## *DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES*
## *CORRECTIVE ACTION PLAN*



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

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

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| 12VAC35-46-70. - 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<br>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<br><br>This regulation was NOT MET as evidenced by:<br><br>Providers shall require their employees to: Protect individuals from any form of abuse, neglect, or exploitation by: Reporting all suspected abuse, neglect, or exploitation to the director;<br><br>• The Office of Human Rights was notified of a complaint involving an allegation of physical abuse of an individual receiving services from this provider.<br><br>• Provider initially reported being unaware of the complaint involving allegation of physical abuse but later discovered that staff supervisor was aware and failed to report the allegation to the director.<br><br>Failing to report the suspected physical abuse is a violation of 12VAC35-115-260(B)(2)(d). | PR) 07/30/2026<br><br>The staff mentioned will complete Comprehensive Human Rights Information System regulations regarding human rights regulations regarding human rights complaints and abuse reporting. This will be completed through DBHDs Train Learning Network. The staff will then give the certificate to the compliance coordinator. The compliance coordinator will then send it to the human rights representative.<br><br>OHR/OLR) Accepted 07/30/2026 | 9/2/2026 |

***DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES***
***CORRECTIVE ACTION PLAN***



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

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

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|

**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.

| Heather Hilleary, Human Rights | (Signature of Organization Representative) | Date |
|---|---|---|

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