DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-09-2025**
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.		
12VAC35-115-230. A. (2) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 2. The director of a service licensed or funded by the department shall report each allegation of abuse or neglect via the department's web-based reporting application within 24 hours of receipt of the allegation (see	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: • Per the following regulation, "The director of a service licensed or funded by the department shall report each allegation of abuse or neglect via the department's web-based reporting application within 24 hours of receipt of the allegation." • Per provider's CHRIS report #20250108, Individual #1 eloped from the facility upon returning from an emergency room visit. The provider was aware of the incident on 3/29/25 when it occurred, however did not report it as a possible neglect allegation until 4/17/25. • This is in direct violation of this regulation.	PR) 06/06/2025 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. There was an identified delay in entering a reportable incident into the CHRIS system. The incident in question was reportable twice in CHRIS because it involved external medical care and an elopement. The staff entering the case correctly logged one of the generated CHRIS numbers, but missed the second entry. The Risk Director was made aware and has reinforced the facility policy. 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.	5/1/2025

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12VAC35-115-175).			The facility response confirmed that policies for timely entering into CHRIS are in place and no systemic changes are being made at this time. 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 has zero tolerance for underreporting in CHRIS and shall address any further performance issues on a case-by-case basis. The Director of Risk Management or a staff member trained in entering CHRIS cases shall review all incident reports and ensure that the number generated in the CHRIS system is documented daily. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). May 1st, 2025 OHR/OLR) Accepted 06/09/2025	

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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