DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-04-2025**
Program Type/Facility Name: **14-003 Harbor Point Behavioral Health**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	NS	Harbor Point Behavioral Health This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20250098 Date/Time of Discover: 11/17/2025 2:00PM Enter Date/Time: 11/18/2025 5:32PM Reporting Delay: 3:32:00 Location Name: Harbor Point Behavioral Health CHRIS Number: 20250100 Date/Time of Discover: 11/17/2025 2:00PM Enter Date/Time: 11/19/2025 6:11PM Reporting Delay: 28:11:00 Location Name: Harbor Point Behavioral Health CHRIS Number: 20250101 Date/Time of Discover: 11/17/2025 2:00PM Enter Date/Time: 11/19/2025 6:18PM Reporting Delay: 28:18:00 Location Name: Harbor Point Behavioral Health CHRIS Number: 20250104 Date/Time of Discover: 11/25/2025 5:00PM Enter Date/Time: 11/27/2025 9:12AM Reporting Delay: 16:12:00 Location Name: Harbor Point Behavioral Health Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting • The first citation was issued on 4/10/25 and is now non-compliant.	PR) 03/11/2026 **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.** The following CHRIS-reportable incidents were entered late: CHRIS Number: 20250098 Date/Time of Discover: 11/17/2025 2:00PM Enter Date/Time: 11/18/2025 5:32PM Reporting Delay: 3hrs, 32mins CHRIS Number: 20250100 Date/Time of Discover: 11/17/2025 2:00PM Enter Date/Time: 11/19/2025 6:11PM Reporting Delay: 28hrs, 11mins CHRIS Number: 20250101 Date/Time of Discover: 11/17/2025 2:00PM Enter Date/Time: 11/19/2025 6:18PM Reporting Delay: 28hrs,18mins CHRIS Number: 20250104 Date/Time of Discover: 11/25/2025 5:00PM Enter Date/Time: 11/27/2025 9:12AM Reporting Delay: 16hrs, 12mins **Statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation.** Harbor Point has had transition of multiple staff	3/6/2026

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			in key milieu managerial positions which impacted the timely reporting of CHRIS-reportable incidents. **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.** New Milieu Managers have been hired and trained in CHRIS reporting; others have been retrained to serve as backup. A tracking system has also been implemented to track incidents that are entered into the CHRIS database. A total of six (6) staff have been trained in CHRIS reporting. Training attestations have been uploaded. **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).** Daily audits will be conducted by the Director of Risk Management and the Assistant Director of Risk Management, and the Administrator-On-Call. **By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).** 3-6-2026 – please see the uploaded training attestations.	

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			OLR) Accepted 03/12/2026	

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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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