DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **09-18-2025**
Program Type/Facility Name: **14-008**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (3e) - Required initial training: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and students and interns shall be given orientation and training regarding: 3e. Other policies and procedures that are applicable to the individual's positions, duties, and responsibilities.	N	This regulation was NOT MET as evidenced by: staff #2 did not have new hire training on person-centeredness. No evidence that this was completed on Relias training sheet.	PR) 10/06/2025 The Therapeutic Group Home training plan in the agency Learning Management System, Relias, was reviewed and updated. A module was added to the Therapeutic Group Home New Hire Training Plan to include a module on Person-Centered Thinking. An audit was completed for TGH staff and the module was assigned to all new hires who had not been previously assigned the training. The Training Plan will be reviewed and updated in partnership by the Learning and Development Department, TGH Program Director and the Compliance Department. OLR) Accepted 10/15/2025	10/10/2025

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General Comments / Recommendations:
Please review, provide action that will/has been taken to correct the non-compliance, and the date in which it will/has been completed, and return to me before or on the due date shown. Please attach any documents to validate the corrections.
Previous CAPs were reviewed, and evidence was shown in making some appropriate changes and improvements to policies and service.
If you have any questions or concerns about the findings, please let me know.
Kind regards,
Donna Cochran, LS

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.

Donna Cochran, Licensing Specialist	(Signature of Organization Representative)	Date

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