DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-22-2024**
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 citations below.		5/17/2024

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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 "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. See § 37.2-100 of the Code of Virginia. This regulation was NOT MET as evidenced by: • Upon review of CHRIS report, A# 20230086, Provider determined that there was a founded allegation of Neglect when Employee #1 failed to follow agency policy and procedures for rounding/ supervision as required, resulting in a peer to peer incident with two peers hitting Individual #1. Based on a preponderance of evidence, it was determined that there was a founded allegation of Neglect when Employee #1 failed to follow agency policy and procedures for rounding/ supervision as required, resulting in a peer to peer incident with two peers hitting Individual #1.	PR) 05/17/2024 Corrective action was taken with employee OHR/OLR) Accepted 05/17/2024 OHR Response: OHR Office cannot accept your response. Please provide what type of corrective action you took to address this citation.	5/17/2024

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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.

Mandy Crowder, Human Rights	(Signature of Organization Representative)	Date

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