DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **09-24-2024**
Program Type/Facility Name: **14-009 Gemini House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. G. (6) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 6. Identity of the individual who administered the medication;	N	Gemini House This regulation was NOT MET as evidenced by: During the course of the inspection, two Individual's MARs were reviewed. Individual #1's MAR had dates in March, April and August where a medication was scheduled to be given but there is no staff sign off of the medication, and no explanation as to why the medication was not administered. The provider failed to maintain documentation of administration of medications by not including the identity of the individual who administered medications.	PR) 10/08/2024 Staff will be reminded to ensure that all paperwork will be completed by the end of shift. Overnight staff and house managers will ensure that this happens. OLR) Accepted 10/09/2024	10/11/2024

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