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

Date of Inspection: **12-21-2023**
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: 20230099 Date/Time of Discover: 12/01/2023 8:30AM Enter Date/Time: 12/04/2023 10:14AM Reporting Delay: 49:44:00 Location Name: Harbor Point Behavioral Health CHRIS Number: 20230101 Date/Time of Discover: 12/15/2023 11:30PM Enter Date/Time: 12/18/2023 2:02PM Reporting Delay: 38:32:00 Location Name: Harbor Point Behavioral Health · This is a systemic (NS) citation. · Based upon the rolling year (December 22, 2022 – December 21, 2023) for 14-003 this is the Third Step in the Progressive Citation Process for violation of 12VAC35-105-160 D.2.	PR) 01/17/2024 **CHRIS #20230099** was a medication error that occurred at 0830hrs on **12/01/2023 (Friday)** but was entered on **12/04/2023 (Monday)** at 1014hrs. **CHRIS #20230101** was an allegation of sexually acting out between two residents that occurred on **12/15/2023 (Friday)** at 2330hrs but was entered on 1**2/18/2023 (Monday)** at 1402hrs. Response to the CAP 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. **CHRIS #2023099** **During the daily (post weekend) audit of incident reports on 12/04/2023, Risk Management discovered that the medication error incident was not entered into CHRIS at the time it occurred in compliance with internal procedures. The Milieu Manager did not realize that medication error is a reportable incident and therefore did not report it. Risk Management entered the incident into CHRIS when the error was discovered.** **CHRIS# 20230101** **Similar to CHRIS #20230099, this incident occurred late Friday night. The Director of Risk Management arrived Saturday morning 12/16/2023 to investigate the incident. However, the Director of Risk Management**	1/16/2024

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		• The first citation issued on 3/29/23 is now considered non-compliant. • The second citation issued on 5/26/23 is now considered non-compliant. • The third citation issued on 9/26/23 is now considered 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 submit 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 1/16/24. 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.	**assumed that the Milieu Manager had already entered the incident into CHRIS from the previous night but that was not the case. The Milieu Manager was relatively new in the role and had not been trained to input incidents into CHRIS. Access was requested for that Milieu Manager, and they are being trained. Meantime, a process has been implemented where incoming/relieving Milieu Managers are required to audit the previous shift for any CHRIS entries they might have not been entered. The relieving/incoming Milieu Manager will enter the incident into CHRIS and document on their shift report for appropriate corrective action.** 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. **Risk Management provided re-education to the Milieu Manager who missed the entry, and also provided a reminder to other Milieu Managers to input into CHRIS med errors as is with ER visits, (non-school) aggression incidents, and abuse allegations. Risk Management is leveraging the presence of On-Call Administrators to verify CHRIS entries as they complete their rounds daily. The Residential Director also sends regular reminders, especially to Milieu Managers who work on weekends, to ensure that all CHRIS incidents are reported on time. A corrective/disciplinary is being developed to prevent such incident reporting errors.** 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in	

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			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 Director of Risk Management, Director of Residential Services (who supervises Milieu Managers) will monitor the input of CHRIS on a daily basis, including weekends.** 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). **Risk Management provided the re-education and reminders on med error entries on 12/4/2023. The process for incoming/relieving Milieu Managers to audit the previous shift for missed CHRIS entries was implemented on 12/18/2023. The Directors of Risk Management and Residential Services continue to monitor and supervise the process.** OLR) Accepted 02/02/2024 PR) 01/17/2024OLR) Partially Accepted 02/02/2024 In addition to the above, the provider response needs to include the following: 1. Please return a current signed attestation for each individual trained using the Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website. The signed attestation is to attest to the re-training of individuals within the organization as required for a	

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			third citation. The OL Attestation with the guidance documents and training links have been uploaded to the CAP for your convenience. PR) 02/27/2024 CHRIS training attestation for Kathryn Bullock has been uploaded. Thank you. OLR) Partially Accepted 03/07/2024 In addition to the above, the provider response needs to include the following: 1. Please ensure the attestation form is filled out completely. There should be a completion date for each training listed. PR) 03/13/2024 Updated CHRIS training attestation for Kathryn Bullock uploaded. Thank you. OLR) Accepted 03/14/2024	

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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 January 16, 2024.

1. Licensing Report Response
2. Signed Attestation Form(s) for each individual required by you to receive training and to review guidance documents. This document has been uploaded in the CAP Response Screen for your convenience.

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