DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **07-25-2024**
Program Type/Facility Name: **14-009 HopeTree Robertson Home**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. 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.	N	HopeTree Robertson Home This regulation was NOT MET as evidenced by: CHRIS Number: 20240080 Date/Time of Discover: 06/18/2024 6:17PM Enter Date/Time: 07/10/2024 10:28AM Reporting Delay: 496:11:00 Location Name: HopeTree Robertson Home	PR) 08/07/2024 Upon discovery of the incident on June 18, 2024, the incident was reported into CHRIS on the abuse side as an abuse report. Upon consultation from OHR, the agency was advised that report needed to be reported as an incident in CHRIS as well. The agency entered the report into CHRIS as an incident immediately following the guidance from the OHR. The agency notified the licensing inspector of the error. Chief Compliance Officer and QA Risk Specialist reviewed the guidance document from DBHDS Office of Licensing regarding reportable incidents. OLR) Partially Accepted 08/23/2024 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) 08/26/2024 The TGH Program Director with support from the Chief Compliance Officer are responsible monitoring the process to ensure timely data	7/10/2024

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			entry of Level II and Level III Incidents into CHRIS. Incident reports are reviewed daily by TGH Program Director and Compliance Department. OLR) Accepted 08/30/2024	

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