DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **03-10-2025**
Program Type/Facility Name: **14-010 Orion House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-625. C. (3) - The provider shall have and implement written policies and procedures that address the provision of: 3. Staffing appropriate to the needs and behaviors of the residents served.	N	Orion House This regulation was NOT MET as evidenced by: The provider has a policy titled Staff Supervision of Resident, which states "The ratio of staff to residents will be at least one staff to six residents during the hours residents are awake and one staff to eight residents during the hours residents are asleep." On 1/19/2025 there was an incident that occurred and during this incident all residents were awake and there was one employee on shift. The provider failed to meet their staffing ratio per their policy.	PR) 04/02/2025 The supervision policy has been changed from 1 staff to 6 residents for awake hours to 1 staff to 8 residents all day. OLR) Pending Review 04/18/2025Please update response by removing the dispute sentence. PR) 04/02/2025 The policy was changed for either the new house that was licensed for 6 or during Covid when we did not have full houses. The CAO would like to dispute this. The supervision policy has been changed from 1 staff to 6 residents for awake hours to 1 staff to 8 residents all day. OLR) Partially Accepted 04/18/2025Please update response by removing the dispute sentence. PR) 05/01/2025 The supervision policy has been changed from 1 staff to 6 residents for awake hours to 1 staff to 8 residents all day. OLR) Accepted 05/01/2025	4/11/2025

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

Date of Inspection: **03-10-2025**
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: Please see Office of Human Rights citations below.	PR) 04/02/2025 The staff to resident supervision policy has been updated from 1:6 to 1:8. OLR) Accepted 04/18/2025	4/11/2025
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Orion House This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse • On January 19, 2025, Individual 1 and Individual 2 engaged in a verbal altercation which led to a physical altercation including Individual 1 entering Individual 2's room and grabbing Individual 2 from behind and Individual 2 grabbing a knife from the kitchen and charging after Individual1 making threats of harm toward Individual 1 and then	PR) 04/02/2025 The staff to resident supervision policy has been updated from 1:6 to 1:8. Staffing will increase due to the needs of the resident as outlined in their treatment plan. OHR/OLR) Accepted 04/02/2025	4/11/2025

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

Date of Inspection: **03-10-2025**
Program Type/Facility Name: **14-010 Orion House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		himself. • Employee 1 was the only staff on shift and was able to confiscate the knife from Individual 2 with the assistance of another resident in the group home. • Individual 2 then attempted to elope from the group home but was blocked from leaving by the other residents of the group home. • The staffing ratio at the time of this incident was 1:8. • Individual 1's initial plan of care dated December 30, 2024, states, "[Individual 1] has a history of emotional and behavioral difficulties that can jeopardize his safety and the safety of those around him. These behaviors include but are not limited to confrontational behaviors such as verbal and physical aggression…" Individual 1 is also known to have "an extensive history of these confrontational behaviors being extremely aggressive in nature…" • Individual 2's initial plan of care dated January 2, 2025, states, "[Individual 2] has a history of impulsivity, physical aggression, verbal aggression, yelling, profanity, noncompliance of basic rules, AWOL behaviors, and destruction of property." • On a serious incident report dated January 14, 2025, it is documented that Individual 3 engaged in a physical altercation with a peer requiring that both Individual 3 and the peer be placed in restraint for the safety of the treatment milieu. • On a serious incident report dated January 15, 2025, Individual 2 engaged in a verbal altercation with a peer which led to Individual 2 smacking the peer in the back of the head and requiring Employee 2 to use body positioning and a 1-arm supporting technique for 15 seconds to separate the peers from further physical altercations. • On a serious incident report dated January 18, 2025, Individual 2 was upset about missing a scheduled outing and attempted to open a door and jump out of the car. Upon arrival to the group home, Individual 2 invaded the personal space of a peer		

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

Date of Inspection: **03-10-2025**
Program Type/Facility Name: **14-010 Orion House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		and began yelling verbal threats at the peer. Individual 2 then threw a notebook in the peer's face. • The provider failed to recognize the need for supports and services as identified in the initial plans of care for Individual 1 and Individual 2, along with the pattern of serious incidents occurring in this group home on January 14, January 15, and January 18, leading up to this incident, which would have necessitated greater staff support than the 1:8 staffing ratio which was in place from midnight to noon on January 19, 2025, when this incident occurred. • Additionally, STARS policy on supervision of residents requires a staffing ratio of 1:6 during waking hours. As 8 individuals were awake at the time of the incident, the provider was out of compliance with the internal supervision policy.		

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