

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080035 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 06/25/2018 |
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| NAME OF PROVIDER OR SUPPLIER TIMBER RIDGE TREATMENT CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 14225 STOKES FERRY ROAD GOLD HILL, NC 28071 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| V 000 | <p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 6/25/18. The complaint was substantiated (Intake #NC139868). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5200 Residential Therapeutic Camps for Children and Adolescents of All Disability Groups</p> | V 000 | <p>DHSR - Mental Health</p> <p>JUL 05 2018</p> <p>Lic. & Cert. Section</p> | |
| V 131 | <p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire for 1 of 9 staff (#3). The findings are:</p> <p>Review on 6/20/18 of personnel records revealed: -staff #1 was rehired on 5/31/18; -the HCPR was accessed on 6/14/18.</p> <p>Interview on 6/25/18 with Administration staff revealed: -not aware HCPR was completed late; -will ensure HCPR will be completed as required.</p> | V 131 | <p><i>(see attached plan of correction)</i></p> | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Thomas Hilbert

TITLE

CEO

(X6) DATE

6/25/2018

Division of Health Service Regulation

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| V 131 | Continued From page 1 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 131 | | |

Survey completed June 25, 2018

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

MHL #080-035

E-mail Address: tomhibbert@trtc.net

Intake #139868

Tom Hibbert
6/28/18

Plan of Correction

ID Prefix Tag: V 131

Complete Date: June 28, 2016

1. **Correction:** All staff now have HCPR completed. Human resources staff was trained to be particularly aware of checking the registry when doing a rehire as well as new hires.
2. **Prevention:** CFO will check the completion of The Healthcare Registry check on date of hire or rehire.
3. **Monitoring:** CFO will monitor the completion of Healthcare Registry checks and send a report to the leadership committee.
4. **Frequency:** this monitor will be completed and reviewed on a monthly basis.