DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **09-09-2024**
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: 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 #20240369 based on a preponderance of the evidence which included camera footage review, the provider substantiated the allegation of neglect when Employee #1 abandoned their shift when they left the unit and propped open the unit door requesting the other unit supervisor to cover their supervision.	PR) 09/20/2024 **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.** It was reported that on 8/4/24, Individual #1's staff member abandoned her shift at 11:54pm, leaving a door propped and leaving an adjacent unit staff to cover her supervision. This action violated facility policy. There was no evidence that any individuals were awake or had any knowledge of the incident. The facility decision was for termination of Employee #1's employment. Employee #1 did not return to duties before the termination was completed on 8/7/24. **2. Include a plan of action to address systematic changes (process/protocols, etc.)**	8/7/2024

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		• Per provider's CHRIS report #20240369, this type of behavior violated their facility policy and placed the individuals on that unit in an unsafe situation. • As a result of Employee #1's actions, the right to be free from neglect for all of the individuals located on this unit was violated.	**that have been or will be implemented to ensure you remain in compliance of the regulation.** The facility response confirmed that policies for appropriate supervision and documentation of patient observation rounds exist, and Employee #1's training program verified her knowledge in these areas before she was assigned supervision 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).** The facility will follow the current policy and training program for all new staff, as Employee #1 is no longer at the facility. In-service staff are to receive re-education on the policy at least annually. Compliance is monitored by Program Manager and the Director of Human Resources. **4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).** Termination completed on 8/7/24 OHR/OLR) Accepted 09/20/2024	

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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