

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TIMBER RIDGE TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>14225 STOKES FERRY ROAD</b> <b>GOLD HILL, NC 28071</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was complete don 8/27/19. One of the allegations in the complaints was substantiated (Intakes #NC154183, NC#154266). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5200 Therapeutic Wilderness Camp.</p>	V 000		
V 112	<p><b>27G .0205 (C-D)</b> <b>Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112	<p><i>(see attached)</i></p> <p><b>DHSR - Mental Health</b></p> <p><b>SEP 24 2019</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	

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

*Tom Hilbert*

TITLE

*CEO*

(X6) DATE

*9/17/2019*

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure strategies were implemented to address client needs affecting 1 of 1 former client (FC#4). The findings are:</p> <p>Review on 8/13/19 and 8/19/19 of FC#4's record revealed;</p> <ul style="list-style-type: none"> <li>-admission date of 5/27/19 with discharge date of 7/21/19;</li> <li>-diagnoses of Post Traumatic Stress Disorder, and Major Depression;</li> <li>-admission assessment documented FC#4 demonstrated behaviors of impulsivity, outbursts, verbal and physical aggression, depression, self-injurious behaviors(SIBs) and suicidal ideation(SI);</li> <li>-treatment plan dated 3/20/19 documented goals to decrease episodes of depression, SI and SIBs, address negative self image, decrease episodes of emotional dysregulation, aggression, threats, running away, address poor quality of interpersonal relationships, perform to academic potential, address history of trauma, complete substance abuse assessment and follow any treatment recommendations;</li> <li>-staff strategies included providing a safe treatment environment, utilize MRT principals, assist in increase skill development, utilize NCI and Shifting gears, assist in developing a safety plan.</li> </ul> <p>Review on 8/19/19 of a Nursing Note dated 7/2/19 regarding FC#4 documented the</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>following: "Resident c/o(complains) bites to body. Calagel applied."</p> <p>Review on 8/19/19 of a undated letter faxed to the facility on 7/19/19 from a physician regarding FC#4 revealed the following documented:                      -FC#4 has multiple insect bites;                      -need to wash his bedding with bleach;                      -mattress cleaned with dilute bleach solution;                      -FC#4 has been prescribed triamcinolone ointment to help with the intense itching;                      -FC#4 can apply Calamine lotion to bites as needed;                      -FC#4 need to apply bug spray sat least twice a day and before bed.</p> <p>Interview on 8/21/19 with client #1 revealed:                      -everyone has bug bites;                      -live in woods;                      -staff give us gel and spray anytime we need it;                      -FC#4 never asked to use it.</p> <p>Interview on 8/19/19 with client #2 revealed:                      -staff carries ointment and bug spray in the med bag at all times;                      -can ask to use at any time;                      -staff will let use it whenever ask for it.</p> <p>Interview on 8/19/19 with client #3 revealed:                      -staff has bug spray and ointment at all times;                      -can ask to use it;                      -can go see (Med Tech) anytime if need to for any injuries.</p> <p>Interview on 8/19/19 with the Group Work Supervisor revealed:                      -everyone will get bug bites as are in the woods;                      -all clients and staff have bug bites;                      -use bug spray, gel sticks and ointment to</p>	V 112		

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V 112	<p>Continued From page 3</p> <p>address bug bites; -FC#4 had no more bites than other clients; -FC#4 had access to the same prevention aids as other clients.</p> <p>Interview on 8/19/19 with the Med Tech revealed: -FC#4 came to clinic once with a complaint of bug bites; -she applied ointment to the bites; -encouraged FC#4 to use the bug spray in the medication bag staff had with them at all times; -FC#4 reported he did not like the bug spray as it made him feel "sticky;" -staff med bags have ointment, bug spray, gels and all clients have access anytime need it.</p> <p>Interview on 8/19/19 with staff #1 revealed: -FC#4 never complained to her about bug bites; -never asked for the gel or spray; -have gel and spray available to clients at all times.</p> <p>Interview on 8/20/19 with staff #2 revealed: -FC#4 had bites on him; -would not stop scratching; -had poor hygiene; -refused to use the ointment and spray; -scratched until bleeding; -kept refusing medication to address it.</p> <p>Interview on 8/20/19 with staff #3 revealed: -FC#4 had bug bites like everyone else; -never used bug spray or ointment; -have all sorts of bug sprays and ointment in bag at all times on camp site.</p> <p>Interview on 8/26/19 with FC#4 revealed: -had bug bites; -itched and he scratched until bleeding;</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>-nothing available to him for it.</p> <p>Review on 8/13/19 and 8/19/19 of progress notes and incident reports revealed:</p> <p>-no documentation of FC#4's refusal to use medications to prevent/treat ongoing insect bites and treat intensive scratching until bites bled;</p> <p><u>-no documentation of staff strategies to address FC#4's refusal to use medications to prevent /treat bug bites and FC#4's continued actions to make bites worsen.</u></p>	V 112		



TREATMENT CENTER, INC.

DHSR - Mental Health

SEP 24 2019

Lic. & Cert. Section

Plan of Correction  
Survey completed August 27, 2019  
Timber Ridge Treatment Center  
665 Timber Trail  
Gold Hill, NC 28071  
MHL #080-035  
E-mail Address: [tomhibbert@trtc.net](mailto:tomhibbert@trtc.net)

**ID PREFIX TAG: V112**

**A. Corrective Action:**

- 1) Direct care staff will receive training on how to document refusal of care. This will include strategies to improve compliance and documentation of the results with particular emphasis on personal care such as first-aid for abrasions, proper clothing, use of sunscreen and bug spray, etc.
- 2) Staff will also develop treatment plan goals and strategies in the client's treatment plan to ameliorate a persistent refusal or reluctance to participate in care by one of our residents.

**B. Prevention:**

- 1) Nursing and Supervisory Staff will continue to monitor all first aid and personal care to ensure any special care instructions are completed.
- 2) Newly hired staff will receive training on proper protocol to follow when taking care of all medical incidents and on procedures for reporting and documenting noncompliance. This will be provided by the training specialist.

**C. Monitoring and Frequency**

The Program Director and Training Specialist will conduct and document in-service training to be reviewed by the Leadership and Clients' Rights Committees for current staff. Training Specialist will include training and documentation on any issues regarding refusal care. The Leadership and Client Rights Committees will monitor monthly reports regarding compliance with care instructions. This plan will be completed by October 26, 2019.