DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **3187-14-009**
Organization Name: **STARS**

Date of Inspection: **06-29-2022**
Program Type/Facility Name: **14-009 Gemini House**

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	Gemini House This regulation was NOT MET as evidenced by: CHRIS Number: 20220256 Date/Time of Discover: 06/17/2022 5:35PM Enter Date/Time: 06/19/2022 2:18AM Reporting Delay: 8:43:00 Location Name: Gemini House CHRIS Number: 20220257 Date/Time of Discover: 06/17/2022 9:41PM Enter Date/Time: 06/19/2022 2:38AM Reporting Delay: 4:57:00 Location Name: Gemini House	PR) 07/19/2022 We discussed this issue in the admin meeting on June 22nd, 2022. This incident happened with a newer staff member who was also present in the admin meeting. We explained the process of getting the write ups to the staff member that it is inputting into CHRIS. Which is after the write up is complete than you must send it to the staff member putting it into CHRIS and the STARS on-call. The STARS on-call will also send it to the staff entering the incident into CHRIS. We will also discuss this protocol again with the newer staff members that we have at our staff work groups meeting on July 26th, 2022. OLR) Partially Accepted 07/19/2022 In addition to the above, 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: monthly audits, weekly chart reviews, quarterly checklist). 3. Staff by title of individual who provided CHRIS training. PR) 07/19/2022 1. When CHRIS reports are needed to be input,	7/19/2022

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			the Compliance Coordinator inputs them into CHRIS and then informs the Staff Supervisor that they are complete and entered. We are discussing the on-call putting them in CHRIS and checking in with the Compliance Coordinator and or the Staff Supervisor. 2.The admin team discusses all CHRIS cases/activity that are new or open in the weekly meetings. 3. The Compliance Coordinator will provide the training. OLR) Accepted 07/19/2022	

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.

Sherry Miles, Licensing Application Specialist	(Signature of Organization Representative)	Date

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