DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **7**
License #: **3187-14-010**
Organization Name: **STARS**

Date of Inspection: **08-25-2021**
Program Type/Facility Name: **14-010 Orion House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-480. F. - Clean bed and linens	N	Orion House 12VAC35-46-480. Sleeping areas. F. Each child shall have a separate, clean, comfortable bed equipped with a clean mattress, clean pillow, clean blankets, clean bed linens, and, if needed, a clean waterproof mattress cover. This regulation was NOT MET as evidenced by: Review of Individual #2's record revealed a progress note dated 8/17/21 in which the staff documented, “Resident sleeping on bed with no sheets.”	The documentation was to notify other staff that the resident was sleeping on the bed and did not have the sheets on it. The residents often will take off the sheets or not put them back on and only use a blanket to sleep with even though they have a full clean set of sheets. Overnight shift supervisor will review with overnight staff about the need to check each bed that is occupied in the home before leaving shift to ensure the bed has a clean fitted sheet, top sheet, blanket, and pillowcase. If the bed is found without these items, the staff will need to remake the bed to ensure all items are on it before leaving their shift. If the resident is continuously taking off these items to go to bed, the overnight staff will notify the case manager so this can be addressed with the resident. The Staff Supervisor will be responsible for checking in with the Overnight Shift Supervisor and Overnight staff to ensure this is being completed regularly and any concerns that they are seeing. Office of Licensing Response 10/7/21: ACCEPTED	10/15/2021
12VAC35-46-60. I. - Comply with applicable fed., state, local laws and regs				10/30/2021

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12VAC35-46-660. B. - Records up to date and uniform	N	Orion House 12VAC35-46-660. Maintenance of residents' records. B. Each record shall be kept up to date and in a uniform manner. This regulation was NOT MET as evidenced by: On 8/25/21, LS conducted a review of Individual #2's record which revealed that the 4pm-12am daily note dated 8/15/21 was blank.	It is likely this note was skipped in error. Overnight Shift Supervisor sent an email on 9/30/21 to the Overnight staff about the need to complete a briefing with the Evening staff and check the progress notes to ensure completion prior to the Evening staff leaving shift. Staff Supervisor will review during monthly supervisions in October with the staff team about the need to check that all paperwork is completed prior to leaving their shift. Overnight Supervisor will work with her Overnight team on double checking paperwork and identifying where there may be holes and reporting to the Staff Supervisor so that his can be reviewed during monthly supervisions and during the staff meetings. Staff Supervisor will identify staff in need of additional training to complete paperwork and will arrange times to meet with them or have identified training staff meet with them to review the expectations. Staff Supervisor will report during weekly admin meetings any issues. Office of Licensing Response 10/7/21: ACCEPTED	10/15/2021
12VAC35-46-70. - Compliance with human rights regulations	N	Orion House 12VAC35-46-70. Resident's rights. 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 (12VAC35-115). The citations below are being issued on behalf of the Office of Human Rights by the Office of Licensing in accordance with 12VAC35-46-70 and 12VAC35-115. ---------- 1. Human Rights Regulation: 12VAC35-115-50(B)(2) Dignity,	PR1: Staff failed to be clear in the progress note of the events that occurred on 8/13/21 which led to confusion around the incident. The resident had been fine in the evening and went to bed with no issues. A short time later, the resident woke up and appeared to be wheezing so she was given her inhaler as she has a history of panic attacks which is when she has had to use the inhaler primarily. The inhaler helped but the resident stated she felt her tongue was slightly swollen and itchy so there were concerns she was having a reaction to something. Benadryl was given and staff continued to monitor her	10/15/2021

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		which states, “Be protected from harm including abuse, neglect, and exploitation.” This regulation was NOT MET as evidenced by: During a record review, the OHR Advocate noted the following: • On an 8/13/21 daily note written for Individual 1, staff noted on the 4pm-12am note that Individual 1 had “allergic reaction to something unknown – tongue swelling and itchy skin.” • Medical treatment was not sought which constitutes medical neglect. This meets the regulatory definition of neglect. During the site visit, Employee 1 reported the following regarding CHRIS Abuse 20210193: • Employee 2 admitted to saying "I don't give a fuck if they don't like me" when Employee 2 walked away, but stated Employee 2 did not curse directly at anyone. • Although not directed at a particular individual, the use of curse words in the presence of individuals receiving services has the potential to demean, threaten, or intimidate and constitutes verbal abuse. This meets the regulatory definition of abuse. Due to all of the information contained above, these are violations of 12VAC35-115-50(B)(2). 2. Human Rights Regulation: 12VAC35-115-50(C)(3) Dignity, which states, “Live in a safe, sanitary environment.” This regulation was NOT MET as evidenced by: During record review for Individual 2, the OHR Advocate noted the following: • On a daily note dated 8/17/21 the staff documented, “Resident sleeping on bed with no sheets.”	closely. She was up for a period of time while staff was watching for any additional symptoms and spoke with the on-call staff about this. The resident was back to baseline after receiving the inhaler and Benadryl and being monitored. She did not report any other symptoms and was breathing normally at which point she went back to bed. It is believed it was due to her Boost flavor changing from Vanilla to Chocolate but it is not known for sure. Provider stopped giving her the Chocolate Boost and got the Vanilla flavor again and the resident has not had any other incidents. An additional step should have been taken to contact the on-call physician through the Teen Health Center to determine if they advised any additional steps. Staff Supervisor will be giving training to the on-call staff to advise staff to call the on-call doctor for Teen Health Center when there are incidents related to suspected unknown allergic reactions or trouble breathing with an unknown trigger to inform the doctor of steps that they have tried and receive directions on if additional care is needed. This will also be reviewed with the full staff team during the staff meeting on 10/29/21 to ensure understanding but the on-call staff will receive this training by 10/15/21. 10/1/21 – OHR Accepted – A. Ambrose A resident gave several grievances which was received by the Staff Supervisor on 8/16/21 regarding the verbal exchange from staff on 8/13/21. Two other residents also wrote grievances about this specific staff member. The Staff Supervisor wrote a response to all residents when she received the grievance on 8/16/21 and asked the staff member involved to come in and meet with her. The staff did not	

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		This is a violation of 12VAC35-115-50(C)(3). 3. Human Rights Regulation: 12VAC35-115-60(B)(4)(b) Services, which states, “Preparation, implementation, and modification to an ISP based on ongoing review of the medical, mental, and behavioral needs of the individual.” This regulation was NOT MET as evidenced by: During a site review, the OHR Advocate reviewed the daily notes of seven individuals living in the Orion House and identified the following systemic issue: •Daily progress notes do not reflect the implementation of ISP goals, objectives, or interventions. This is a violation of 12VAC35-115-60(B)(4)(b). 4. Human Rights Regulation: 12VAC35-115-60(B)(8) Services, which states, “Providers shall ensure that all entries in an individual’s services record are at all times authentic, accurate, complete, timely, and pertinent.” This regulation was NOT MET as evidenced by: During a site review, the OHR Advocate reviewed the daily notes of seven individuals living in the Orion House and identified the following: • The 4pm-12am daily note dated 8/15/21 for Individual 2 was blank. • The 8am-4pm daily note dated 8/13/21 for Individual 2 stated, “Resident had a good day.” This is an incomplete note as the provider failed to document Individual 1’s specific behaviors and response to therapeutic activities for the day. Based on all of the information above, these are violations of 12VAC35-115-60(B)(8).	come for the meeting and therefore was asked not to come to the shift that night. The staff member did meet with Staff Supervisor on 8/17/21 and Staff Supervisor reviewed with the staff member about the expectations around care including not cursing at or around the residents. The Staff Supervisor held a mediation with the girls at Orion, the staff member involved, the House Manager, and the Day Shift Coordinator on 8/17/21 to address all the concerns and all parties felt this went well. Staff Supervisor reviewed during the staff meeting on 9/22/21 about the expectations for proper communication and appropriate language. This will be reviewed ongoing by the Staff Supervisor in onboarding training, yearly training, and during staff meetings as a reminder to the staff team to never curse at the residents or around the residents. 10/1/21 – OHR Accepted – A. Ambrose PR2: The documentation was to notify other staff that the resident was sleeping on the bed and did not have the sheets on it. The residents often will take off the sheets or not put them back on and only use a blanket to sleep with even though they have a full clean set of sheets. Overnight shift supervisor will review with overnight staff about the need to check each bed that is occupied in the home before leaving shift to ensure the bed has a clean fitted sheet, top sheet, blanket, and pillowcase. If the bed is found without these items, the staff will need to remake the bed to ensure all items are on it before leaving their shift. If the resident is continuously taking off these items to go to bed, the overnight staff will notify the case manager so this can be addressed with the resident. The	

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			Staff Supervisor will be responsible for checking in with the Overnight Shift Supervisor and Overnight staff to ensure this is being completed regularly and any concerns that they are seeing. 10/1/21 – OHR Accepted – A. Ambrose PR3: Progress notes are being written to discuss the resident's daily happenings, behaviors, and interactions with peers. There is a place on the daily progress notes in which staff must specifically answer "Document services provided that clearly reflect behaviors, activities and treatment methodologies that indicate attention to and movement towards ISP goals and objectives." Staff are required to fill this out every day and indicate how they have worked to engage the youth in their treatment plan goals on a daily basis. However, it appears that staff are not utilizing this space in effective ways to communicate the progress or interventions used to help residents work towards goals. The Admin Assistant will be taking copies of the current service plans each month and making a chart of the goals that each individual is working on in order to have this information consolidated in an easier space for staff to review and incorporate in their daily routine with residents. Staff Supervisor has researched different progress note formats (SOAP, DAP, BIRP) that are commonly used to determine what interventions and progress are made on goals. The admin team are currently reviewing the models to determine the best fit and will select a new methodology by 10/7/21 to allow time to develop the training material to train the staff team during the staff meeting on 10/30/21. Overnight Supervisor will work with her Overnight team on double checking paperwork and identifying	

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			where there may be issues and reporting to the Staff Supervisor so that his can be reviewed during monthly supervisions and during the staff meetings to improve performance. Staff Supervisor will identify staff in need of additional training to complete paperwork and will arrange times to meet with them or have identified training staff meet with them to review the expectations. Staff Supervisor will report during weekly admin meetings any issues. 10/1/21 – OHR Accepted – A. Ambrose PR4: It is likely the note on 8/15/21 was skipped in error. The note on 8/13/21 did not provide enough information about the youth's behaviors and activities. Staff Supervisor will work with the day time staff on understanding the need to include more information on behaviors and activities provided as well as response to activities. Overnight Shift Supervisor sent an email on 9/30/21 to the Overnight staff about the need to complete a briefing with the Evening staff and check the progress notes to ensure completion prior to the Evening staff leaving shift. Staff Supervisor will review during monthly supervisions in October with the staff team about the need to check that all paperwork is completed prior to leaving their shift. Overnight Supervisor will work with her Overnight team on double checking paperwork and identifying where there may be holes and reporting to the Staff Supervisor so that his can be reviewed during monthly supervisions and during the staff meetings. Staff Supervisor will identify staff in need of additional training to complete paperwork and will arrange times to meet with them or have identified training staff meet with them to review the expectations. Staff Supervisor	

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			will report during weekly admin meetings any issues. 10/1/21 – OHR Accepted – A. Ambrose	
12VAC35-46-750. D. - P&P's for ISP to document progress meeting goals	N	Orion House 12VAC35-46-750. Individualized service plans/quarterly reports. D. The provider shall develop and implement written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan... This regulation was NOT MET as evidenced by: The provider's interal policy relating to DBHDS standard 12VAC35-46-750 states, "Policy: S.T.A.R.S. will coordinate the necessary documentation needed to demonstrate goals and objectives are being met as written on the individualized service plan of each resident." Additionally, the provider's established procedure (bullet points #4 and #5) states, "•On-duty staff will be responsible for completing daily progress notes for every resident each day, relevant to their shift. •The resident-specific daily progress notes will document interventions and outcomes, any progress toward objectives and any medical, mental health and behavioral needs or concerns." During an inspection of the provider's service on 8/25/21,	Progress notes are being written to discuss the resident's daily happenings, behaviors, and interactions with peers. There is a place on the daily progress notes in which staff must specifically answer "Document services provided that clearly reflect behaviors, activities and treatment methodologies that indicate attention to and movement towards ISP goals and objectives." Staff are required to fill this out every day and indicate how they have worked to engage the youth in their treatment plan goals on a daily basis. However, it appears that staff are not utilizing this space in effective ways to communicate the progress or interventions used to help residents work towards goals. The Admin Assistant will be taking copies of the current service plans each month and making a chart of the goals that each individual is working on in order to have this information consolidated in an easier space for staff to review and incorporate in their daily routine with residents. Staff Supervisor has researched different progress note formats (SOAP, DAP, BIRP) that are commonly used to determine what interventions and progress are made on goals. The admin team are currently reviewing the models to determine the best fit and will select a new methodology by 10/7/21 to allow time to develop the training material to train the staff team during the staff meeting on 10/30/21. Overnight Supervisor will work with her Overnight team on double checking paperwork and identifying where there may be issues and reporting to the	10/30/2021

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		LS and the accompanying OHR Advocate reviewed the daily notes of seven individuals living in the Orion House and found that the daily progress notes did not reflect the implementation of ISP goals, objectives, or interventions (notes were vague and one note was left blank).	Staff Supervisor so that his can be reviewed during monthly supervisions and during the staff meetings to improve performance. Staff Supervisor will identify staff in need of additional training to complete paperwork and will arrange times to meet with them or have identified training staff meet with them to review the expectations. Staff Supervisor will report during weekly admin meetings any issues. Office of Licensing Response 10/7/21: ACCEPTED	

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.

April Dovel | (Signature of Organization Representative) | Date

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