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

Date of Inspection: **01-17-2023**
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: 20220345 Date/Time of Discover: 12/26/2022 7:32PM Enter Date/Time: 12/27/2022 9:05PM Reporting Delay: 1:33:00 Location Name: HopeTree Evans Home This is a systemic (NS) citation. Based upon the rolling year (January 18, 2022 – January 17 2023) 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 licensing report response. Both Items are due no later than the due date of 2/7/23. 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	PR) 02/01/2023 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 20220345, peer to peer incident. Staff followed procedure for reporting to Director and on-call clinical staff. Staff completed incident report in timely fashion. Request for additional information returned from staff following day. On-call staff reported she would enter information in to CHRIS. Later, on-call staff reported she had misunderstood time of events. Report entered 1 hour, 30 mins past 24 hour deadline. Following actions to be taken:	2/6/2023

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		trainings and guidance documents are listed in the attached attestation form.	• Root Cause Analysis conducted to determine best follow up actions. Completed. • 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, ongoing. • On-call scheduled staff to have retraining on protocol and steps for communicating serious incidents to both Chief Clinical and Compliance. Scheduled for 2/6/23 • 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, ongoing. OLR) Accepted 02/08/2023	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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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 February 7, 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