DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **10-05-2023**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: See OHR citations below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: Neglect means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. See § 37.2-100 of the Code of Virginia. • Per provider's CHRIS reports #A20230400, 20230424 - 20230431, the provider substantiated the allegation of neglect with a preponderance of the evidence that included eyewitness statements and witness credibility, when Employee #1 left Individuals #1 - #9 alone on their unit and stated they did not want to work the unit and then	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. **The Office of Risk was notified that Employee #1 had left her assigned unit due to being unwilling to work. This resulted in nine individuals, who were assigned to Employee #1 being left unattended on the unit for 14 minutes before discovery by the Milieu Manager.** 2. 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 Office of Risk completed an internal	9/20/2023

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		proceeded to walk off of the job. • As a result of Employee #1's actions, Individual #1 - #9's right to be free from neglect was violated.	investigation. Camera review substantiated the events as reported to the Office of Risk, and it was determined that Employee #1 violated facility policy. The incident was several hours into the night, and camera footage did not evidence any activity outside of the bedrooms or any harm to the individuals. The investigation confirmed that Employee #1 completed the relevant portions of her training and orientation and attested to understanding her job responsibilities. No prior corrective actions or related issues were noted. On 9-18-23, Employee #1's manager notified the HR department that her employment was to be terminated. Employee #1 did not return to work or contact the facility in the intervening time. The investigation did not reveal any omission in facility policies or training protocol regarding the standard in this citation. There was no evidence that the performance issue went beyond Employee #1 and the Office of Risk did not recommend any further action steps or monitoring. 3. 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). **The investigation discovered that this was not a systemic issue but an isolated behavior of one employee. However, the Director of Residential Services provided re-education to all Residential Counselors regarding the**	

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			facility's internal policy and the state's regulation regarding patient safety. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). **The facility, through the Director of Residential Services, provided re-education to staff on 9/6/2023 and has been providing reminders at shift change.** OHR/OLR) Accepted 10/16/2023 OHR Response: Accepted pending receipt of training verification from 9/6/23. Advocate has also also requested verification of employee termination.	

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.

Latoya Wilborne, Human Rights	(Signature of Organization Representative)	Date

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