DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-19-2023**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: See OHR citation 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 report #A20230471, the provider substantiated the allegation of neglect with a preponderance of the evidence that included eyewitness statements and witness credibility when Employee #1 administered the following wrong medications to Individual #1: Medications #1 - #4, which belonged to a peer. • As a result of Employee #1's actions, Individual #1's right to be free from neglect was violated.	PR) 01/12/2024 **1. 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 facility reviewed a medication error that was self-reported by the employee at-fault. This involved a one-time variance for Individual #1. The review confirmed that the variance occurred and was a job performance issue isolated to Employee #1. Written re-training and corrective action was completed with this employee on 11/7/23. This action was progressive and made reference to a previous similar incident. Monitoring of employee #1's medication passes was continued as was already in place. **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.** In addition to re-education and written corrective action, Employee #1's medication administration	11/07/2023 00:00:00

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			was subject to monitoring and oversight by the nurse manager. This will remain ongoing at the Manager's discretion. The review confirmed that policies for safely administering medications are in place at the facility, and Employee 1's training program covered proper medication administration before he undertook those duties. It was determined that no changes to facility policy are needed. **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).** Written corrective action was completed and documented by a Nurse Manager. Monitoring performed by a seasoned Registered Nurse peer and Nurse Manager. **4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).** The corrective action was noted as complete on 11/7/23, with monitoring to be ongoing at the Manager's discretion. OHR/OLR) Accepted 01/19/2024 OHR Response: ACCEPTED. Human Rights Advocate reviewed evidence of corrective action on 12/6/23.	

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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.

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

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