***DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES***
***CORRECTIVE ACTION PLAN***



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

Date of Inspection: **05-12-2025**
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<br>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<br><br>This regulation was NOT MET as evidenced by:<br><br>"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.<br><br>Employee #1 provided individual #1 with medication #1 in error. | PR) 05/15/2025<br><br>**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.**<br><br>The facility reviewed a medication error that was self-reported by employee #1. This involved a one-time administration of medication to individual #1 in error. The review confirmed that the variance occurred and was a job performance issue isolated to Employee #1. Written re-education was provided by the Supervisor.<br><br>**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.** | 3/30/2025 |

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| | | | The facility response confirmed that policies for safely administering medications are in place at the facility, and Employee 1's training program covered proper medication administration before she undertook those duties. It was determined that no changes to facility policy are needed.<br><br>**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).**<br><br>Written corrective action with Employee #1 was completed by the Director of Nursing and documented on 3/30/25. On the same day, the Director completed a monitored medication pass to evaluate return demonstration on the training content. Additional monitoring sessions may occur at the Director's discretion.<br><br>**4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).**<br><br>Written re-education provided 3/30/25. Return demonstration completed 3/30/25<br><br>OHR/OLR) Accepted 05/27/2025 | |

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