DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **203**
License #: **3187-14-010**
Organization Name: **STARS**

Date of Inspection: **08-04-2023**
Program Type/Facility Name: **14-010 Orion House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-740. - Within three days following admission, individualized, measurable objectives and strategies for the first 30 days shall be developed, distributed to affected staff and the resident, and placed in the resident's record. The objectives and strategies shall be based on the reasons for admitting the resident.	N	Orion House This regulation was NOT MET as evidenced by: During the course of the investigation into CHRIS entry 20230086, record reviews were conducted for Individuals #1 and #2, which included a review of their admission assessment, initial ISP, and comprehensive ISP. The Initial ISP for Individual #2 is not individualized as the admission assessment indicated that Individual #1 is transgender, and this is not addressed in the initial ISP. In addition, the initial ISP does not refer to Individual #2 by the preferred gender.	PR) 09/14/2023 When the case manager completes the ISP with the individual, the case manager supervisor/program director will ensure that the ISP is correct. OLR) Accepted 09/14/2023	9/25/2023

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