DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-30-2026**
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.		
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. • After reviewing camera footage of the incident and discussion with the provider, it was noted that Individuals #1, #2, and #3 eloped from the building after one of the individuals obtained Employee #1's keys that were left hanging from the door lock on the wall near the unit hallway exit.	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 01/18/2026, three (3) Individuals eloped from Harbor Point Behavioral Health Center after one of the Individuals removed staff's facility keys that they left in the lock while they were talking to another staff on the adjacent unit. The three (3) Individuals were found (arrested) in Washington DC and were returned to their respective localities. None of them was harmed. **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.**	1/23/2026

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		• Per provider's report to the Human Rights Advocate, Employee #1 was observed by the individuals leaving their keys hanging from the door lock multiple times and Employee #1 admitted after the incident that one of the individuals commented about it to him. • Individuals #1, #2 and #3 used Employee #1's keys to exit their unit and move into another unit where they then exited the second unit to a main hallway that then led out to the lobby area and the building's main exit. Upon entrance to the lobby, there were no provider staff present at the front desk, and the individuals exited the building. • As a result of Employee #1's actions, Individuals #1, #2 and #3's right to be free from neglect was violated.	The incident marked the second time in less than three weeks that Individuals eloped from Harbor Point. In addition to facility-wide trainings on patient safety and key security, the facility also changed locks on exit doors to prevent a recurrence of the incident. A double lock system was implemented and complemented by a key fob system on exit doors. Direct care staff were each issued a key fob wristband while non-direct care employees were issued traditional key fobs. These interventions make it nearly impossible for any individual to exit the facility without access keys. **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, Director of Plant Operations, and the Associate Administrator will monitor the effectiveness of the interventions that have been implemented. **By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented)?** 01/23/2026. OHR/OLR) Not Accepted 03/12/2026OHR Response: NOT ACCEPTED. Evidence of corrective actions stated in CAP have not been	

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			received. Previous requests for this documentation were made on 1/30/26 and 2/3/26. In order to be in compliance, the requested documentation verifying the corrective actions were completed needs to be uploaded into the CAP via CONNECT. PR) 04/27/2026 Please find the attached internal correspondence. The message from Employee #1's supervisor to the Director of Human Resources notes his separation from the company and was dated January 10th, 2026 at 1319hrs. 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