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

Date of Inspection: **05-28-2024**
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: Abuse means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. • Per provider's CHRIS report #20240208, Individual #1 was involved in a group peer to peer altercation that resulted from several peers horse playing in the milieu. Individual #1 was kicked and spit on by peers while Employee #1 was present.	PR) 06/11/2024 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 April 20, 2024, Employee #1 was assigned to supervise residents on a unit where he works regularly. Employee #1 knew all individuals on the unit, including Individuals #1 and #2. Employee #1 was also aware of the facility's policies on safe patient monitoring and employee conduct. While supervising patients, including Individual #1 and Individual #2, Employee #1 failed to prevent them from engaging in horseplay, which he knew was unsafe. Without intervening to prevent the horseplay patients were engaged in, Employee #1 failed to provide safety to the patients and thus**	5/28/2024

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		• Upon review of camera footage by the Human Rights Advocate and per provider CHRIS report #20240217, Employee #1 is seen to be walking around the peers as they horseplay and begin to fight with little or no interaction, prompts or redirection to stop the horseplay before it escalates. Per provider, they have a zero tolerance for horseplay due to the serious physical altercations that may result. After a few minutes, two separate fights begin, and Employee #1 is observed going into an office area where Individual #2 follows and attempts to grab something from Employee #1. At this time, Employee #1 is observed pushing Individual #1 to the floor. • As a result of Employee #1's actions, Individuals #1 and #2's right to be free from abuse and neglect was violated.	**allowed the horseplay to degenerate into physical aggression. As the physical aggression escalated, Employee #1 went into the staff office and was followed by Individual #1. Individual #1 then attempted to grab Employee #1's facility keys to which Employee #1 responded by pushing Individual #1 to the floor.** 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. **This incident was isolated and not systemic to the general professional conduct of facility employees. However, due to the compromise in the safety of patients, especially Individual #1, Employee #1 was issued a final warning corrective action that serves as a deterrence to future behaviors. The final warning was processed and signed by Employee #1 and the CEO, and was filed in Employee #1's employment record.** 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 Director of Risk Management, the Director of Residential Services, and Employee #1's immediate Manager will monitor Employee #1 and all employees for compliance with facility policies on safe patient supervision.** 4. By what date you will have each planned corrective action completed (Ex. Date training	

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			completed or Date protocol implemented). **The corrective action plan was processed and signed by Employee #1 and his immediate Manager on April 26, 2024. It was approved by the Director of Human Resources and CEO on May 23rd and 28th, respectively.** OHR/OLR) Partially Accepted 06/12/2024 OHR Response: Partially Accepted. Provider must enter findings for this investigation into the CHRIS reports #20240208 and #20240217. Provider will upload into CONNECT documentation verifying the corrective stated in CAP was implemented on 4/26/24. PR) 06/14/2024 All related cases in CHRIS have been closed as requested. Please see the attached final written warning to staff. OHR/OLR) Accepted 06/24/2024	

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.

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

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