DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **09-24-2024**
Program Type/Facility Name: **14-012 Phoenix House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (4) - Required initial training: 4. Within 30 days following their begin date, all staff working with residents shall be enrolled in a standard first aid class and in a cardiopulmonary resuscitation class facilitated by the American Red Cross or other recognized authority, unless the individual is currently certified in first aid and cardiopulmonary resuscitation.	N	Phoenix House This regulation was NOT MET as evidenced by: During the course of the inspection, two personnel files were reviewed. Employee #1 was trained in CPR and first aid, but not within the first 30 days of hire. Their start date was 7/17/24 and the first CPR/First aid certificate located is dated for 9/5/24. The provider failed to enrolled staff into first aid and CPR class within 30 days following their begin date.	PR) 10/07/2024 An admin staff will check with the staff supervisor to ensure that the new hires have the things completed by the time that personnel check list states. OLR) Accepted 10/09/2024	10/11/2024
12VAC35-46-750. E. (1) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 1. Resident's progress toward meeting the plan's objectives;	N	Phoenix House This regulation was NOT MET as evidenced by: During the course of the inspection two individual records were reviewed. In the quarterly/monthly review, the progress documented for each objective only states that they met the goal or still working on the goal there is no indication of what progress has been made. The provider failed to document the review of resident's progress towards meeting the plan's objectives.	PR) 10/07/2024 An admin will ensure that the residents progress on goals are documented. OLR) Accepted 10/09/2024	10/11/2024

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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.

Ann Mays, Licensing Specialist	(Signature of Organization Representative)	Date

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