DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **3187-14-012**
Organization Name: **STARS**

Date of Inspection: **04-05-2022**
Program Type/Facility Name: **14-012**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-420. C. - The facility shall document annually after the initial application that buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13VAC5-51).	N	This regulation was NOT MET as evidenced by: A physical plant inspection of the provider's location was conducted on 4/6/22. At the time of the inspection, the provider was unable to verify that the building and equipment have been maintained in accordance with the Virginia Statewide Fire Prevention Code. Employee #1 noted that an annul fire inspection had not been completed.	PR) 05/04/2022 The fire inspection will be put on the calendar yearly so staff/admin will be aware of when an inspection needs to be completed. In addition, the staff supervisor, maintenance, and the compliance coordinator will ensure that this duty is done. OLR) Accepted 07/26/2022	4/14/2022
12VAC35-46-590. B. - The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.	N	This regulation was NOT MET as evidenced by: A physical plant inspection of the provider's location was conducted on 4/6/22. At the time of the inspection, LS observed the following concerns: The gutters of the home are in need of cleaning; they were full of leaves and twigs. The back deck of the is in need of cleaning; the deck had a large tree limb and numerous sticks on it creating a hazardous area. The deck is in need of repainting or staining; the current paint is peeling up and cracking in a number of areas.	PR) 05/04/2022 The gutters were cleaned as well as the debris on the back deck on 4-12-2022. We have submitted a request by to for the back deck to be repainted to the landlord. It will need to be repainted due to being textured deck paint. Informed maintenance to be sure to check thoroughly when doing his checks on the houses. We will also discuss these violations at the staff meeting on 5/11/2022 which we will emphasize checking the house and completing repair/maintenance request when needed. OLR) Accepted 07/26/2022	6/23/2022

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12VAC35-46-850. G. (6) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 6. Identity of the individual who administered the medication;	N	This regulation was NOT MET as evidenced by: A physical plant inspection of the provider's location was conducted on 4/6/22. At the time of the inspection, LS reviewed the medication administration record for Individual #1 and noted that it was not properly maintained. Staff initials were missing from Medication #1, #2, #3, #4, #5, #6, and #7 for the 8am dosing time frame.	PR) 05/04/2022 MARs will be checked every other day by the Senior House Manager, to ensure accuracy. If there is a staff member that continues to exhibit paperwork concerns, then there will be training set up by the staff development team. This will be by case by case. We will also discuss the violations on our staff meeting on 5/11/2022. OLR) Accepted 07/26/2022	5/11/2022

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.

April Dovel | (Signature of Organization Representative) | Date

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