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

Date of Inspection: **01-17-2023**
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: 20220346 Date/Time of Discover: 12/26/2022 7:32PM Enter Date/Time: 12/27/2022 9:11PM Reporting Delay: 1:39:00 Location Name: HopeTree Robertson Home This is a systemic (NS) citation. Based upon the rolling year (January 18, 2022 – January 17 2023) for 14-009 this is the Third Step in the Progressive Citation Process for violation of 12VAC35-46-1070.C. • The first citation issued on 1/20/22 is now considered non-compliant. • The second citation issued on 11/9/22 is now considered non-compliant systemic. 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 2/7/23. 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	PR) 02/07/2023 Actions taken from first citation, all complete: • Staff provided DBHDS memos on COVID reporting on 1/5/22. • CHRIS training materials reviewed along with COVID 19 supplement training on 1/6/22. • Cottage Managers received support from Clinical Coordinator through end of Feb 2022. • Second Cottage Manager received one on one support from Clinical Coordinator through 3/21/22. Actions taken from second citation, all complete: • In-depth retraining of staff roles and responsibilities with Clinical Coordinator from 10/26/22 – 11/18/22. Completed, new staff training ongoing • Retraining and intensive support provided to Director, JL, as established in CAP. However, also included in CAP, following another late submission and investigation surrounding a different incident, Director, JL, separated from employment. • Chief Compliance Officer to monitor the implementation of systems to ensure timely data entry. Ongoing • Chief Clinical Officer and TGH Clinical Coordinator responsible for entering data into the CHRIS System. Ongoing • Chief Clinical Officer and TGH Clinical Coordinator check-in daily to ensure all events are being documented and communicated in full and in a timely	2/13/2023

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		trainings and guidance documents are listed in the attached attestation form.	manner. Ongoing. • TGH Leadership reviewing systemic issues during weekly leadership meeting. Chief Compliance Officer participates monthly in meeting. Ongoing. For current citation: Incident 20220346, related to peer to peer incident. Staff reported appropriately and in timely fashion. Clinical on-call staffed appropriately and in timely fashion. Clinical Coordinator requested additional information from staff. Staff supplied the next day. Incident entered 1 hour 30 min late. Clinical Coordinator reported misunderstanding around initial time of event, causing late entry. Following actions to be taken: • Root Cause Analysis conducted to determine best follow up actions. Completed. • Clinical On-call staff to review CHRIS reporting requirements and timeline during weekly staffing, scheduled for 2/6 (Chief Compliance out sick, moved to 2/13) • Chief Compliance Officer will continue to monitor system implementation to ensure process are being followed, ongoing. • Chief Clinical Officer and Therapeutic Group Home Clinical Coordinator will continue to be responsible for entering reports during training and transition of New Director. • Chief Clinical Officer and Therapeutic	

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			Group Home Clinical Coordinator will continue with daily checks, adding in new Program Director to ensure all incidents are appropriately staffed and reported. OLR) Accepted 02/16/2023	

General Comments / Recommendations:
Please be sure to review the Licensing Report Response Guidance in the CAP Issue Letter to aid in the acceptance of your CAP and return the following items no later than February 7, 2023.

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