DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection:
Program Type/Facility Name: **14-010 Nova**

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	Nova This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-60. B. (4b) - The provider's duties. 4. Providers shall assign a specific person or group of persons to carry out each of the following activities: 4b. Preparation, implementation, and modifications to an ISP based on ongoing review of the medical, mental, and behavioral needs of the individual;	N	Nova This regulation was NOT MET as evidenced by: Following review of CHRIS and several email exchanges with Employee 1, the advocate determined the following: • Individual 1 eloped from the provider on September 25, 2025. • Individual 1 eloped from provider on October 7, 2025. • Individual 1 eloped from provider on October 8, 2025. • Employee 1 failed to provide evidence that Individual 1's ISP was modified to address the pattern of elopement behavior, which should have been completed prior to Individual 1's subsequent elopements on October 7, 2025, and October 8, 2025.	PR) 12/22/2025 Employee 1 was asked for individual 1 signed ISP. Employee 1 explained that since individual 1 ISP turned into his discharge summary. Individual 1 discharged from the program before the 30 days report was up that had the 3 AWOLs on it. The AWOL goal was added after the 1st AWOL and that after the 2nd AWOL other things were added to the same goal. The Case Managers can add dates when they add things in a goal that is already there in multiple places in the ISP. This would be asked and checked by the Senior Case Manager, Program Director, and the Compliance Coordinator. OHR/OLR) Accepted 12/23/2025	1/5/2026

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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.

Artea Ambrose, Human Rights	(Signature of Organization Representative)	Date

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