DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **03-10-2026**
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: Abuse means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. • After reviewing camera footage of the incident and discussion with the provider, it was noted that Employee #1 was physically abusive towards Individual #1 during an altercation with Individual #1. • Employee #1 is observed physically interacting with	PR) 04/27/2026 **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.** On February 19, 2026, at about 04:45pm, Employee #1 engaged in a power struggle with Individual #1 over a chair. Individual #1 was sitting in a chair doing their hair when Employee #1 wanted Individual #1 to give up the chair. Individual #1 and Employee #1 exchanged words, and Employee #1 went on break. Upon their return from break, Employee #1 wanted to sit in the chair, but Individual #1 sat in the chair. Employee #1 grabbed Individual #1 by their feet and attempted to pull them out of the chair. A scuffle ensued between Employee	2/20/2026

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		Individual #1 in an inappropriate manner when Employee #1 is observed pulling on Individual #1's legs while they are seated in a chair. This behavior then leads to Employee #1 and Individual #1 getting into a physical altercation where each person's hair is pulled. • Employee #1 is observed pulling Individual #1's hair in order to get Individual #1 off of her. • As a result of Employee #1's actions, Individuals #1's right to be free from abuse is violated.	#1 and Individual #1 which quickly degenerated into a fight. Employee #1 and Individual #1 were separated by another employee. Individual #1 was not injured. **2. 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 with the regulation.** The incident was not systemic; however, it underscored Employee #1's lack of understanding of their responsibilities to patient safety. Consequently, Employee #1 was asked to leave the facility pending corrective action. Employee #1 returned to the facility the next day (February 20, 2026) and resigned in lieu of termination. **3. 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 routinely monitor staff performance and ensure adherence to policy and regulations. **4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).** February 20, 2026.	

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			OHR/OLR) Accepted 07/08/2026	

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