DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **09-08-2025**
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: 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 #A20250225, the provider substantiated the allegation of neglect by a preponderance of the evidence which included witness statements when it was noted that Employee #1 failed to ensure a safe environment for Individual #1 when Employee #1 attempted to intervene physically with Individual #1 to de-	PR) 09/30/2025 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. The facility reviewed an exchange between Employee #1 and Individual #1 where Employee #1 attempted to intervene physically with Individual #1 to de-escalate their behavior. It was noted that criteria for a hands-on intervention was not met, however Employee #1 chose to use a physical intervention that caused Individual #1 to fall to the floor. This did not result in injury, however Employee #1 deviated from the approved technique. Employee #1 was suspended during a review of the incident, and subsequently returned to duties only after signing a written corrective action and re-education regarding his work expectations.	8/12/2025

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		escalate their behavior. • Per provider's CHRIS report #A20250225, after reviewing camera footage of the incident that Individual #1 and Employee #1 were involved in, it was noted that criteria for a hands-on intervention was not met even though Employee #1 chose to use a physical intervention that caused Individual #1 to fall to the floor. • Due to Employee #1's actions, Individual #1's right to be free from neglect was violated.	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 physical intervention exist, and Employee #1's training program verified his knowledge in these areas before he 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 was provided by the Program Manager, Clinical Director, and certified Clinical Trainer. Accountability to 100% of training content to be provided by the Human Resources Department. Re-training for the covered topics will remain at annual basis. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). Completed 8/12/2025 OHR/OLR) Accepted 10/03/2025	

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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