DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-13-2022**
Program Type/Facility Name: **14-009 HopeTree Robertson 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 Robertson Home This regulation was NOT MET (Systemic) as evidenced by: CHRIS Number: 20220134 Date/Time of Discover: 12/30/2021 6:00PM Enter Date/Time: 01/05/2022 9:28PM Reporting Delay: 123:28:00 Location Name: HopeTree Robertson Home · This is a systemic (NS) citation. · This is the Third Step in the Progressive Citation Process for violation of 12VAC35-46-1070.C within a one-year period. This is measured on a rolling basis for (14-009) since January 6, 2021. • The first citation was issued on 4/16/21 • The second citation was issued on 6/17/21 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 2/10/22. 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 trainings and guidance documents are listed in the attached attestation form.	PR) 02/09/2022 Statement of issue which led to non-compliance: In response to the CAP issued on 6/17/2021 for late reporting, HopeTree implemented a new reporting and oversight process. The Director of Staffing, a seasoned CHRIS reporter, left HopeTree, their job was not replaced. The plan was altered to reflect that the Director of Operations would have daily oversight to ensure that CHRIS reports are reported within 24 hours. The cottage managers have primary responsibility for entering CHRIS reports. Our QA and Risk Management Committee continues to meet monthly to review all incidents. This process has been working. What we discovered, however, is that the training which the Director of Operations and the Cottage Managers received did not include the COVID 19 reporting expectations. Both the Director of Operations (who was new in June 2021) and the cottage managers did not have responsibility of entering in CHRIS reports prior to June 2021 so they were not part of the process and would have no way of knowing of DBHDs expectations of reporting of COVID positive residents. The training materials utilized in June did not contain COVID reporting expectations. Another element which added to the situation was that there was no COVID positive cases during the summer which also led to the oversight of including this in the trainings provided. Both employees were provided memos issued by DBHDS on the COVID reporting protocols on 1/5/2022 when the issue was discovered. Since	3/21/2022

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			1/5/2022, there have been no late reports and specifically no late reporting of COVID positive residents. CHRIS training materials were reviewed and found that they did not contain COVID reporting process issued by DBHDS. COVID 19 supplemental training materials were added on 1/6/2022. In addition, the cottage managers are receiving one on one support for every incident by a cottage therapist who has years of experience with CHRIS reporting to ensure that incidents which should be reported are reported in the correct manner and within 24 hours. This level of support will continue through the end of February. Our second cottage manager has been out on medical leave since the middle of January. Upon her return back to work 2/21/22, she will be reminded of the COVID reporting protocols and will receive one on one support from the experienced cottage therapist through 3/21/2022. OLR) Accepted 02/10/2022	

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General Comments / Recommendations:
Please be sure to return the following items no later than February 10, 2022.
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