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

Date of Inspection: **10-17-2024**
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.	NS	HopeTree Robertson Home This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20240110 Date/Time of Discover: 09/27/2024 6:00PM Enter Date/Time: 10/01/2024 4:47PM Reporting Delay: 70:47:00 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 7/25/24 and is now a non-compliant.	PR) 10/21/2024 Employee #1 received a grievance the afternoon of Friday September 27, 2024, from a youth in services; information in the grievance was information that was reportable to DBHDS. Employee #1 forgot to report the incident to the Compliance Department until October 1, 2024. Upon receiving the information, the Compliance Department immediately entered the information into the CHRIS system. The delay in receiving the report from the individual receiving the report resulted in the agency entering the information late in the CHRIS system. The agency implemented corrective action in accordance with agency policy and procedure with Employee #1. Employee #1 was provided a reminder that all incidents must be submitted in CHRIS. HTFS TGH program has an effective System to Prevent Abuse, Neglect, and Exploitation and a Code of Ethics in place to identify, report, and respond to any suspicion or allegation of abuse, neglect, exploitation, or violation of individual rights. This system has been and continues to be effective. The Director of TGH, Managers, and Program Leads will continue to provide orientation and annual training for all staff to review reporting requirements and additional training as identified needed. OLR) Partially Accepted 10/30/2024 In addition to the above, the provider response	10/22/2024

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			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) 11/04/2024 The Chief Compliance Officer and/or the Compliance Specialist are responsible for submitting all reports into the CHRIS system. This report was entered late as it was not submitted to the Compliance Office in a timely manner. Program Directors are responsible for ensuring their teams submit incident reports in a timely manner so that the CCO and/or the Compliance Specialist can ensure they are entered within 24 hours of the discovery of the incident. The plan is monitored daily as incident reports are reviewed. OLR) Accepted 11/19/2024	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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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