Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL080035 03/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14225 STOKES FERRY ROAD TIMBER RIDGE TREATMENT CENTER GOLD HILL, NC 28071 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FUIL) PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 See attached
Plod of Correction
for Survey of 3/29/2018 An annual and follow up survey was completed on 3-29-18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5200 Residential Therapeutic (Habilitative) Camps for Children and Adolescents of All Disability Groups V 110 27G .0204 Training/Supervision V 110 Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND **DHSR** - Mental Health SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for APR 122018 paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified Lic. & Cert. Section professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking. then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.

Division of Health Service Regulation

LABORATORY RECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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PRINTED: 04/04/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING MHL080035 03/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14225 STOKES FERRY ROAD TIMBER RIDGE TREATMENT CENTER GOLD HILL, NC 28071 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 110 Continued From page 1 V 110 This Rule is not met as evidenced by: Based on interviews and record reviews 1 of three staff (staff #1) and one of one group leader supervisor (group leader supervisor #1) failed to demonstrate competency in decision making. The findings are: Review on 3-28-18 of internal investigation for group leader supervisor #1 (GLS#1) revealed; -Several clients accused GLS#1 of making verbally inappropriate and offensive comments towards residents in the group. -An internal investigation was conducted. -'Based on the written and verbal statements and interviews of staff and clients, it is clear the inappropriate things were said that violated [provider] Resident Abuse and Neglect Policy...states that abuse and neglect include but not limited to ... verbal abuse such as yelling, using profanity, obscene language, threatening remarks or gesture." Review on 3-29-18 of staff #1's supervision pan -"[staff #1] received retraining on February 21, 2018 during staff meeting on s definition of abuse and neglect...as it pertains to verbal abuse, such as yelling, using profanity, obscene language..."

[director].

Interview on 3-28-18 with client #2 revealed: -"staff cusses at me, they used to, I told

-"[staff #1], one day he called me a fat b\*\*\*h."

YHXC11

Division of Health Service Regulation

The state of the s	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			TE SURVEY MPLETED
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	THE THE TOER	GOLD H	ILL, NC 28071			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 110	Continued From page	2	V 110			
		vith client #7 revealed: cursing but "it had been ere no more problems.				
	-"They (staff) get get the kids upset." -There are severa	with client #8 revealed: frustrated and say things to all staff that are cussing. I, most staff do it when they				
	words" with clients" I told them I was my hands on them, I d -"it is not like me"	ry angry and 'exchanged s not worried about putting				
	Interview on 3-29-18 w -They addressed s meeting and all staff kr toleratedThey would have	ut on a supervision plan.  with the director revealed: staff language at every staff				
	profanity at the facilit  Staff #1 was on vacation interview	y.				
	G.S. 131E-256 (D2) Ho Verification	CPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring healt	TH CARE PERSONNEL h care personnel into a ervice, every employer at a				

PRINTED: 04/04/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ R B. WING MHL080035 03/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14225 STOKES FERRY ROAD TIMBER RIDGE TREATMENT CENTER GOLD HILL, NC 28071 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 131 Continued From page 3 V 131 health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews, the facility failed to ensure that the Health Care Personnel Registry (HCPR) was accessed before hire, effecting two of three staff (staff #1 and staff #2). The findings Review on 3-29-18 of staff #1's record revealed: -Hire date of 7-21-16 -HCPR accessed 7-22-16 Review on 3-29-18 of staff #2's personnel record revealed: -Hire date of 11-16-17 -HCPR accessed 11-22-17 Interview on 3-29-18 with facility director revealed: -They knew that HCPR was supposed to be accessed before hire.

Division of Health Service Regulation

V 133 G.S. 122C-80 Criminal History Record Check

CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.

G.S. §122C-80 CRIMINAL HISTORY RECORD

(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse

STATE FORM

V 133

Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION S:	(X3) DATE COMP	SURVEY LETED
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V 133	Continued From page	4	V 133			
	services that is licensed Chapter.  (b) Requirement An provider licensed under applicant to fill a positive applicant to have an orapplicant to have an orapplicant to have an orapplicant history record the applicant has been less than five years, the is conditioned on consectional criminal history recordinational criminal history recordinational criminal history recording a check of the applicant has been five years or more, the on consent to a State of the applicant with the applicant with the applicant with the conditional offer of shall submit a request subsection, within five the conditional offer of shall submit a request subsection or shall submit a request subsection or shall submit entity to conduct a State check required by this conduct	offer of employment by a ser this Chapter to an on that does not require the occupational license is at to a State and national check of the applicant. If a resident of this State for ten the offer of employment ent to a State and national check of the applicant. The yrecord check shall applicant's fingerprints. If a resident of this State for the offer is conditioned criminal history record. A provider shall not the refuses to consent to a check required by this erwise provided in this business days of making employment, a provider to the Department of -19.10 to conduct a check required by this a request to a private to eriminal history record section. Notwithstanding partment of Justice shall cional criminal history oyment positions not 105-277 to the and Human Services, the Unit. Within five of the national criminal ne Department of Health Criminal Records Check	V 133			
		Criminal Records Check				8

Division of Health Service Regulation

STATE FORM

Division	of Health Service Regu	ulation			এ কে	MINIAFFROVEL
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (	CONSTRUCTION		TE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		CON	MPLETED
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		GOLD HI	ILL, NC 28071			
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V 133	Continued From page	e 5	V 133			
	information received	may affect the employability				
		o case shall the results of the				
		ory record check be shared				
		oviders shall make available				
2		ation that a criminal history				
		pleted on any staff covered				
		unty that has adopted an				
		inance and has access to				
		nal Information data bank				
		alf of a provider a State				
		d check required by this				
		rovider having to submit a				
	N	tment of Justice. In such a				
		Il commence with the State				
		d check required by this				
	section within five bus					
		inployment by the provider.				
		formation received by the				
		al and may not be disclosed,				
		nt as provided in subsection				
	(c) of this section. For					
	the state of the s	"private entity" means a				
	business regularly eng	ter the state of t				
	AND THE RESERVE THE PARTY OF TH	d checks utilizing public				
	records obtained from					
	(c) Action If an appli					
		one or more convictions of				
		e provider shall consider all				
		s in determining whether to				
	hire the applicant:	2				
	(1) The level and serio	ousness of the crime.				
	(2) The date of the crir					
	(3) The age of the pers	son at the time of the				
	conviction.					
	(4) The circumstances	s surrounding the				
	commission of the crim					
		en the criminal conduct of				
		duties of the position to be				

filled.

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Division of Health Service Regulation

have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers;

STATE FORM

Division of Health Service Regulation

	MENT OF DEFICIENCIES  LAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL080035	B. WING		R 03/29/2018
NAME	OF PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STAT	E. ZIP CODE	^
		14225 S	TOKES FERRY RO		
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V	133 Continued From page	7	V 133		
	Article 6, Homicide; A Sex Offenses; Article Kidnapping and Abdu Injury or Damage by Uncendiary Device or I and Other Housebrea Other Burnings; Article Robbery; Article 18, E False Pretenses and Obtaining Property or Fraudulent Use of Creaticle 19B, Financial Act; Article 20, Frauds 26, Offenses Against F Decency; Article 27, Prostitution 29, Bribery; Article 31, Office; Article 35, Offenses; Article 36A, Riaticle 39, Protection of Protection of the Fami Intoxication; and Article Crime. These crimes a	rticle 7A, Rape and Other 8, Assaults; Article 10, ction; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary kings; Article 15, Arson and e 16, Larceny; Article 17, Imbezzlement; Article 19, Cheats; Article 19A, Services by False or edit Device or Other Means; Transaction Card Crime is; Article 21, Forgery; Article Public Morality and Adult Establishments; Article 28, Perjury; Article Misconduct in Public inses Against the Public ots and Civil Disorders; of Minors; Article 40,	V 155		
	90 of the General State offenses such as sale violation of G.S. 18B-3	s Act, Article 5 of Chapter utes, and alcohol-related to underage persons in 02 or driving while G.S. 20-138.1 through			
	(f) Penalty for Furnishing applicant for employment supplies, or otherwise an employment application criminal history record shall be guilty of a Class (g) Conditional Employemploy an applicant control of the control	ment A provider may			

PRINTED: 04/04/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL080035 03/29/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14225 STOKES FERRY ROAD TIMBER RIDGE TREATMENT CENTER GOLD HILL, NC 28071 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 133 Continued From page 8 V 133 check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record review the facility failed to request a criminal records check at least 5 days after hiring personnel, effecting 2 of 3 staff (staff #2 and #3). The findings are: Review on 3-29-18 of staff #2's personnel record revealed: -Hire date of 11-16-17 -Criminal record requested 11-22-17 Review on 3-29-18 of staff #3's personnel record

Division of Health Service Regulation

revealed:

revealed:

-Hire date of 10-12-17

be requested within 5 days of hire.

-Criminal records requested 10-20-17

-They knew that the criminal records should

Interview on 3-29-18 with facility director



# TREATMENT CENTER, INC.

Annual and Complaints Survey completed 3/29/18
Timber Ridge Treatment Center, 665 Timber Trail, Gold Hill, NC 28071
MHL #080-035
E-mail Address: tomhibbert@trtc.net
Intake #NC 95961, NC 94978

## Plan of Correction

# l. V 110 - Training/Supervision of Paraprofessionals (complete date: April 30,2018)

#### A. Corrective Action:

- 1) The Program Specialist will review and train staff during bi-monthly staff meetings on Policy 340 Resident Abuse and Neglect, during orientation and hold a refresher training every month. This training will also include techniques for protecting clients from verbal/physical abuse and neglect.
- 2) Management and Supervisory staff will vigilantly enforce the Progressive Disciplinary Action policy pertaining to abuse (including use of profanity and other objectionable language) and neglect.
- 3) The Program Specialist/Program Director will complete in-service training with the direct care staff on the Progressive Disciplinary Action policy as it pertains to abuse and neglect during orientation and the entire paraprofessional staff in bi-monthly staff meetings.

### **B. Prevention:**

- 1) The Program Director and Assistant Program Director will perform monthly group sessions with direct care staff and clients placing emphasis on role modeling appropriate language, tone and deportment.
- 2) The Assistant Program Director/or designee will chose one or two clients randomly from each group and conduct one on one interviews.
- 3) Findings from the monthly group evaluation and one on one interview will be submitted each month to the Leadership Committee for review.
- 4) Establish a camp culture that encourages staff to immediately report any incident of abuse or neglect (as required by law) as it occurs to enable Management to take immediate action to ensure the safety and well being of clients..

## C. Monitoring:

- 1) The Program Director or designee will generate a monthly report detailing monthly meeting with staff and bi-monthly client interview results. This report will be reviewed monthly by The Leadership Committee and the Client Rights Committee.
- 2) The Program Director/Assistant Program Director will immediately follow up and take appropriate action on any allegation of staff using inappropriate language based on the monthly group session and one on one client interviews finding. All other allegation of staff using inappropriate language will be investigated.
- 3) Substantiated allegations of abuse (i.e. use of profanity or inappropriate language) will face immediate disciplinary action (i.e. suspension or termination). Also, staff members will have mandatory training in NCI+ and sign an updated Supervision Plan which management will monitor for compliance.

## II. V131 GS 131E-256 HCPR Prior Employment Verification

(complete date: April 30,2018)

#### A. Corrective Action:

The Director of Human Resources will ensure that the healthcare personnel registry (HCPR) is accessed before hire.

#### B. Prevention:

The Chief Financial Officer will make monthly checks of the personnel folder of new hires to ensure compliance.

## C. Monitoring:

A report will be generated to the Leadership Committee on a monthly basis to monitor compliance in this area. The report will include the number of hires for the month and the number of hires with HCPR checks done on time.

# III. V133 GS 122C – 80 Criminal History Records Check (complete date: April 30,2018) A. Corrective Action:

The Director of Human Resources will ensure that the Criminal Background Checks be requested within five days of date of hire.

## B. Prevention:

The Chief Financial Officer will make monthly checks of the personnel folder of new hires to ensure compliance

## C. Monitoring:

A report will be generated to the Leadership Committee on a monthly basis to monitor compliance in this area. The report will include the number of hires for the month and the number of hires with criminal background checks done on time.



Thomas Hibbert CEO 4/10/2018

Annual and Complaints Survey completed 3/29/18

Timber Ridge Treatment Center, 665 Timber Trail, Gold Hill, NC 28071

MHL #080-035

E-mail Address: tomhibbert@trtc.net

Intake #NC 95961, NC 94978

## Plan of Correction

## l. V 110 - Training/Supervision of Paraprofessionals

## A. Corrective Action:

- 1) The Program Specialist will review and train staff during bi-monthly staff meetings on Policy 340 Resident Abuse and Neglect, during orientation and hold a refresher training every month. This training will also include techniques for protecting clients from verbal/physical abuse and neglect.
- 2) Management and Supervisory staff will vigilantly enforce the Progressive Disciplinary Action policy pertaining to abuse (including use of profanity and other objectionable language) and neglect.
- 3) The Program Specialist/Program Director will complete in-service training with the direct care staff on the Progressive Disciplinary Action policy as it pertains to abuse and neglect during orientation and the entire paraprofessional staff in bi-monthly staff meetings.

#### B. Prevention:

- 1) The Program Director and Assistant Program Director will perform monthly group sessions with direct care staff and clients placing emphasis on role modeling appropriate language, tone and deportment.
- 2) The Assistant Program Director/or designee will chose one or two clients randomly from each group and conduct one on one interviews.
- 3) Findings from the monthly group evaluation and one on one interview will be submitted each month to the Leadership Committee for review.
- 4) Establish a camp culture that encourages staff to immediately report any incident of abuse or neglect (as required by law) as it occurs to enable Management to take immediate action to ensure the safety and well being of clients..

## C. Monitoring:

- 1) The Program Director or designee will generate a monthly report detailing monthly meeting with staff and bi-monthly client interview results. This report will be reviewed monthly by The Leadership Committee and the Client Rights Committee.
- 2) The Program Director/Assistant Program Director will immediately follow up and take appropriate action on any allegation of staff using inappropriate language based on the monthly group session and one on one client interviews finding. All other allegation of staff using inappropriate language will be investigated.
- 3) Substantiated allegations of abuse (i.e. use of profanity or inappropriate language) will face immediate disciplinary action (i.e. suspension or termination). Also, staff members will have mandatory training in NCI+ and sign an updated Supervision Plan which management will monitor for compliance.

# II. V131 GS 131E- 256 HCPR Prior Employment Verification

## A. Corrective Action:

The Director of Human Resources will ensure that the healthcare personnel registry (HCPR) is accessed before hire.

#### B. Prevention:

The Chief Financial Officer will make monthly checks of the personnel folder of new hires to ensure compliance.

## C. Monitoring:

A report will be generated to the Leadership Committee on a monthly basis to monitor compliance in this area. The report will include the number of hires for the month and the number of hires with HCPR checks done on time.

# III. V133 GS 122C – 80 Criminal History Records Check

## A. Corrective Action:

The Director of Human Resources will ensure that the Criminal Background Checks be requested within five days of date of hire.

### B. Prevention:

The Chief Financial Officer will make monthly checks of the personnel folder of new hires to ensure compliance

## C. Monitoring:

A report will be generated to the Leadership Committee on a monthly basis to monitor compliance in this area. The report will include the number of hires for the month and the number of hires with criminal background checks done on time.