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

Date of Inspection: **11-10-2025**
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.		
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. • After reviewing camera footage of a behavioral incident that involved Individual #1 and Employee #1, it was noted that Employee #1 hit Individual #1 with a broom during a behavioral emergency. Employee #1 picked up the broom that Individual #1 had used to hit Employee #1 and hit	PR) 03/09/2026 **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.** In the evening of 09/28/2025, Employee #1 was on the unit supervising Individual #1 and other individuals. Individual #1 became dysregulated and threatened to assault Employee #1 because Individual #1 claimed that Employee #1 refused to give them additional snacks and a phone call. Individual #1 went into another individual's bedroom and obtained a hairbrush. Individual #1 used the hairbrush and struck Employee #1 in the face. As Employee #1 began to bleed, Individual #1 took and bottle of water and poured it on Employee #1. Individual #1 then took a broom and struck Employee #1 with it. Employee #1 removed the broom from Individual #1 and	10/8/2025

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

Date of Inspection: **11-10-2025**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		them back with it. • Due to Employee #1's actions, Individual #1's right to be free from abuse was violated.	struck them with it. **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 violation of 12VAC35-115-50.B(2) was not systemic; it was isolated to that incident and Employee #1. However, due to the gravity of the violation, Employee #1 was suspended and subsequently terminated on 10/08/2025. **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).** The Director of Risk Management and the CEO ensure adherence to 12VAC35-115-50.B(2) and other state regulations that are applicable to PRTF operations. **By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).** 10/08/2025 OHR/OLR) Accepted 03/11/2026OHR Response: ACCEPTED. Evidence of corrective action was previously verified on 12/4/25.	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **11-10-2025**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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