DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **07-25-2024**
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 #20240318, based on a preponderance of the evidence which included witness statements, witness credibility and camera footage review, the provider substantiated the allegation of neglect when Employee #1 is observed hitting Individual #1 during a	PR) 08/27/2024 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. **On June 15, 2024, Employee #1 was supervising residents in the Game Room when one resident came from behind a peer and hit him in the head. The peer attempted to retaliate but Employee #1 physically prevented him. The peer became angry at Employee #1 for preventing him from retaliating against the aggressive peer. He turned his anger toward Employee #1; Employee #1 called a code and continued to prevent the peer from retaliating. During the scuffle, the resident placed Employee #1 in a chokehold. The Milieu Manager arrived and assisted**	6/17/2024

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		behavioral crisis situation. • Per provider's CHRIS report #20240318, Employee #1 was attempting to physically restrain Individual #1 due to their aggressive behavior towards peers and staff when Employee #1 is observed hitting Individual #1 in response to Individual #1 punching Employee #1. • As a result of Employee #1's actions, Individuals #1's right to be free from abuse was violated.	**Employee #1 in releasing himself from the chokehold. After Employee #1 was released from the chokehold of the resident, he continued to engage the resident in an attempt to verbally de-escalate him. Employee #1 then engaged the resident in an argument during which he went close to the resident which caused the resident to punch him in the face. Employee #1 reflexively punched the resident back and walked away.** 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 incident was isolated and not systemic to the general professional conduct of facility employees. However, due to the egregious nature of Employee #1's action, his employment at the facility was terminated.** 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 all other 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 completed or Date protocol implemented). **The termination was processed and signed by**	

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			Employee #1 and his immediate Manager on June 17, 2024. It was approved by the Director of Human Resources and CEO. A copy of the termination action has been uploaded to this CAP. OHR/OLR) Accepted 09/03/2024 OHR Response: ACCEPTED. Advocate verified evidence of corrective action stated on 6/24/24.	

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