DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **10-16-2024**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. 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.	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: CHRIS Number: 20240088 Date/Time of Discover: 09/26/2024 6:15PM Enter Date/Time: 09/28/2024 11:28AM Reporting Delay: 17:13:00 Location Name: Harbor Point Behavioral Health	PR) 11/07/2024 **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.** An incident that was reportable to the Office of Licensing was entered in the CHRIS system with a delay of 17 hours and 13 minutes past deadline. This was attributed to a delay in the incident paperwork reaching the responsible staff to make the entry. The delay did not affect the decision-making for care or services rendered to the individual in any way. The Director provided re-education regarding the facility process to departments that are included in the chain of custody of the aforementioned paperwork. **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 performance issue was determined to be isolated, and did not represent a systemic problem. The above re-education is expected to result in improved timeliness. **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 provided re-	11/7/2024

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			education to the entire nursing department. The Office of Risk Management verifies timely entering of reportable CHRIS cases daily. Further re-education for individual staff or across departments is to be determined case-by-case. **4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).** Re-education provided 11-7-24 OLR) Accepted 11/19/2024	

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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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