DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-07-2026**
Program Type/Facility Name: **14-009 Gemini House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. B. (2) - Required annual retraining: 2. All staff who administer medication shall complete annual refresher medication training.	N	Gemini House This regulation was NOT MET as evidenced by: Employees #1and #2's file did not include evidence of annual refresher of medication training. The provider failed to have all staff who administer medications complete the annual refresher of medication training.	PR) 02/06/2026 These employees are signed up for a med refresher class on 2/13/26. Med recert has been added to the matrix that has due dates for numerous task/recerts. Staff supervisor, administrative assistant, Program director, and the compliance coordinator will look at to ensure all task get completed timely. OLR) Accepted 02/06/2026	2/13/2026
12VAC35-46-310. B. (4) - Required annual retraining: 4. All staff working with residents shall receive annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention.	N	Gemini House This regulation was NOT MET as evidenced by: Employees #1's file did not have evidence of annual retraining on child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships and interaction among staff and residents, and suicide prevention. The provider failed to have all staff working with residents shall receive annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships and interaction among staff and residents, and suicide prevention.	PR) 02/06/2026 This employee's Mandated reporter training expired in Dec 2025. The recert was completed Jan 2026. Staff will ensure that staff supervisor, program director, and/or compliance coordinator ensures this is done timely to due date. OLR) Accepted 02/06/2026	2/6/2026

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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.

Ann Mays, Licensing Specialist	(Signature of Organization Representative)	Date

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