September 26, 2023) for 14-003 this is the Fourth Step in the Progressive Citation Process for violation of 12VAC35-46-1070.C. • The first citation was issued on 11/29/22 and is now a non-compliant. • The second citation was issued on 3/29/23 and is now a non-compliant-systemic. • The third citation was issued on 5/26/23and is now a non-compliant-systemic - third. Due to the repeat nature of this citation, I am including this correspondence along with the licensing report as a reminder of the additional steps the Office of Licensing may take when a provider fails to remedy systemic regulatory deficiencies. These additional steps are outlined within the Guidance on Incident Reporting Requirements and enumerated within the Code of Virginia and the Regulations for Licensing Providers by the Department of Behavioral	PR) 10/13/2023 Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. **On Sunday, September 3, 2023, a resident was sent to the ER for acute evaluation for self-injurious behaviors and suicidal ideation. The shift supervisor was relatively new, did not have CHRIS access, and was unaware of the 24-hr regulatory requirement to report the ER visit in CHRIS.** Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation. **The facility has identified all new supervisors and new managers who may fill in to cover shifts, and has requested and login credentials for them to access and enter data in the CHRIS system. The full list of new credentialed staff is expected to be completed by October 20, 2023. CHRIS training is expected to be completed by October 25, 2023. A new AOC CHRIS entry verification process will also be in implemented on October 25, 2023.** Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist).	10/26/2023

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		Health and Developmental Services.	**The following staff and departments will monitor to ensure that CHRIS reportable incidents are entered on time:** • **Risk Management each morning** • **Administrator-On-Call** • **Director of Residential Services** By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). **October 25, 2023, and Ongoing.** OLR) Partially Accepted 10/20/2023 In addition to the above, the provider response needs to include the following: 1. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). PR) 11/16/2023 Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. **On Sunday, September 3, 2023, a resident was sent to the ER for acute evaluation for self-injurious behaviors and suicidal ideation. The shift supervisor was relatively new, did not have CHRIS access, and was unaware of the 24-hr regulatory requirement**	

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			OLR) Accepted 11/16/2023	

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