Investigation ID: **63**
License #: **3168-14-009**
Organization Name: **Clementine Twin Lakes, LLC**

Date of Inspection: **01-09-2025**
Program Type/Facility Name: **14-009 Clementine Fairfax**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| 12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision; | N | Clementine Fairfax<br><br>This regulation was NOT MET as evidenced by:<br><br>At the time of investigation inspection, provider did not provide protection, guidance, and supervision for Individual #1 which lead to suicide attempt. | PR) 03/03/2025<br><br>**Statement of the issue that led to non-compliance:**<br><br>All staff members were appropriately informed that the client was on safety observations at the time of the incident. This was evident based on documentation in the communication log, nursing shift note, and is indicated on the client board located in the staff office.<br><br>During the RCA review, it was noted during the audit of the medical record, that the nurse did not upload the physician order timely for safety observations. This had no impact or outcome on the incident happening, but rather was not in compliance with the program's internal safety observations policy and procedure.<br><br>**Statement of how you corrected the issue:**<br><br>The involved nurse received re-training on safety observations protocol to ensure the physician order is uploaded timely into the EMR.<br><br>**Plan of action to address systematic (process/protocols) that have been or will be implemented to ensure you remain in compliance of the regulation:**<br><br>The Clinical Director will continue to audit compliance with safety observations documentation during the quarterly performance improvement audits and reports to ensure safety observations protocol is 100% in compliance.<br><br>**Staff by Title who will monitor the procedures implemented to ensure you stay** | 3/3/2025 |

Investigation ID: **63**
License #: **3168-14-009**
Organization Name: **Clementine Twin Lakes, LLC**

Date of Inspection: **01-09-2025**
Program Type/Facility Name: **14-009 Clementine Fairfax**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| | | | **in compliance with the regulation:**<br><br>Clinical Director<br><br>**Frequency for monitoring the plan including how it will be monitored:**<br><br>This will be audited on a monthly basis and documented in the quarterly performance improvement reports. This data will be reviewed by the Regional Director and Quality and Compliance Department to ensure on-going compliance. Additional corrective actions will be implemented and documented in response to any non-compliance.<br><br>OLR) Accepted 03/17/2025 | |
| 12VAC35-46-800. C. - A daily communication log shall be maintained to inform staff of significant happenings or problems experienced by residents. | N | Clementine Fairfax<br><br>This regulation was NOT MET as evidenced by:<br><br>At the time of investigation inspection, Employee #1 did not document significant happenings for staff to review and made of aware safety concerns or supports. No further information was presented at the conclusion of the investigation. | PR) 03/03/2025<br><br>**Statement of the issue that led to non-compliance:**<br><br>The daily communication log is located live in the electronic medical record system. There are "red flags" indicated when there are significant happenings or problems experienced by the clients, including when a client is on safety observations. This is reviewed by all staff at the start of their shift.<br><br>It was noted there was appropriate documentation for this client in the daily communication log indicating the client was on safety observations. The program will continue to maintain this daily communication log. The program will provide this information to Licensing during future investigations.<br><br>**Statement of how you corrected the issue:** | 3/3/2025 |

Investigation ID: **63**
License #: **3168-14-009**
Organization Name: **Clementine Twin Lakes, LLC**

Date of Inspection: **01-09-2025**
Program Type/Facility Name: **14-009 Clementine Fairfax**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| | | | It was noted there was appropriate documentation for this client in the daily communication log indicating the client was on safety observations. The program will continue to maintain this daily communication log. The program will provide this information to Licensing during future investigations.<br><br>**Plan of action to address systematic (process/protocols) that have been or will be implemented to ensure you remain in compliance of the regulation:**<br><br>It was noted there was appropriate documentation for this client in the daily communication log indicating the client was on safety observations. The program will continue to maintain this daily communication log. The program will provide this information to Licensing during future investigations.<br><br>The Clinical Director will continue to audit documentation compliance with safety observation protocol, including documentation in the communication log, to ensure 100% compliance with safety observations.<br><br>**Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation:**<br><br>The Clinical Director<br><br>**Frequency for monitoring the plan including how it will be monitored:**<br><br>The Clinical Director will continue to audit documentation compliance with safety observation protocol on a monthly basis, including documentation is present in the | |

Investigation ID: **63**
License #: **3168-14-009**
Organization Name: **Clementine Twin Lakes, LLC**

Date of Inspection: **01-09-2025**
Program Type/Facility Name: **14-009 Clementine Fairfax**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| | | | communication log, to ensure 100% compliance with safety observations. These audits will be documented in the quarterly performance improvement reports and reviewed by the Regional Director and Quality and Compliance Department to ensure on-going compliance. Additional corrective actions will be implemented and documented in response to any non-compliance.<br><br>OLR) Accepted 03/17/2025 | |
| 12VAC35-46-840. I. - Each resident's health record shall include or document the facility's efforts to obtain treatment summaries of ongoing psychiatric or other mental health treatment and reports. | N | Clementine Fairfax<br><br>This regulation was NOT MET as evidenced by:<br><br>Provider did not maintain Individual #1 health record as they failed to maintain and document the facility's effort to obtain treatment summaries of ongoing psychiatric or other mental health treatment and reports. No other documentation as presented at the conclusion of the investigation. | PR) 03/03/2025<br><br>**Statement of the issue that led to non-compliance:**<br><br>The staff appropriately contacted the psychiatrist prior to the incident. All staff members, including the psychiatrist, were appropriately communicated to regarding safety observations for this client.<br><br>During the RCA review, it was noted during the audit of the medical record, that the nurse did not upload the physician order to medication administration tab in the medical record timely for safety observations. This had no impact on the incident, but rather was not in compliance with the program's internal safety observations policy and procedure.<br><br>**Statement of how you corrected the issue:**<br><br>The involved nurse received re-training on safety observations protocol to ensure the physician order is uploaded timely into the EMR.<br><br>**Plan of action to address systematic (process/protocols) that have been or will be** | 3/3/2025 |

Investigation ID: **63**
License #: **3168-14-009**
Organization Name: **Clementine Twin Lakes, LLC**

Date of Inspection: **01-09-2025**
Program Type/Facility Name: **14-009 Clementine Fairfax**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| | | | **implemented to ensure you remain in compliance of the regulation:**<br><br>The Clinical Director will continue to audit compliance with safety observations documentation during the quarterly performance improvement audits and reports to ensure safety observations protocol is 100% in compliance.<br><br>**Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation:**<br><br>Clinical Director<br><br>**Frequency for monitoring the plan including how it will be monitored:**<br><br>The Clinical Director will continue to audit documentation compliance with safety observation protocol on a monthly basis to ensure 100% compliance with safety observations. These audits will be documented in the quarterly performance improvement reports and reviewed by the Regional Director and Quality and Compliance Department to ensure on-going compliance. Additional corrective actions will be implemented and documented in response to any non-compliance.<br><br>OLR) Accepted 03/17/2025 | |

Investigation ID: **63**
License #: **3168-14-009**
Organization Name: **Clementine Twin Lakes, LLC**

Date of Inspection: **01-09-2025**
Program Type/Facility Name: **14-009 Clementine Fairfax**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| | | | | |

Investigation ID: **63**
License #: **3168-14-009**
Organization Name: **Clementine Twin Lakes, LLC**

Date of Inspection: **01-09-2025**
Program Type/Facility Name: **14-009 Clementine Fairfax**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| | | | | |

Investigation ID: **63**
License #: **3168-14-009**
Organization Name: **Clementine Twin Lakes, LLC**

Date of Inspection: **01-09-2025**
Program Type/Facility Name: **14-009 Clementine Fairfax**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| | | | | |

Investigation ID: **63**
License #: **3168-14-009**
Organization Name: **Clementine Twin Lakes, LLC**

Date of Inspection: **01-09-2025**
Program Type/Facility Name: **14-009 Clementine Fairfax**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| | | | | |

Investigation ID: **63**
License #: **3168-14-009**
Organization Name: **Clementine Twin Lakes, LLC**

Date of Inspection: **01-09-2025**
Program Type/Facility Name: **14-009 Clementine Fairfax**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| | | | | |

**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.

Shani McGee, Licensing Specialist | (Signature of Organization Representative) | Date

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