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



License #: **229-14-008**
Organization Name: **HopeTree Family Services**

Date of Inspection: **01-12-2022**
Program Type/Facility Name: **14-008 HopeTree Evans Home**

| 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 | HopeTree Evans Home<br><br>This regulation was NOT MET as evidenced by:<br><br>See OHR citation below. | PR) 02/16/2022<br><br>Employee 1 was assigned human rights training which will be completed on or before 2/25/2022.<br><br>Employee 1 was provided corrective action as per agency policy and procedure.<br><br>Employee 1's supervisor will monitor for 30 days and address issues during supervision.<br><br>OLR) Partially Accepted 03/04/2022<br><br>See OHR response below.<br><br>PR) 03/10/2022<br><br>Please see attached Employee Action Plan, Training Certificate for Human Rights Training, transcript showing review of TGH's Policy and Procedure Manual.<br><br>OLR) Accepted 03/12/2022 | 4/15/2022 |

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| 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 | HopeTree Evans Home<br><br>This regulation was NOT MET as evidenced by:<br><br>"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.<br><br>• Upon review of CHRIS entry A-20210076, the provider's investigative findings determined a founded allegation of Neglect when Employee #1 failed to follow agency policy and protocol to administer the prescribed medication scheduled for midday for Individual #1; resulting in Individual #1 not receiving their prescribed medication.<br><br>Based on a preponderance of evidence, Employee #1 failed to follow agency policy and protocol when Employee #1 failed to administer prescribed midday medication for Individual #1. | PR) 02/16/2022<br><br>Employee 1 was provided corrective action as per agency policy and procedures.<br><br>Employee 1 was assigned department's policy and procedures including attestation for understanding and compliance.<br><br>Employee 1 has been enrolled in Medication Administration 32 Hour Training to be finished by 3/10/2022.<br><br>Employee 1's supervisor to monitor for 30 days and will address issues during supervision.<br><br>OHR/OLR) Partially Accepted 03/03/2022<br><br>OHR Response:) Provider- Please attach copies of completed corrective actions to include copies of all re-training certifications, supervision notes, and any other supporting documentation provided to Employee #1<br><br>PR) 03/10/2022<br><br>Please see attached Employee Action Plan which includes follow up dates, Training Certificate for Human Rights Training, transcript showing review of TGH's Policy and Procedure Manual.<br><br>Employee 1's 32 hour Medication Administration Training was reschedule from 3/10/1022 to 4/4/2022.<br><br>OHR/OLR) Accepted 03/11/2022 | 4/30/2022 |

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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.

| Tonya Carr, Legal Operations Manager | (Signature of Organization Representative) | Date |
|---|---|---|

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