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

Date of Inspection: **01-30-2026**
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 This regulation was NOT MET as evidenced by: See OHR citations below.		3/6/2026
12VAC35-115-230. A. (2) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 2. The director of a service licensed or funded by the department shall report each allegation of abuse or neglect via the department's web-based reporting application within 24 hours of receipt of the allegation (see	N	Harbor Point Behavioral Health This regulation was NOT MET as evidenced by: • Per regulation 12VAC35-115-230(A)(2), "The director of a service licensed or funded by the department shall report each allegation of abuse or neglect via the department's web-based reporting application within 24 hours of receipt of the allegation (see 12VAC35-115-175)." • The provider failed to report the incident to the Office of Human Rights via the department's web-based reporting application. The Office of Human Rights was notified of the incident via a Child Protective Services report on 1/9/26. The provider did not enter the report until the Human Rights Advocate notified the provider on 1/9/26 which is in direct violation of this regulation.	PR) 03/10/2026 **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.** On 12/31/2025, five (5) Individuals eloped from Harbor Point Behavioral Health Center and went into the City of Portsmouth. One of the five Individuals seized a staff's facility keys, and the other four Individuals joined them to run away from the facility. All five (5) Individuals were found and returned to the facility within two hours. In the wake of the incident, the facility notified the Portsmouth Police Department and the Child Protective Services. However, the facility did not notify the OHR/DBHDS, via the CHRIS system, in compliance with state regulation. The proxy staff who entered CHRIS incidents did not know that elopements are	3/6/2026

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12VAC35-115-175).			reported as neglect. **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.** To prevent a repeat of the incident, the facility showed video of the incident to the staff who was involved and conducted re-education trainings with them. Training topics included Radio Control, Key Control, and Calling for Support/Communication when necessary. The attestations have been uploaded to this CAP. The facility has also trained additional personnel to enter reportable incidents into the CHRIS system to prevent a repeat of the incident. **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 Associate Administrator will monitor staff performance and ensure adherence to policy and regulations. **By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented)?** 01/21/2026, 3/6/2026	

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			OHR/OLR) Partially Accepted 03/12/2026OHR Response: PARTIALLY ACCEPTED. The evidence of corrective actions included in the CAP response has been accepted but the investigation findings have not been entered into the stated CHRIS reports associated with this citation. In order to be in compliance, the investigation findings for this incident need to be entered into CHRIS. PR) 04/27/2026 The Department will now find all associated cases completed in the CHRIS system. OHR/OLR) Accepted 07/29/2026	
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. • Individual #1 was able to gain access to provider staff's facility keys when they pulled the keys from staff's person and broke the retractable string and used them to gain access to all facility doors and exit the building. Individuals #2, #3, #4 and #5 also left the building with Individual #1. • After reviewing camera footage of the incident and	PR) 03/10/2026 **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.** On 12/31/2025, five (5) Individuals eloped from Harbor Point Behavioral Health Center and went into the City of Portsmouth. One of the five Individuals seized a staff's facility keys, and the other four Individuals joined them to run away from the facility. All five (5) Individuals were found and returned to the facility within two hours. In the wake of the incident, the facility notified the Portsmouth Police Department and the Child Protective Services. However, the facility did not notify the OHR/DBHDS, via the CHRIS system, in compliance with state regulation. The proxy staff who entered CHRIS incidents did not know that elopements are reported as neglect.	3/6/2026

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		discussion with the provider, it was noted there were multiple times where the individuals' unusual behavior was noted by staff however proactive techniques by the staff were not implemented to prevent the behavior (elopement) from occurring. • As a result of provider's staff lack of effective response to the individuals' behavior, Individuals #1, #2, #3, #4 and #5's right to be free from neglect was violated.	**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.** To prevent a repeat of the incident, the facility showed video of the incident to the staff who was involved and conducted re-education trainings with them. Training topics included Radio Control, Key Control, and Calling for Support/Communication when necessary. The attestations have been uploaded to this CAP. The facility has also trained additional personnel to enter reportable incidents into the CHRIS system to prevent a repeat of the incident. **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 Associate Administrator will monitor staff performance and ensure adherence to policy and regulations. **By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).** 01/21/2026, 3/6/2026. OHR/OLR) Partially Accepted 03/12/2026OHR Response: PARTIALLY ACCEPTED. The	

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			evidence of corrective actions included in the CAP response has been accepted but the investigation findings have not been entered into the stated CHRIS reports associated with this citation. In order to be in compliance, the investigation findings for this incident need to be entered into CHRIS. PR) 04/27/2026 The Department will now find all associated cases completed in the CHRIS system. 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