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



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

Date of Inspection: **03-31-2026**
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 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<br>This regulation was NOT MET as evidenced by:<br><br>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.<br><br>• Per provider's CHRIS report #A20260009, based on a preponderance of the evidence | PR) 04/24/2026<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>An investigation of a complaint by individual #1 was completed by the facility Patient Advocate and it was discovered that Employee #1 was verbally abusive towards Individual #1. Employee #1 shall have documented corrective action appropriate to the infraction as specified by her supervisor and filed with Human Resources.<br><br>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 of the regulation. | 4/29/2026 |

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| | | which included staff admission, the provider substantiated the allegation of verbal abuse when it was discovered that Employee #1 was verbally abusive towards Individual #1.<br>• As a result of Employee #1's actions, Individuals #1's right to be free from verbal abuse was violated. | The facility Patient Advocate will follow the current policy/procedure for timely resolution of complaints, and referral to the appropriate supervisor for substantiated complaints.<br><br>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).<br><br>Employee #1’s supervisor will review the written corrective action with her and obtain her signature and comments before filing with HR.<br><br>4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).<br><br>April 29, 2026<br><br>OHR/OLR) Accepted 05/12/2026 | |

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**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