DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **07-05-2022**
Program Type/Facility Name: **14-009 HopeTree Robertson Home**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	HopeTree Robertson Home This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 08/05/2022 Upon review of personnel record, policy, and procedure: Staff 1 completed all required training outlined by DBHDS and HTFS policy to include Therapeutic Options (restraint management). Based upon the preponderance of evidence provided in CHRIS entry A-202200032, the staff did not follow HTFS TOVA restraint management policy, procedure, or methods. Based upon 24-hour incident reporting procedures, when Director was notified, HR was consulted, investigative procedures commenced, and corrective action was administered on 5/16. Staff #1 employment was severed on 5/16/22, and separation paperwork was provided to the employee via mail on 5/17/22. The Program Director will continue to offer mitigation of such incidents, including refreshers of Therapeutic Options and Behavior Management tools at various training and staffing opportunities throughout the annual year in addition to the annual required training. OLR) Accepted 08/12/2022	8/5/2022

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12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	HopeTree Robertson Home This regulation was NOT MET as evidenced by: "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. Examples of abuse include acts such as: 6. Use of physical or mechanical restraints on a person that is not in compliance with federal and state laws, regulations, and policies; professionally accepted standards of practice; or the person's individualized services plan; • Upon review of CHRIS entry A-202200032, Employee #1 failed to follow agency policy and completed an improper restraint not in compliance with agency standards on Individual #1. Based on a preponderance of evidence, this agency founded an allegation of Abuse: Restraint Not in Compliance with Standards when Employee #1 failed to follow agency policy and completed an improper restraint that was not in compliance with agency standards on Individual #1.	PR) 08/05/2022 Upon review of personnel record, policy, and procedure: Staff 1 completed all required training outlined by DBHDS and HTFS policy to include Therapeutic Options (restraint management). Based upon the preponderance of evidence provided in CHRIS entry A-202200032, the staff did not follow HTFS TOVA restraint management policy, procedure, or methods. Based upon 24-hour incident reporting procedures, when Director was notified, HR was consulted, investigative procedures commenced, and corrective action was administered on 5/16. Staff #1 employment was severed on 5/16/22, and separation paperwork was provided to the employee via mail on 5/17/22. The Program Director will continue to offer mitigation of such incidents, including refreshers of Therapeutic Options and Behavior Management tools at various training and staffing opportunities throughout the annual year in addition to the annual required training. OHR/OLR) Accepted 08/11/2022	8/5/2022

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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.

Tonya Carr, Legal Operations Manager	(Signature of Organization Representative)	Date

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