DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **06-10-2025**
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 below.		
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: Abuse means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. • Per provider's CHRIS report #20250147, the provider substantiated the allegation of physical abuse when it was noted that Employee #1 threw a cup of water onto Individual #1 during a behavioral incident with Individual #1.	PR) 07/07/2025 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. During an incident where Individual #1 was throwing items at Employee #1, Employee #1 responded by grabbing a nearby cup of water and throwing it toward Individual #1. The cup missed the patient, but sloshing water got on him. Employee #1 expressed understanding that this is not condoned as a response to patient misbehavior. Employee #1 completed retraining and was provided written corrective action. 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.	7/2/2025

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		• Due to Employee #1's actions, Individual #1's right to be free from abuse was violated.	The review confirmed that policies for professional conduct and de-escalation exist, and Employee #1's training program verified her knowledge in these areas before she was assigned supervision 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). Re-training to be completed by certified instructor before 7-2-2025. Written corrective action to be completed by Employee #1's supervisor before 7-2-2025. Compliance to be monitored via HR tracking of personnel file. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). Completed 7-2-2025 OHR/OLR) Accepted 07/07/2025OHR Response: ACCEPTED pending receipt of documentation verifying that retraining and a written corrective action was completed.	

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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.

Jen Anglin, Investigator	(Signature of Organization Representative)	Date

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