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

Date of Inspection: **02-13-2025**
Program Type/Facility Name: **14-009 Clementine Fairfax**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. 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: 20250003 Date/Time of Discover: 01/26/2025 10:45PM Enter Date/Time: 01/28/2025 7:22AM Reporting Delay: 8:37:00 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 5/30/24 and is now non-compliant.	PR) 02/25/2025 **Due 3/6/2025** **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 Regional Director did not report the incident within 24 hours. This was addressed by providing retraining to the Regional Director. Additionally, access to the CHRIS reporting system will be granted to the Clinical Director to ensure that multiple users have the ability to report incidents to help with compliance moving forward. **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.** The Regional Director will continue to monitor incidents on a daily basis in the electronic incident reporting system to ensure that Clementine Fairfax remains compliant with reporting requirements. **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**	2/25/2025

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			including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). Regional Director will monitor by reviewing incident reports on a daily basis to ensure timely reporting. Additionally, compliance will be monitored by the Quality and Compliance Manager through review of monthly reports submitted by the Clinical Director to ensure timely reviewing/approving all incident reports submitted. **4. By what date you will have each planned completed (Ex. Date training completed or Date protocol implemented).** 2/25/2025 OLR) Accepted 03/13/2025	

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