DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **69**
License #: **3187-14-011**
Organization Name: **STARS**

Date of Inspection: **01-05-2023**
Program Type/Facility Name: **14-011 Zenith House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-870. F. (1a) - Supervision policies: 1. The provider shall develop and implement written policies and procedures that address staff supervision of children including contingency plans for resident illnesses, emergencies, off-campus activities, and resident preferences. These policies and procedures shall be based on the: 1a. Needs of the population served;	N	This regulation was NOT MET as evidenced by: During an interview with the Provider, (1-18-23, specifically, Employee #1), Employee #1, who was the only staff on duty at the licensed location at the time of the incident on 12-25-22, granted permission to Individual #1 to go outside on the licensed location's front porch to use Individual #1's personal telephone. Employee# 1 indicated that the window blinds to the front porch area were opened to allow sight on Individual #1. Per Employee#1, another Individual asked for 1:1 assistance in the upstairs area of the home, and after approximately 15 to 20mins, (per Employee #1 & Provider's Incident report), of helping the Individual, Employee #1 returned downstairs and discovered that Individual #1 left the licensed premises without permission, and at which time, Individual#1's whereabouts were unknown to Employee#1. It appears that the Provider was unable to meet the Supervision needs of the population, and whereas, the Provider's own policy regarding 12VAC35-46-870; Titled "Staff Supervision of Residents"; indicates that, "Staff must maintain sight and sound Supervision on all residents at all times". The same policy further states that; "If there are residents both upstairs and downstairs, one staff must be upstairs while the other staff is downstairs".	PR) 02/23/2023 Provider will clarify the policy to more accurately describe the supervision of the residents at this level of care, whereas they are able to move about the house to approved areas at approved times while being checked and accounted for at a minimum of once an hour. (more often as determined by current supervision plan.) it is noteworthy to say that a youth can sneak away from any location on the property or in the community. Once it is determined that a youth has left the vicinity the approved AWOL protocol plan will be followed. We also put a ring doorbell camera in the front that shows the front yard on 1/5/23. There was also a meeting on 2/2/23 that had taken place to discuss the AWOL policy as well as changes that were made. OLR) Accepted 02/23/2023	3/17/2023

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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.

Kevin Lassiter, Licensing Specialist	(Signature of Organization Representative)	Date

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