DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **03-28-2024**
Program Type/Facility Name: **14-009 Gemini House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Gemini House This regulation was NOT MET as evidenced by: See OHR citation below.		

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12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Gemini House This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. During an internal investigation the provider determined the following: • Employee 1 was responsible for the supervision of Individual 1 while on a community outing. • Individual 1 reported purchasing a vape and consuming marijuana during the community outing. • Individual 1 tested positive for marijuana on the urine screen. • Individual 1 reported that Employee 1 stayed in the vehicle while Individual 1 went into the store to purchase the vape. • Employee 1 failed to provide Individual 1 with the supervision services necessary for the welfare of Individual 1.	PR) 03/29/2024 Employee 1 was terminated after questioning. Staff meeting/training for all employees on boundaries. This will be held in person a virtually on 4/3/24 by the Staff Supervisor. OHR/OLR) Accepted 04/01/2024	4/5/2024

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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.

Cassie Purtlebaugh, Human Rights	(Signature of Organization Representative)	Date

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