DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-19-2023**
Program Type/Facility Name: **14-008 HopeTree Evans Home**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-590. B. - The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.	N	HopeTree Evans Home This regulation was NOT MET as evidenced by: During on-site inspection on 12-19-2023 it was observed that the location inspection was not clean due to the following reasons: 1. There was food splattered on the wall in the kitchen area and in the living room area. 2. The 2 bathrooms at the location were not clean. They were observed to have open, empty bottles in the ground, overflowing trash cans, trash in the ground, contents of bottles in the ground, unclean showers and bathtubs, unclean toilets, and unclean flooring. Provider failed to maintain a clean living space at the time of the inspeciton at this location.	PR) 01/17/2024 Director and Chief Compliance Officer will implement a web-based sanitation/cottage cleanliness form to be completed by TGH Program Managers and TGH Lead Youth Care Workers at least monthly. To be submitted to TGH Director. Director create checklist (to be posted in bathroom) for items to be completed daily within the bathroom chore criteria. Director create checklist (to be posted in Kitchen) for items to be completed daily within the Kitchen chore criteria. Director has reached out (1/17/24) to contracted cleaning company to obtain quotes for on-going cleaning services for residential areas. OLR) Accepted 01/17/2024	1/31/2024

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General Comments / Recommendations:
Please provide a response by the due date.

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.

Christine Morris, Associate Director	(Signature of Organization Representative)	Date

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