DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-10-2025**
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: 20240148 Date/Time of Discover: 12/18/2024 7:00PM Enter Date/Time: 12/20/2024 10:52AM Reporting Delay: 15:52:00 Location Name: HopeTree Evans Home	PR) 01/23/2025 The identified Risk Manager, Chief Compliance Officer, has reviewed the following Guidance for Serious Incident Reporting (November 2020); Guidance on Incident Reporting Requirements (August 2020); Memo CHRIS Updates (October 2019); and Serious Incident Reporting Covid-19 (January 2021). The Director of the Therapeutic Group Home will review reporting requirements and timeframe for reporting with all TGH staff on or before 1/30/2025. The agency has separated with the employee involved with the incident of late reporting. OLR) Partially Accepted 01/30/2025 In addition to the above, the provider response needs to include the following: 1. Describe the specific issue that led to the late reporting. 2. Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in CHRIS where possible. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). PR) 02/04/2025 The employee involved in the incident did not	1/30/2025

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			follow agency policy and procedure for timely reporting of serious incidents which resulted in a late report being made in the CHRIS system. The employee was terminated. TGH Program Leadership, including TGH Director and TGH Managers are responsible for ensuring that staff complete and submit reports in a timely manner. They are responsible for providing initial and ongoing training regarding program policy and procedure for incident reporting to ensure timely reporting in the CHRIS system. The plan for monitoring will be through daily checks. OLR) Accepted 02/18/2025	

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