DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-07-2026**
Program Type/Facility Name: **14-011 Zenith House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. B. (2) - Required annual retraining: 2. All staff who administer medication shall complete annual refresher medication training.	N	Zenith House This regulation was NOT MET as evidenced by: Employee #1's file did not include evidence of annual refresher of medication training. The provider failed to have all staff who administer medications complete the annual refresher of medication training.	PR) 02/06/2026 This staff is in a med refresher class on 2/13/26. Med recert has been added to the matrix that has due dates for numerous task/recerts. Staff supervisor, administrative assistant, Program director, and the compliance coordinator will look at to ensure all task get completed timely. OLR) Accepted 02/06/2026	2/13/2026

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