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

Date of Inspection: **12-04-2023**
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: 20230134 Date/Time of Discover: 11/18/2023 8:40PM Enter Date/Time: 11/24/2023 10:23AM Reporting Delay: 109:43:00 Location Name: Gemini House	PR) 12/22/2023 I would like to dispute this CAP. I will attach the incident reports in this email. CHRIS Number: 20230129 Date/Time of Discover: 11/02/2023 8:11PM Enter Date/Time: 11/05/2023 9:07AM Reporting Delay: 36:56:00 Location Name: Gemini House The time of discover date and time was 11/4/23 @ 8:05 PM CHRIS Number: 20230134 Date/Time of Discover: 11/18/2023 8:40PM Enter Date/Time: 11/24/2023 10:23AM Reporting Delay: 109:43:00 Location Name: Gemini House Incident happened 11/22/23 at 6:50 PM. I found out about this incident in our check in meeting 11/24/23 at 10:00 AM. We did not have a check in on the 23rd due to Thanksgiving. CHRIS Number: 20230135 Date/Time of Discover: 11/18/2023 8:40PM Enter Date/Time: 11/24/2023 10:35AM Reporting Delay: 109:55:00 Location Name: Gemini House This incident happened on 11/23/23 @ 9:20 PM. I think there was a last used auto fill or something that input the times and dates. I have had to go back a fix thing that auto filled into CHRIS. Not sure if it was the update that CHRIS did or an update from my computer. But it started last month some time.	12/26/2023

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			OLR) Partially Accepted 01/12/2024 In addition to the above, the provider response needs to include the following: 1. Please provide the ER documentation for incidents where the individual went to the ER for us to review to consider the dispute. PR) 01/17/2024 Discharge from ER paperwork for KB. OLR) Partially Accepted 02/07/2024 After review of the documentation it was determined that the all of the incidents were originally entered incorrectly. The incidents will be corrected in CHRIS. With this correction the incident 20230129 and 20230135 will no longer be late. The incident 20230134 will be corrected but it will still be late and the CAP still stands. Please respond with the following information as it relates to the late reporting of 20230134. 1. Provide a statement of the issue that led to non-compliance. 2. State how you corrected/will correct the deficient practice in this specific violation. 3. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will implemented to ensure you remain in compliance of the regulation. 4. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. 5. Indicate the frequency for monitoring the plan including how it will be monitored	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			(Ex:monthly audits, weekly chart reviews, daily checklist). 6. Staff by title who has the primary responsibility to enter incidents into CHRIS. 7. Staff by title who serves as back up to enter incidents into CHRIS when the designated person is unable to do so including nights, weekends, and holidays. PR) 02/28/2024 Staff was told no matter what the incident needs to be reported to the correct person so the incident could be input into CHRIS. Staff will continue to inform the on-call staff and the compliance coordinator of incidents. OLR) Partially Accepted 03/06/2024 Please respond with the following information as it relates to the late reporting of 20230134. 1. Provide a statement of the issue that led to non-compliance. 2. State how you corrected/will correct the deficient practice in this specific violation. 3. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will implemented to ensure you remain in compliance of the regulation. 4. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. 5. Indicate the frequency for monitoring the plan including how it will be monitored (Ex:monthly audits, weekly chart reviews, daily checklist).	

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			6. Staff by title who has the primary responsibility to enter incidents into CHRIS. 7. Staff by title who serves as back up to enter incidents into CHRIS when the designated person is unable to do so including nights, weekends, and holidays. PR) 03/06/2024 1. The staff failed to inform the compliance coordinator due to there being a holiday and thinking the CC was out of town. 2. CC informed the staff that no matter what to inform the CC of all write ups. That staff stated they understood. 3.During trainings staff inform new and old staff to inform STARS on-call and the CC of all write ups. 4. STARS on-call and CC will get all write ups. If staff doesn't send the CC the write up on-call can. 5. This was one instant that this had happened. It was only due to the holiday. We have staff huddles in the morning during the week. But since it was a holiday, we did not huddle. 6. Jason Martin Compliance Coordinator inputs incidents into CHRIS. 7. The back up that we have had was Kelli Speasemaker. We are also in discussion of training another staff member. OLR) Accepted 03/06/2024	

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