DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **11-06-2024**
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.		
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 #20240440 based on a preponderance of the evidence which included witness statements, the provider substantiated the allegation of neglect when Employee #1 administered a peer's medication incorrectly to Individual #1. Individual #1 received in error the following medications: Medication #1,	PR) 12/09/2024 **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.** The facility reviewed a medication error that was self-reported by the employee at-fault. This involved a one-time variance for Individual #1. The review confirmed that the variance occurred and was a job performance issue isolated to Employee #1. The individual mis-reported his name to the nurse, however, nurse checks could have prevented the variance. Re-training was provided by a Nurse Manager. **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.**	10/11/2024

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		#2, #3, #4 and #5. • As a result of Employee #1's actions, Individuals #1's right to be free from neglect was violated.	The review did not evidence a systemic issue, and confirmed that policies for safely administering medications are in place at the facility, and Employee 1's training program covered proper medication administration before he undertook those 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).** A Nurse Manager de-briefed the variance with Employee #1 and provided written supervisory action and re-education. The nurse manager also conducted two random observations of his medication passes, and provided feedback. **4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).** The de-briefing and written supervisory action and re-education were completed on 10/11/24. Additional random monitoring took place after that. The employee is not assigned further monitoring at this time. OHR/OLR) Accepted 12/09/2024	

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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