DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **11-10-2022**
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: 20220319 Date/Time of Discover: 10/18/2022 4:00PM Enter Date/Time: 10/20/2022 5:25PM Reporting Delay: 25:25:00 Location Name: HopeTree Robertson Home CHRIS Number: 20220320 Date/Time of Discover: 10/22/2022 8:15PM Enter Date/Time: 10/24/2022 5:50PM Reporting Delay: 21:35:00 Location Name: HopeTree Robertson Home Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting • The first citation was issued on 1/20/22 and is now a non-compliant.	PR) 12/05/2022 Chief Compliance Officer reviewed protocols and conducted a root cause analysis concerning untimely reporting. At the time of the late report, the Program Director was just over 30 days in to his new role. Root cause found that 1. Staff late submission of serious incident report was failing to trigger full team to respond and follow process for CHRIS reporting and 2. Program Director "forgot" due to competing priorities and multiple high need issues occurring at once. Re-training of all staff on full roles and responsibilities of TGH staff began on 10/26 and is ongoing. Training included both expectations around completing incident reports on shift, as well as disciplinary action that would follow if reports were not submitted on time and/or if communication with leadership did not occur in a timely fashion. Meeting and re-training also occurred with Program Director. Chief Clinical Officer, who transitioned into a supervisory role for Program Director, continues to meet weekly with Program Director to review expectations, follow-up on staff timely submission, and process through incidents, on-call, etc. Chief Clinical Officer, Chief Compliance Officer and TGH Clinical Coordinator all continue to serve as back-up support by receiving all incident reports via email, rotating on-call, and providing back-up and/or timeline reminders to Program Director. Program Director understands reporting must occur within time-frame to meet DBHDS standards.	12/5/2022

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			As a follow-up to this violation, we are aware that another late submission has occurred since the CAP was issued. During investigation of the most recent late submission, it was determined that it would be best to separate employment with the Program Director on 12/6/22. While we are in the process of hiring, training and transitioning to a new Director, the Chief Compliance, Chief Clinical and TGH Clinical Coordinator will assume responsibility for entering incidents into CHRIS within expected timeline. OLR) Partially Accepted 12/06/2022 In addition to the above, the provider response needs to include the following: 1. 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. 2. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). PR) 12/12/2022 1. 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	

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			responsible for entering the data in CHRIS where possible. Chief Compliance Officer will be responsible for monitoring the implementation of systems to ensure timely data entry. The Chief Clinical Officer and Therapeutic Group Home Clinical Coordinator will be responsible for entering data into the CHRIS system. These roles may shift with shared on-call and when the new Therapeutic Group Home Director is hired and fully trained. 2. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). Chief Clinical Officer and Therapeutic Group Home Clinical Coordinator will have daily check-ins to ensure all serious events are being documented and communicated in full and in a timely manner. When someone other than these two leaders are on-call, specifically over the weekend, they are trained to contact leadership immediately to process if event needs to be entered in to CHRIS. TGH Leadership team will further evaluate any systemic issues during their weekly team meetings. Chief Compliance Officer will participate in their leadership meetings at least once per month. OLR) Accepted 12/15/2022	

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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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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