DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **3187-14-011**
Organization Name: **STARS**

Date of Inspection: **06-16-2025**
Program Type/Facility Name: **14-011 Zenith 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	Zenith House This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-260. B. (2d) - Providers shall require their employees to: 2. Protect individuals from any form of abuse, neglect, or exploitation by: 2d. Reporting all suspected abuse, neglect, or exploitation to the director;	N	Zenith House This regulation was NOT MET as evidenced by: • Individual 1 reported to staff allegations of physical aggression by a peer to include sexual harassment and threats to harm. • Staff reportedly kept a close eye on the individual and accused peer that evening and the next morning. • Employee 1 spoke with Individual 1 the next day and Individual 1 recanted the allegation. • Staff failed to notify the director/designee of this allegation which is a violation of 12VAC35-115-260(B)(2)(d).	PR) 06/30/2025 A discussion with Employee 1 that the allegation must be reported to the Compliance Coordinator. The complaint will then be added into CHRIS. The information that Individual 1 informed Employee 1 of will be used as part of the investigation. Employee 1 was also informed to notify the Program Director of these incidents. The Program Director can also give guidance on what to do with the information. Employee 1 understood. OHR/OLR) Accepted 07/06/2025	7/3/2025

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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