DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **219**
License #: **3187-14-010**
Organization Name: **STARS**

Date of Inspection: **12-29-2023**
Program Type/Facility Name: **14-010 Orion House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-670. - Complete written policies and procedures for record reviews shall be developed and implemented that shall evaluate records for completeness, accuracy, and timeliness of documentation. Such policies shall include provisions for ongoing review to determine whether records contain all required service documentation, and release of information documents required by the provider.	N	Orion House This regulation was NOT MET as evidenced by: During the course of the investigation into CHRIS reports 20230139 & 20230140 policies and procedure related to records reviews and individual records were reviewed. In the Record Review policy, it states that the provider will evaluate records for completeness, accuracy, and timeliness of documentation. Individual #1's record was reviewed, specifically their admission criteria screening and assessment, and their ISP/comprehensive individual plan of care. There are multiple inaccurate entries made in the ISP as evidenced by the following 1. The admission criteria screening and assessment notes that Individual #1 will receive individual therapy with a private provider yet in the ISP this private provider is not listed, and it indicates that Employee #3 will provider individual therapy services, but the start date is blank. 2. In the current level of functioning section of the ISP review dated 12/13/23, in the third bullet point of this section, it notes that Individual #1 has not had any behavioral writes ups since admission, yet the 8th bullet point notes that despite the serious incidents they continue to have positive interactions with peers and staff. 3. The admission criteria screening and assessment indicates that Individual #1 is to have no contact with biological mother, but in the resident's progress towards discharge section, it states another Individual's (Indivdiaul #3) name as well as their goal discharge to mother's care. As part of the corrective action plan, please address plans will be evaluated for inaccuracies.	PR) 01/17/2024 We will be using full names in reports. Electronic records was purchased 1/10/24. Training for this will be completed by 2/29/24. Until that is started templates are made from scratch and not started using other residents in for using other residents. Training for case managers on ISP/comprehensive individual plan of care writing will be completed 1/26/24. Checks and balances would be case managers write it. The Program Director, and Clinical Director review it. They then will inform the case manager of any inaccuracies. OLR) Accepted 01/18/2024	2/29/2024

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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.

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

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