DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **09-07-2022**
Program Type/Facility Name: **14-008 HopeTree Evans Home**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	N	HopeTree Evans Home This regulation was NOT MET as evidenced by: CHRIS Number: 20220262 Date/Time of Discover: 08/14/2022 7:00PM Enter Date/Time: 08/16/2022 5:51PM Reporting Delay: 22:51:00 Location Name: HopeTree Evans Home CHRIS Number: 20220263 Date/Time of Discover: 08/14/2022 7:00PM Enter Date/Time: 08/16/2022 5:57PM Reporting Delay: 22:57:00 Location Name: HopeTree Evans Home CHRIS Number: 20220269 Date/Time of Discover: 08/20/2022 2:30PM Enter Date/Time: 08/22/2022 8:52PM Reporting Delay: 30:22:00 Location Name: HopeTree Evans Home CHRIS Number: 20220280 Date/Time of Discover: 08/20/2022 2:30PM Enter Date/Time: 08/31/2022 4:51PM Reporting Delay: 242:21:00 Location Name: HopeTree Evans Home	PR) 09/28/2022 1. Upon review of policy and procedure: Staff 1 was given training and support related to CHRIS platform and incident reporting. Being new to a leadership role, Staff 1 was provided with additional coaching (via in-person meetings on 8/16, 8/19, and 8/23), support (via additional staff to enter reports until 8/22), and reminders (via email on 8/12, 8/14, 8/22) related to expectations for timely submission of CHRIS reports. Reporting continued to be late and/or incomplete. Agency separated employment with Staff 1 on 8/30/22. 2. On 8/31/22, all staff participated in retraining, which included processes for reporting serious incidents, updated timelines for completing reports, and contacting leadership. Reminders were given regarding how and when to contact on-call clinical and operational staff. New leadership staff were also able to participate in training and have received ongoing training and support around reporting requirements and timelines. 3. Jessie Woods, Chief Compliance Officer, will continue to monitor the Therapeutic Group Home Serious Incident Reports via a group email to which all reports are su/bmitted. Ongoing coaching and support will be provided to TGH leadership along with	10/3/2022

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			monthly reviews of both SIRs, and CHRIS reports. 4. Staff training was completed on 8/31/22. In-depth training for leaders regarding using DELTA/CHRIS was provided to TGH leadership on 8/24/22. Hand-off of CHRIS reporting back to TGH leadership will occur by 10/1/22. Monitoring of the email group will be ongoing. The monthly SIR/CHRIS review to begin in October 2022. OLR) Accepted 09/28/2022	

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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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