DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-11-2025**
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.		
12VAC35-115-230. A. (3a) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 3. The investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate via the department's web-based reporting	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: • Per regulation 12VAC35-115-230(A)(3), the provider is required to "…provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate via the department's web-based reporting application within 10 working days from the date the investigation began unless an extension has been granted…" • The investigation findings for the complaint report #20250013 was due 8/5/25, the investigation findings for abuse reports #20250235 and #20250286 were due 8/11/25 and 9/11/25. • As of 12/30/25, the provider has failed to do so, which is in direct violation of this regulation.	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.** The following CHRIS cases were found to be overdue for closing per the 10 working-day requirement: 20250013 was due to be closed on 08/05/2025 20250235 was due to be closed on 08/11/2025 20250286 was due to be closed on 09/11/2025 The staff member who is responsible for tracking and closing the cases was unaware of the requirements for closing CHRIS reports. **Include a plan of action to address systematic changes (process/protocols, etc.)**	3/6/2026

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application within 10 working days from the date the investigation began unless an extension has been granted (see 12VAC35-115-175). This report shall include: 3a. Whether abuse, neglect, or exploitation occurred;			**that have been or will be implemented to ensure you remain in compliance of the regulation.** A review of the information confirmed that the cases were closed late. The staff member designated for making changes in CHRIS was notified and reviewed the guidelines for CHRIS entry and closing. **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 Patient Advocate will conduct weekly audits to ascertain the closure of patient complaints that are entered into the CHRIS system. The facility Chief Executive Officer provides supervision to the Facility Patient Advocate role and will oversee timely submission of reports. **By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).** March 6th 2026. OHR/OLR) Not Accepted 03/12/2026OHR Response: NOT ACCEPTED. The findings for all of the CHRIS reports stated in citation have not been entered into CHRIS as of 3/12/26. In order to be in compliance with this regulation, the investigation findings must be entered into the CHRIS reports.	

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			PR) 04/28/2026 The facility has ensured that the findings for all of the associated reports in the citation have findings saved in CHRIS. OHR/OLR) Accepted 07/29/2026	

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.

Latoya Wilborne, Human Rights	(Signature of Organization Representative)	Date

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