DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-06-2026**
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.	PR) 01/27/2026 There was a discussion with the new staff supervisor and the compliance coordinator in regard to residents who had went AWOL and staffing. The staff supervisor was informed that at least 2 staff should be on unit with residents who have went AWOL previously. The staff supervisor understood. This will be in conversations with the compliance coordinator, program director, as well as the staff supervisor, as certain behaviors arise. OLR) Accepted 01/29/2026	02/02/2026 00:00:00

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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 • From December 5, 2025-December 12, 2025, Individual 1 and Individual 2 had each eloped from the group home on 6 separate occasions. • On December 14, 2025, one staff member left to take another resident off the unit leaving Employee 1 to supervise 6 residents, including Individual 1 and Individual 2. • Individual 1 and Individual 2 used this opportunity to elope for a 7th time. • Because Employee 1 was the only staff at the time, Employee 1 could not follow Individual 1 and Individual 2. • The provider failed to provide the staffing necessary to supervise Individual 1 and Individual 2 who both had a known history of elopement.	PR) 01/06/2026OHR/OLR) Accepted 01/06/2026 PR) 01/06/2026OHR/OLR) Pending Response 01/29/2026 PR) 01/06/2026PR) 01/27/2026 There was a discussion with the new staff supervisor and the compliance coordinator in regard to residents who had went AWOL and staffing. The staff supervisor was informed that at least 2 staff should be on unit with residents who have went AWOL previously. The staff supervisor understood. This will be in conversations with the compliance coordinator, program director, as well as the staff supervisor, as certain behaviors arise. OHR/OLR) Accepted 01/29/2026	

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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.

Artea Ambrose, Human Rights	(Signature of Organization Representative)	Date

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