DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **3187-14-010**
Organization Name: **STARS**

Date of Inspection: **08-25-2023**
Program Type/Facility Name: **14-010 Orion House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - 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	Orion House This regulation was NOT MET as evidenced by: See OHR citation below.		

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12VAC35-115-60. B. (5) - The provider's duties. 5. Providers shall not deliver any service to an individual without an ISP that is tailored specifically to the needs and expressed preferences of the individual and, in the case of a minor, the minor and the minor's parent or guardian or other person authorized to consent to treatment pursuant to § 54.1-2969 A of the Code of Virginia. Services provided in response to emergencies or crises shall be deemed part of the ISP and thereafter documented in the ISP.	N	Orion House This regulation was NOT MET as evidenced by: During records review the advocate identified the following: • Individual 1's intake assessment identifies a treatment need that, "has also caused a strain on social and developmental history as [Individual 1] reports having been bullied for much of [Individual 1's] adolescence thus far." • Individual 1's Initial Plan of Care fails to acknowledge this treatment need and its effect on Individual 1 socially and developmentally. • Individual 1's Initial Plan of Care fails to identify specific supervision and staff interventions to address the treatment need which was identified on the intake assessment for Individual 1.	PR) 09/14/2023 Staff will ensure that treatment needs that are on the initial assessment are then carried over to the IPOC. Which will be reviewed by the resident and adjusted if needed. Case Manager, Case Manager Supervisor/Program Director will go over these documents for accuracy. OHR/OLR) Accepted 09/15/2023	9/25/2023

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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.

Cassie Purtlebaugh, Human Rights	(Signature of Organization Representative)	Date

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