DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **02-25-2026**
Program Type/Facility Name: **14-011 Zenith House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	N	Zenith House This regulation was NOT MET as evidenced by: CHRIS Number: 20260012 Date/Time of Discover: 02/06/2026 10:32PM Enter Date/Time: 02/10/2026 7:22AM Reporting Delay: 56:50:00 Location Name: Zenith House	PR) 03/13/2026 The compliance coordinator will take a picture of case number, as well as write down the case number to show that it was recorded after the incident was entered into CHRIS. OLR) Partially Accepted 03/17/2026 In addition to the above, the provider response needs to include the following: 1. Describe the specific issue that led to the late reporting. 2. How was the late reporting of incidents addressed? Was it a meeting, a training, or process change? Please be specific. 3. Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in CHRIS where possible. 4. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). PR) 03/17/2026 Compliance Coordinator put in the incident in CHRIS right after the victim's report was put in, but it appeared not to save. When he was notified that the aggressor's case was not in CHRIS, IMU was notified. Compliance	4/3/2026

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

Date of Inspection: **02-25-2026**
Program Type/Facility Name: **14-011 Zenith House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			Coordinator then input the aggressor's incident into CHRIS. While doing so the victims report was open to ensure times matched. The aggressor's incident was saved in the victims CHRIS file. The Compliance Coordinator saw that when the aggressor's report was getting updated it the next day. Compliance Coordinator informed IMU. The Compliance Coordinator will inform the Program Director/Staff Supervisor of incidents that are being put into CHRIS with report numbers when the incident is in CHRIS. We also discuss CHRIS reports in our weekly Admin meetings. OLR) Accepted 03/20/2026	

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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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