DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **1**
License #: **229-14-009**
Organization Name: **HopeTree Family Services**

Date of Inspection: **09-29-2021**
Program Type/Facility Name: **14-009**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-900. B. - Behavior support plan developed in consultation with resident, placing agency, guardian/parent, and staff	N	12VAC35-46-900. Behavior support. B. Individualized behavior support plans shall be developed in consultation with the: 1. Resident; This regulation was NOT MET as evidenced by:' 1. Review of safety plans for Resident #1 and Resident #3 revealed that they were not individualized to the resident and included very similar wording. Based on the definition of Behavior Support (below), child safety is included in the Behavior Support Plan. Provider failed to develop individualized safety plans for the above mentioned Residents as part of the behavior support. 2. Review of safety plan for Resident #3 reveals that there was no name, date or signature on the plan. Based on the definition of Behavior Support (below), child safety is included in the Behavior Support Plan. Provider failed to develop an individualized safety plan for this resident.	PR: Agency reviewed current procedures for Crisis Preference and Support Plans/Safety Plans. Training on the collaborative development of Crisis Preferences and Support Plans to be provided to all clinical staff on 10/27/2021 by the Chief Clinical Officer and the Chief Compliance Officer. Plans will be reviewed during supervision monthly. Plans will be reviewed during treatment team meetings monthly. Accepted by OL on 10-22-2021.	11/1/2021

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General Comments / Recommendations:
Please review and return to me by email in a word document, on or before the due date indicated below, a written plan of corrective action and completion date for each of the deficiencies noted for review. Once approved then please return your approved plan to me with signed copy by e-mail. My email address is: Christine.Morris@dbhds.virginia.gov.

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