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

Date of Inspection: **05-30-2024**
Program Type/Facility Name: **14-009 Clementine Fairfax**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. 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.	NS	Clementine Fairfax This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20240013 Date/Time of Discover: 05/10/2024 9:40PM Enter Date/Time: 05/12/2024 7:53PM Reporting Delay: 22:13:00 Location Name: Clementine Fairfax Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting • The first citation was issued on 11/8/23 and is now a non-compliant.	PR) 06/10/2024 **Responses:** **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 Program Manager instructed the nurse on duty to submit the incident report and inform the Regional Director of the incident as the Clinical Director was on vacation. The Program Manager followed up with the Regional Director to confirm the incident had been submitted, but found out the nurse on duty did not communicate with the Regional Director regarding the incident in a timely manner which caused a delay in completing the CHRIS report. The involved nurse is no longer employed with the company. **2. Include a plan of action to address systematic changes (process/protocols, etc) that have** **been or will be implemented to ensure you remain in compliance with the regulation.** Due to the involved nurse no longer being employed, as a preventative measure, the Clinical Director will re-educate all staff on timeliness of incident reporting and communicating timely to the on-call supervisor to ensure a CHRIS report is submitted within 24-hours.	6/14/2024

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			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). The Regional Director and Clinical Director will review reportable incidents during biweekly supervision to ensure ongoing compliance with timely reporting. On a daily basis the Quality and Compliance department will monitor submitted incidents to ensure timely reporting as required. 4. By what date you will have each planned corrective. Staff will be re-educated by 6/14/24. On-going compliance measures are effective immediately (6/10/2024). OLR) Accepted 06/18/2024	

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.

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

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