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 #20240201, based on a preponderance of the evidence which included staff admissions, the provider substantiated the allegation of verbal abuse when Employee #1 is overheard making inappropriate comments to Individual #1 that were	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 April 8, 2024, Employee #1 was alleged to have made threatening statements to Individual #1 while Individual #1 was on the phone with his father. The father overheard the threats and reported it to CPS and to Risk Management. The allegation was investigated by Risk Management and Employee #1 admitted making the comments but denied that the comments were targeted at Individual #1.** 2. Include a plan of action to address systematic changes (process/protocols, etc.) that have been	4/23/2024

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		threatening to Individual #1. • As a result of Employee #1's actions, Individuals #1's right to be free from abuse was violated.	or will be implemented to ensure you remain in compliance of the regulation. **The incident was not systemic to the general professional conduct of facility employees. However, to the extent that Employee #1 admitted that they made the comments, Employee #1 was suspended for one day without pay and issued a Final Written Warning corrective action notice for unprofessional conduct.** 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 other employees for compliance with facility policies on professional conduct and safe patient monitoring.** 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). **The Final Written Warning and the Suspension Notice was issued to Employee #1 on April 21, 2024. It was approved by the Director of Human Resources on April 22, 2024, and by the CEO on April 23, 2024. A copy of the Final Written Warning and the Suspension Notice has been uploaded to this CAP.**	

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			OHR/OLR) Accepted 09/03/2024 OHR Response: ACCEPTED. Advocate verified the corrective action stated on 8/21/24.	

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