DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **31**
License #: **3187-14-012**
Organization Name: **STARS**

Date of Inspection: **04-18-2024**
Program Type/Facility Name: **14-012 Phoenix House**

No Violation

General Comments / Recommendations:
Specialist (discussed with provider) recommendations that detail procedures that support their policies on cooperative community relationships building. These procedures should include detailed actions and timeframes that will be implemented by the community liaison in order to educate and foster good relations with neighbors.

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