DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

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

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	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: 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 #20250201, the provider substantiated the allegation of neglect by a preponderance of the evidence which included witness statements when it was noted that Employee #1 administered Medication #1 - #5 to Individual #1. These medications were prescribed to a peer and not Individual #1. • Due to Employee #1's actions, Individual #1's right to be free from neglect was violated.	PR) 08/29/2025 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. Individual presented when called for medication pass and gave the incorrect name to the nurse. As a result, the nurse administered Medication #1 - #5 to Individual #1 which were prescribed to a peer and not Individual #1. This was preventable under the facility policy which requires two patient identifiers and comparison to the resident photograph at medication administration. Employee #1 to observe current 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. The review confirmed that adequate policies for medication administration exist, and Employee #1’s training program verified her knowledge in these areas before she was assigned	07/21/2025 00:00:00

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			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 was completed by Employee #1's supervisor on 7/21/25 and documented. Compliance to be monitored by the Director of Nursing, with additional occurrences following a progressive discipline plan as needed. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). Completed 7/21/2025 OHR/OLR) Accepted 09/08/2025	

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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