DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-08-2025**
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 #20240508 based on a preponderance of the evidence which included witness statements and video footage, the provider substantiated the allegation of neglect when Individual #1 and a peer engaged in sexual intercourse after gaining access to a storage room on their unit.	PR) 02/13/2025 Response to the CAP (CHRIS Incident #20240508) 1. Facility statement on circumstances that led to the non-compliance with regulations, and actions the facility implemented to correct the deficiency to prevent a recurrence. **On December 8, 2024, Individual #1 and a peer breached the door to the storage room on their unit and engaged in sexual behaviors, which are unacceptable in treatment. The staff on the unit (Employee #1) did not notice that the two residents were missing, because they were distracted by being on their cellphone, in violation of facility policy.** Corrective actions taken to address the failure in	2/13/2025

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

Date of Inspection: **01-08-2025**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		• Per provider's CHRIS report #20240508, Individual #1 and a peer was able to gain access to a storage room on the unit when Individual #1 and a peer bent the storage room door and was able to unlock and open the door from the inside. Employee #1 failed to properly monitor the individuals after discovering they had accessed the storage room. • As a result of Employee #1's actions, Individuals #1's right to be free from neglect was violated.	patient safety to prevent a recurrence, and to ensure continued compliance with regulation. **The incident was not systemic; it was isolated to the two residents and Employee #1 who failed to adequately supervise Individual #1 and their peer. The incident and the conduct of Employee #1 did not represent the general professional conduct of facility employees. However, because Employee #1 failed to provide safe supervision to Individual #1 and their peer; and because Employee #1 violated facility policy on the unauthorized use of personal cellphone in patient areas, the facility launched an investigation to determine the full scale of the incident. While under investigation, Employee #1 was observed on January 11, 2025, to be sleeping and thus compromising the safety of residents in their care. Employee #1 was terminated immediately.** **Employee #1 was moved to another unit while the investigation was being conducted. Individual #1 and their peer were separated upon discovery of the incident. They were placed on separated units. Both were discharged in subsequent weeks.** **A new steel door was installed to the storage area on January 25, 2025, thus restricting unsupervised access to individuals.** 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).	

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

Date of Inspection: **01-08-2025**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			Monitoring of the (personnel) compliance intervention was not applicable. Employee #1 was found in violation of facility policy on safe patient supervision three days after the incident. They were terminated immediately. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). **Employee #1 was terminated on January 11, 2025. Copy of the termination has been uploaded to this CAP.** **A new steel door to the storage area was installed on January 25, 2025.** OHR/OLR) Accepted 02/14/2025 OHR Response: ACCEPTED. Evidence of corrective action verified on 1/6/25.	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-08-2025**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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