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

Date of Inspection: **04-11-2024**
Program Type/Facility Name: **14-009 Clementine Fairfax**

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	Clementine Fairfax This regulation was NOT MET as evidenced by: See OHR citations below.		
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	Clementine Fairfax 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. • Based on the preponderance of evidence including eyewitness statements, failure to follow policy, and witness credibility, provider has substantiated A#20240001. • Employee #1 did not escort Individual #1 to the next activity, allowing an elopement due to lack of supervision.	PR) 05/03/2024 **1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation.** The nurse on shift was with the client upstairs for a meeting with the NP in the nursing station and did not walk the client downstairs or notify the staff downstairs that she was done with the client before sending her down. The client went downstairs on her own unsupervised, which is against our policy. The nurse was provided a re-training on the client supervision policy and was provided a written counseling regarding the incident. **2. Include a plan of action to address**	3/7/2024

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		• The Provider failed to protect Individual #1 from potential harm.	**systematic changes (process/protocols, etc.) that have** **been or will be implemented to ensure you remain in compliance with the regulation.** All staff must keep clients within line of sight at all times during the day and communicate with one another to pass the client directly from one staff to the next. **3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in** **compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist).** Clinical Director, Nurse Manager and Program Manager will monitor all staff to ensure compliance with the policy on a daily basis and address any non-compliance within 24hrs if it cannot be in the moment. **4. By what date you will have each planned completed (Ex. Date training completed or Date protocol implemented).** All retraining was completed on March 6 and 7th with the staff members onsite the day of the incident. OHR/OLR) Accepted 05/03/2024	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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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.

Diana Atcha, Human Rights	(Signature of Organization Representative)	Date

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