Investigation ID: **216**
License #: **3187-14-009**
Organization Name: **STARS**

Date of Inspection: **02-12-2024**
Program Type/Facility Name: **14-009 Gemini House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. B. (1) - Individualized service plans shall describe in measurable terms the: 1. Strengths and needs of the resident;	N	Gemini House This regulation was NOT MET as evidenced by: During the course of the investigation into CHRIS # 20230147, Individual #1's record was reviewed. Individual #1's application and admission criteria & assessment form indicated they had a history of behavior #1, but this need/risk was not addressed or identified as part of the ISP. As part of the of the corrective action plan please identify a process on how all needs from the various assessments will be monitoring for inclusion in the ISP.	PR) 03/13/2024 CAO addressed this on 3/7/2024 in a training email. That stated: 1. Take note upon intake of all the historic records and identify if there have been any issues or concerns in the past where a youth has behavior #1. 2. Address it in the Initial Plan of care. One of the goals for these youth with have to address the cautions that need to be in place. 3. Write a goal "Resident will have and maintain healthy and appropriate boundaries with peers in the program and community." 4. Include strategies for staff to monitor the youth for behavior #1 and document every incident even if it is alleged. 5. Another strategy will be to provide additional supervision by increased checks, 1:1's, arms-length restrictions, etc. 6. If there is no documentation of any concern or incident upon admission, if there is an incident, **immediately upon receiving the SIR,** update the IPOC to address the specific behavior. "Resident will have and maintain healthy and appropriate boundaries with peers in the program and community." 7. Strategies will speak to the specific behavior. "Resident will be education that it is inappropriate to touch, kiss, fondle peers in the program or community. Resident will be monitored for this specific behavior by having increased checks, room changes, 1:1 supervision, arms-	3/29/2024

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			length restrictions. 8. If the behavior happens a second time, the plan will have to have immediate changes again to address the increase supervision plan. This might be going from 30 min checks to 15-minute checks, having the youth review this in therapy, having the youth write an apology for the behavior, warning the youth that they are making the program environment feel unsafe and they are risking their placement. 9. A third time is likely a discharge, but you must talk with the Program Director or CAO before giving notice for EVERY discharge. All incidents require a SIR and immediately reporting to the Compliance Coordinator. OLR) PR) 03/14/2024 CAO addressed this on 3/7/2024 in a training email. That stated: 1. Take note upon intake of all the historic records and identify if there have been any issues or concerns in the past where a youth has behavior #1. 2. Address it in the Initial Plan of care. One of the goals for these youth with have to address the cautions that need to be in place. 3. Write a goal "Resident will have and maintain healthy and appropriate boundaries with peers in the program and community." 4. Include strategies for staff to monitor the youth for behavior #1 and document every	

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			incident even if it is alleged. 5. Another strategy will be to provide additional supervision by increased checks, 1:1's, arms-length restrictions, etc. 6. If there is no documentation of any concern or incident upon admission, if there is an incident, **immediately upon receiving the SIR,** update the IPOC to address the specific behavior. "Resident will have and maintain healthy and appropriate boundaries with peers in the program and community." 7. Strategies will speak to the specific behavior. "Resident will be education that it is inappropriate to touch, kiss, fondle peers in the program or community. Resident will be monitored for this specific behavior by having increased checks, room changes, 1:1 supervision, arms-length restrictions. 8. If the behavior happens a second time, the plan will have to have immediate changes again to address the increase supervision plan. This might be going from 30 min checks to 15-minute checks, having the youth review this in therapy, having the youth write an apology for the behavior, warning the youth that they are making the program environment feel unsafe and they are risking their placement. 9. A third time is likely a discharge, but you must talk with the Program Director or CAO before giving notice for EVERY discharge. All incidents require a SIR and immediately reporting to the Compliance Coordinator. OLR) Accepted 03/14/2024	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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.

Ann Mays, Licensing Specialist	(Signature of Organization Representative)	Date

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