DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-14-2026**
Program Type/Facility Name: **14-009 Clementine Fairfax**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. A. (3) - The provider shall develop and implement written policies and procedures regarding the delivery and administration of prescription and nonprescription medications used by residents. At a minimum these policies will address: 3. Documentation of medication errors and drug reactions;	N	Clementine Fairfax This regulation was NOT MET as evidenced by: At the time of inspection, the provider did not document missed medication for Individual #1 and Individual #2. The medication error report did not include missed medication for Individual #1 medication #1 November 13th; 1 medication #2 November 14th -19th; medication #3 November 25th-26th; and Medication #4 November 27th and 28th. Additionally, the medication error report did not include missed medications for Individual #2 for medication #1 on October 28th and medication #2 on October 29th.	PR) 03/12/2026 **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 did not properly document medication errors and missed medications. All nursing staff received documented retraining on March 3, 2026, to ensure medication errors and missed medications are properly documented **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 of the regulation.** On an ongoing basis, the Nurse Manager will audit medical records to ensure medication errors and missed medication are properly documented. **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).** For the next 90 days, the Nurse Manager will audit 100% of client medical records to ensure medication errors and missed medications are properly documented. Audit results will be documented and reported to the Quality and Compliance Department and the Regional Director to monitor ongoing compliance.	3/3/2026

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			Additional corrective actions will be taken if any deficiencies are noted. **By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).** March 3, 2026 OLR) Accepted 04/05/2026	
12VAC35-46-850. A. (4) - The provider shall develop and implement written policies and procedures regarding the delivery and administration of prescription and nonprescription medications used by residents. At a minimum these policies will address: 4. Documentation of any medications prescribed and administered following admission;	N	Clementine Fairfax This regulation was NOT MET as evidenced by: At the time of inspection, the provider failed to implement their policy as Individual #1: medication #1 on November 13th; medication #2 from November 14th to 19th; medication #3 on November 25th and 26th; and medication #4 on November 27th and 28th were not administered. Furthermore, for Individual #2, medication #1 was not administered on October 28th, and medication #2 was not given on October 29th.	PR) 03/12/2026 **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 did not administer medications as prescribed and did not properly document the missed medications. All nursing staff received documented retraining on March 3, 2026, to ensure medications are administered as prescribed and that any missed medications are properly documented. **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 of the regulation.** On an ongoing basis, the Nurse Manager will audit medical records to ensure medications are administered as prescribed and that any missed medications are properly documented. **Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate**	3/3/2026

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			the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). For the next 90 days, the Nurse Manager will audit 100% of client medical records to ensure medications are administered as prescribed and that any missed medications are properly documented. Audit results will be documented and reported to the Quality and Compliance Department and the Regional Director to monitor ongoing compliance. Additional corrective actions will be taken if any deficiencies are noted. **By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).** March 3, 2026 OLR) Accepted 04/05/2026	
12VAC35-46-850. F. - Medication prescribed by a person authorized by law shall be administered as prescribed.	NS	Clementine Fairfax This regulation was NOT MET as evidenced by: At the time of inspection, the provider failed to administer medication for Individual #1: medication #1 on November 13th; medication #2 from November 14th to 19th; medication #3 on November 25th and 26th; and medication #4 on November 27th and 28th. Furthermore, for Individual #2, medication #1 was not administered on October 28th, and medication #2 was not given on October 29th. This regulation was NOT MET and is NON-COMPLIANT SYSTEMIC as the provider was previously cited on 5/16/2025.	PR) 03/12/2026 **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 did not administer medications as prescribed. All nursing staff received documented retraining on March 3, 2026, to ensure medications are administered as prescribed. **Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to**	3/3/2026

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			ensure you remain in compliance of the regulation. On an ongoing basis, the Nurse Manager will audit medical records to ensure medications are administered as prescribed. **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).** For the next 90 days, the Nurse Manager will audit 100% of client medical records to ensure medications are administered as prescribed. Audit results will be documented and reported to the Quality and Compliance Department and the Regional Director to monitor ongoing compliance. Additional corrective actions will be taken if any deficiencies are noted. **By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).** March 3, 2026 OLR) Accepted 04/05/2026	

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General Comments / Recommendations:
The licensing specialist recommended the provider verify medications upon arrival to ensure accuracy and prevent any shortages. It was suggested that the provider establish a backup pharmacy system in case the current pharmacy lacks the necessary medication in stock. This would help the provider avoid missed medications and reduce error reports.

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