DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **09-05-2025**
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. • After reviewing camera footage of a behavioral incident that involved Individual #1 and Employee #1, it was noted that Employee #1 used a forceful push when attempting to separate Individual #1 and a peer who were engaged in a physical altercation. Individual #1 was not injured nor did Individual #1 fall but Employee #1 failed to provide a safe environment for Individual #1 during the intervention. The potential for harm was present as a result of Employee #1's actions. • Due to Employee #1's actions, Individual #1's right to be free from neglect was violated.	PR) 09/25/2025 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. Employee #1 used a forceful push when attempting to separate Individual #1 and a peer who were engaged in a physical altercation. This was described as a protective step that was too forceful, and could have, but did not cause harm. The events were reviewed with Employee #1 for re-education purposes. 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 safety and crisis intervention exist, and Employee #1’s training program verified his knowledge in these areas before he was assigned duties. It was determined that no changes to facility policy are needed.	08/21/2025 00:00:00

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			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 included a video review and re-education on training materials for Safety and Supervision as well as Crisis Management. This was completed by Employee #1's Supervisor, a certified trainer, and the Risk Manager on 8/21/25 and documented. Compliance is to be monitored by Employee #1's Supervisor. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). Completed 8/21/2025 OHR/OLR) Accepted 09/25/2025OHR Response: ACCEPTED. Evidence of corrective action was verified on 9/5/25.	

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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