DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **11-08-2023**
Program Type/Facility Name: **14-009 Clementine Fairfax**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	N	Clementine Fairfax This regulation was NOT MET as evidenced by: CHRIS Number: 20230032 Date/Time of Discover: 10/13/2023 7:30AM Enter Date/Time: 10/20/2023 11:31AM Reporting Delay: 148:1:00 Location Name: Clementine Fairfax	PR) 12/01/2023 1. **a statement of the issue that led to non-compliance**; The employee, Laura Gutierrez did not complete the onsite incident report until a week after the incident. The CHRIS report was entered as soon as we were aware of the incident. **2. a statement of how you corrected the issue;** Re-training on incident reporting protocols and timeframe requirements was completed and documented with the involved Laura Gutierrez on 11/27/2023 **3. a plan of action to address systematic (process/protocols) that have been or will be implemented to ensure you remain in compliance of the regulation;** Clinical Director will review significant incidents weekly during treatment team meetings to ensure all incidents have been documented and reported accurately and timely. Moving forward, The Regional Director will review the incidents during supervision with the Clinical Director and during the quarterly performance improvement meeting to ensure on-going compliance. **4. include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation;** Clinical Director, Regional Director **5. indicate the frequency for monitoring the plan including how it will be monitored.**	11/29/2023

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			Weekly and quarterly OLR) Accepted 12/12/2023	

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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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