DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **10-03-2022**
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.	NS	HopeTree Evans Home This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20220292 Date/Time of Discover: 09/17/2022 3:00PM Enter Date/Time: 09/18/2022 9:41PM Reporting Delay: 6:41:00 Location Name: HopeTree Evans Home Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting • The first citation was issued on 09/07/22 and is now a non-compliant.	PR) 10/24/2022 Chief Compliance Officer reviewed protocols and conducted a root cause analysis concerning untimely reporting. Due to a transition in leadership and new staff, there was a delay in staff accessing the CHRIS system creating systemic issues with timely entry. A new Program Director was hired on 9/6/22, following separation from the former Director, where patterns of untimely reporting had been addressed. Further, incident reporting expectations of completing reports and submitting before leaving shift had recently been reviewed on 8/31/22. It was determined that staff were still learning the process, and clarifying expectations was needed. The Program Director sent an email to staff on 9/21/22 reminding them of the expectation to submit the report within 24 hours to DBHDS and notify guardians, as well as contact the Program Director. The directive to contact the Program Director upon incidents offered an additional layer of checks and balances to ensure reports are occurring timely. Additionally, all SIRs will temporarily be reviewed by a shared email list serve with the Chief Compliance Officer, Chief Clinical Officer, Program Director, and TGH Clinical Coordinator while new program leadership adjusts in their roles to safeguard against the risk of untimely reporting to DBHDS. After 90 day transition period, additional CHRIS training will occur with program leadership facilitated by Hollie Carlisle. OLR) Accepted 10/26/2022	12/16/2022

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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.

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

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