DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **04-23-2024**
Program Type/Facility Name: **14-010 Orion House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	N	Orion House This regulation was NOT MET as evidenced by: CHRIS Number: 20240044 Date/Time of Discover: 04/15/2024 9:40PM Enter Date/Time: 04/17/2024 3:34PM Reporting Delay: 17:54:00 Location Name: Orion House CHRIS Number: 20240045 Date/Time of Discover: 04/15/2024 9:40PM Enter Date/Time: 04/17/2024 4:23PM Reporting Delay: 18:43:00 Location Name: Orion House	PR) 05/08/2024 20240041 This incident happened on 4/7/24 not 4/5//24. 20240044 and 20240045 our administrative assistant will scan all reports to parties who need them case managers, program director, compliance coordinator, and possible the individual's therapist. on message went out on 5/3/24 to all staff to inform them to send all write-ups to on-call and the compliance coordinator for review and or to put into CHRIS if needed. OLR) Partially Accepted 05/24/2024 In addition to the above, the provider response needs to include the following: 1. Incident 20240041 has been removed from the citation. 2. Describe the specific issue that led to the late reporting. 3. Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in CHRIS where possible. 4. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). PR) 05/28/2024 The Program Director who was on-call did not	5/3/2024

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			inform the Compliance Coordinator. The Program Director took full responsibility for the mishap. During the week the STARS admin have daily "huddles" where we discuss issues or incidents the night before. We just happened to not have one that day due to so many admin being off unit. Since this incident if there is a time where we may not have the huddle the on-call staff for the night before sends a message out to admin informing the them of the incidents of that night. OLR) Accepted 05/29/2024	

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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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