

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 6824-01-045

Organization Name: StarCity Behavioral Health, LLC

Date of Inspection: 04-02-2026

Program Type/Facility Name: 01-045 StarCity Behavioral Health 3.1

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
<p>12VAC35-105-693. B. - Discharge instructions shall be provided in writing to the individual, the individual's authorized representative, and the successor provider, as applicable. At a minimum, discharge instructions shall include medications and dosages, if applicable; names, telephone numbers, and addresses of any successor providers to whom the individual is referred; current medical issues or conditions; and the identity of the individual's treating health care practitioners.</p>	<p>N</p>	<p>StarCity Behavioral Health 3.1</p> <p>This regulation was NOT MET as evidenced by:</p> <p>At the time of the inspection on 4/2/2026, there was no documented evidence in the record that Individual #3 was provided written discharge instructions that included current medical issues or conditions or the identity of the individual's treating health care practitioners.</p>	<p>PR) 04/13/2026</p> <p>1. Statement of the Issue & Immediate Corrective Action</p> <p>StarCity Behavioral Health identified that for Individual #3, there was no documented evidence that written discharge instructions were provided, including current medical issues/conditions and the identity of the individual's treating healthcare practitioners. This resulted from a lapse in completing and verifying discharge documentation.</p> <p>Immediate corrective action: The clinical record for Individual #3 was reviewed, and complete discharge documentation was entered, including all required elements. The staff member responsible for the deficiency is no longer employed with the organization. The remaining clinical staff received immediate re-education on discharge requirements, with emphasis on ensuring written discharge instructions are completed and documented prior to discharge.</p> <p>2. Systemic Plan of Action</p> <p>StarCity Behavioral Health reviewed the Discharge and Transition Planning Policy and confirmed that it already includes the required elements for discharge documentation in accordance with 12VAC35-105. The identified deficiency was related to staff implementation rather than policy deficiency.</p> <p>To address this, the following actions have been implemented:</p> <p>Policy Reinforcement:</p>	<p>4/14/2026</p>

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			<p>Clinical staff were re-educated on existing policy requirements, specifically the requirement that written discharge instructions must include:</p> <ul style="list-style-type: none"> • Current medical issues/conditions • Treating healthcare practitioners/providers • Medications (if applicable) • Follow-up care recommendations <p>Standardized Discharge Template:</p> <p>A mandatory discharge instruction template has been requested for implementation in the EMR to ensure all required elements are completed prior to discharge (pending).</p> <p>Pre-Discharge Verification: Discharges are not considered complete until staff verifies that all required discharge documentation is present in the record.</p> <p>Supervisory Oversight:</p> <p>Supervisors will review discharge documentation for completeness as part of routine clinical oversight prior to chart closure.</p> <p>Targeted Staff Retraining: All clinical staff have completed retraining on discharge documentation expectations and regulatory requirements.</p> <p>3. Monitoring Plan</p> <ul style="list-style-type: none"> • Weekly chart audits of all discharged individuals for the first 60 days • Monthly audits thereafter to ensure sustained compliance • Use of a discharge audit tool to verify the presence of all required elements 	

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			<ul style="list-style-type: none"> Immediate corrective feedback is provided for any identified deficiencies <p>4. Responsible Position for Monitoring</p> <ul style="list-style-type: none"> Clinical Program Director/Quality Assurance/Compliance Designee Clinical Supervisor (3.1) <p>OLR) Accepted 04/14/2026</p>	

General Comments / Recommendations:

Please respond to the Licensing Report on or before the due date.
Please include any relevant documents as attachments for proof of action taken, as applicable.
If you have any questions or concerns, please reach out to me directly.
Thank you,
Kelly Murphy
ASAM Licensing Specialist

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.

Kelly Murphy, Licensing Specialist

(Signature of Organization Representative)

Date

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