DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **08-08-2023**
Program Type/Facility Name: **14-012 Phoenix 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	Phoenix House This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. C. (3e) - In services provided in residential and inpatient settings, each individual has the right to: 3. Live in a humane, safe, sanitary environment that gives each individual, at a minimum: 3e. Clean air, free of bad odors;	N	Phoenix House This regulation was NOT MET as evidenced by: During a site visit to Phoenix House the advocate identified the following sanitary environment concerns: • Dirty smears throughout the home on the walls and doors • Food stains on the kitchen cabinets and refrigerator • Built up dirt along the floorboards in the entryway • Mold on the ceiling of the downstairs shower • Extremely dusty ceiling vent in the upstairs hallway • Stains on the shower curtain in the upstairs bathroom This is a violation of the individuals' rights to live in a safe, sanitary environment.	PR) 08/28/2023 Staff supervisor and maintenance supervisor will go through a different house each week, at the beginning of the week. This ensures full house cleanup was completed. The pictures will then be sent to staff. With an explanation of what needs to be completed. The house that week will then be checked over again to make sure that the issues were corrected. OHR/OLR) Accepted 08/28/2023	9/5/2023

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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.

Cassie Purtlebaugh, Human Rights	(Signature of Organization Representative)	Date

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