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

Date of Inspection: **12-19-2022**
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: 20220339 Date/Time of Discover: 11/29/2022 10:45PM Enter Date/Time: 12/01/2022 9:39AM Reporting Delay: 10:54:00 Location Name: HopeTree Evans Home CHRIS Number: 20220340 Date/Time of Discover: 11/29/2022 5:20PM Enter Date/Time: 12/02/2022 10:20PM Reporting Delay: 53:0:00 Location Name: HopeTree Evans Home This is a systemic (NS) citation. Based upon the rolling year (December 20, 2021 – December 19, 2022) for 14-008 this is the Third Step in the Progressive Citation Process for violation of 12VAC35-46-1070.C. • The first citation issued on 09/07/22 is now considered non-compliant. • The second citation issued on 10/03/22 is now considered non-compliant systemic. Per the Guidance on Incident Reporting Requirements, you are being required to attest to reviewing ALL CHRIS Training and guidance documents located on the DBHDS website as indicated by a check mark on the attestation form. Resolution to this licensing report requires two actions. The first action is to submitting an acceptable licensing report response. The second is to include the signed attestation form(s) for each individual within the organization who is required by you to receive training and to review guidance documents as attachments with the	PR) 01/13/2023 Actions taken from first citation, all complete: • Separated from Director, AW. • Staff training 8/31/22, with expectations set for following processes. • Chief Compliance Officer continued to monitor Serious Incidents via group email. • CHRIS reporting process handed over to new Director, JL, on 10/01. Actions taken from second citation, all complete: • Director, JL, sent follow up expectations to all staff on 9/21/22, regarding reporting expectations. • All SIRs continued to be reviewed by Chief Compliance Officer and Chief Clinical Officer for next 90 days (ending 1/1/23). • Training with Office of Human Rights, coordination in progress. For current citation: Incident 20220339, related to ED visit. Program Director, JL, reported via email he was "sidetracked" by other responsibilities, notifying the Chief Compliance Officer that it was entered late. Incident 20220340 occurred on 11/29/22. Program Director, JL, was notified by staff, JM, and staff, MM, within minutes. Program Director told both staff separately that an incident report was not needed. No notifications made to the Chief Clinical (supervisor of Program Director), or Chief Compliance Officer. On 12/01/22,	1/31/2023

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		licensing report response. Both Items are due no later than the due date of 1/12/23. If the provider does not submit attestation(s) to confirm completion of required trainings and document reviews as indicated on the form, the provider may incur negative actions. The links for the trainings and guidance documents are listed in the attached attestation form.	resident shared incident with a third staff, HF, who reported it to Chief Clinical and Chief Compliance Officers, who entered into CHRIS. Further investigation of incident resulted in resignation with Program Director, JL and staff, JM. Following actions to be taken: • Root Cause Analysis conducted to determine best follow up actions. Completed. • Evaluate qualifications for Program Director. Completed. • Hire new Program Director. Completed. ◦ New Director is an LCSW with Group Home experience. Started 12/19. • Training conducted with Program Director on reporting, timelines and DBHDS regulations. Began 12/19, ongoing. • Chief Compliance Officer will continue to monitor system implementation to ensure process are being followed, ongoing. • Chief Clinical Officer and Therapeutic Group Home Clinical Coordinator will continue to be responsible for entering reports during training and transition of New Director. • On-call scheduled staff to have retraining on protocol and steps for communicating serious incidents to both Chief Clinical and Compliance. • Chief Clinical Officer and Therapeutic Group Home Clinical Coordinator will continue with daily checks, adding in new Program Director to ensure all incidents are appropriately staffed and reported. OLR) Partially Accepted 01/25/2023	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			In addition to the above, the provider response needs to include the following: 1. Please return a signed attestation for each individual trained using the Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website. The OL Attestation has been attached to the CAP for your convenience. The attestation submitted is not valid as a response to the Office of Licensing CAP. PR) 02/01/2023 Thank you for attaching correct attestation. All trainings have been reviewed. Attestation attached. OLR) Accepted 02/06/2023	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

General Comments / Recommendations:
Please be sure to review the Licensing Report Response Guidance in the CAP Issue Letter to aid in the acceptance of your CAP and return the following items no later than January 12, 2023.

1. Licensing Report Response
2. Signed Attestation Form(s) for each individual required by you to receive training and to review guidance documents.

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