DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-08-2025**
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 #20250029, Individual #1 was injured during a physical restraint technique with Employee #1. • Upon review of camera footage of the incident, the Advocate observed Employee #1 attempting to implement an approved physical restraint technique with Individual #1.	PR) 05/29/2025 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. This incident involved an accidental fall during a physical hold intervention which resulted in injury to the individual. The internal investigation and a review by the DBHDS Human Rights Advocate did not evidence intentional abuse. Camera review and witness statements indicated that all staff who were involved in the incident used approved techniques to intervene and nursing oversight was present per policy. Because the approved restrictive intervention technique includes guidance on foot position and movement, the fall may have been avoided. The facility placed Employee #1 on suspension during the investigation of the incident, and	2/17/2025

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		During the implementation of the restraint, as Employee #1 is seen initiating the restraint, Employee #1 is observed falling to the floor with Individual #1. As a result of the fall, Individual #1 is injured. • As a result of Employee #1's actions, Individuals #1's right to be free from neglect was violated	Employee #1 self-separated from the company on 2/17/25 in lieu of demotion or termination. 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 review of this case did not indicate any systemic issues and no adjustments were made to existing processes or protocols. 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). Self-termination accepted by HR Director, and monitoring is not applicable. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). 2-17-25 – Please see the uploaded resignation letter and acceptance from the HR Director. OHR/OLR) Accepted 05/30/2025	

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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