DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **04-28-2026**
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.		

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12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Phoenix House This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse During an internal investigation the provider determined the following: • Individual 1 was transported by EMS for medical treatment. • Employee 1 notified on-call supervisor and was instructed to go to the hospital to provide supervision for Individual 1. • Employee 1 failed to follow the on-call supervisor's direction to go to the hospital to supervise Individual 1, which resulted in failure of supervision of Individual 1 while receiving medical care.	PR) 05/18/2026 The STARS on-call staff sent a message to all staff in regard to hospital coverage/expectations and finding relief for the staff that goes when needed. STARS on-call, staff supervisor, and program director will ensure that hospital coverage is taken care of by, ensuring a staff member is there with the resident at the hospital. Employee 1 has not worked a shift since 4/11/26. OHR/OLR) Accepted 05/19/2026	5/23/2026

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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.

Artea Ambrose, Human Rights	(Signature of Organization Representative)	Date

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