***DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES***
***CORRECTIVE ACTION PLAN***



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

Date of Inspection: **01-06-2026**
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<br>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<br><br>This regulation was NOT MET as evidenced by:<br><br>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.<br><br>• After reviewing camera footage of a behavioral incident that involved Individual #1 and several of their peers, it was noted that there was failure on the part of the staff to ensure the health and safety of the individuals involved in the peer-to-peer altercation that occurred.<br>• During the physical altercation, 4 staff are observed | PR) 03/20/2026<br><br>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.**<br><br>On 12/6/2025, Individual #1 and peers were returning from the gym when two of the peers left the line transition and went past their unit hallway. The staff member sent the remaining Individuals, including Individual #1, to their unit under the supervision of another staff member. As they transitioned to their unit, two peers engaged Individual #1 in an argument. One of the peers reached out and touched Individual #1 as she stood behind the staff member who was intervening. Individual #1 lunged at the peer, and they started to fight. The staff member called for assistance, and the Individuals | 1/5/2026 |

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| | | responding to the altercation, however 2 of the 4 fail to respond appropriately with urgency and purpose resulting in the situation escalating, an individual taking control of one of the staff's walkie talkie and eventually Individual #1 being sent to the ER and the police are called to assist.<br>• Due to the provider staff's failure to secure the situation and intervene appropriately, Individual #1's right to be free from neglect was violated. | were separated. Once on her unit, six Individuals went into Individual #1's room and started to fight her. When support staff members arrived, the peers forced Individual #1 into the unit hallway where they continued to attack her as staff members attempted to break them up.<br><br>**2. Statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation.**<br><br>During the incident, not all staff members responded with a sense of urgency due to limited skills in understanding and managing a multi-patient crisis. Risk Management invited all staff members to watch videos of the incident as an opportunity to learn. Consequently, the facility updated its multi-patient crisis policy to address safety gaps observed in the videos of the incident.<br><br>**3. 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.**<br><br>In addition to updating the multi-crisis management policy, the facility now uses video reviews of all incidents, especially the ones that involve multiple Individuals to assess staff response and to ensure adherence to the policy.<br><br>**4. 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:** | |

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| | | | **monthly audits, weekly chart reviews, daily checklist).**<br><br>The Director and Assistant Director of Risk Management, Program Managers, and the Associate Administrator are responsible for ensuring compliance with this policy. Routine video review is done for all Individual-to-Individual aggression incidents.<br><br>**5. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented)?**<br><br>1/5/2026 – please see the uploaded Multi Patient Crisis Management Policy.<br><br>OHR/OLR) Accepted 03/23/2026 | |

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