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

Date of Inspection: **07-06-2026**
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 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. • Per provider's CHRIS report #A20260162, based on a preponderance of the evidence	PR) 07/27/2026 **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 06-18-2026, Employee #1 was speaking with another employee during which they told the other employee that "these kids act like they are retarded, but they aren't retarded." Employee #1 made this comment in the presence of other individuals, and Individual #1 took offense to it, and appropriately so. Employee #1's Program Manager was also reported to have overheard the comment. Individual #1 made a formal complaint to the Patient Advocate and the incident was investigated by the Patient Advocate, Risk Management and Individual #1's Program Manager.	6/29/2026

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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. • As a result of Employee #1's actions, Individuals #1's right to be free from verbal abuse 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.** The Program Manager subsequently held a meeting with Individual #1 during which Individual # 1 acknowledged making the statement. The Program Manager cautioned Employee #1 that their language was contrary to the facility's Trauma-Informed Care program and state regulations. The Program Manager advised Employee #1 that a corrective action written warning would be issued to her. The corrective action was issued to Individual #1 on 6/29/2026. **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 Program Manager, Performance Director, and Risk Management will monitor all staff for compliance with facility policy. **By what date will you have each planned corrective action completed (Ex. Date training completed or Date protocol implemented)?** 6/29/2026 OHR/OLR) Accepted 09/17/2026OHR Response: CAP is Partially Accepted due to Corrective Action not being attached. Providers response shared that Training Document would be available no later than 6/29/2026. Please provide a copy of this.	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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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

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