

Division of Health Service Regulation

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 05/20/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TIMBER RIDGE TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14225 STOKES FERRY ROAD GOLD HILL, NC 28071
--	---

(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
V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 5-20-20. The complaint was substantiated (#NC00164705). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G Residential Therapeutic (Habilitative) Camps for Children and Adolescents of All Disability Groups.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision</p>	V 110		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

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 05/20/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TIMBER RIDGE TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14225 STOKES FERRY ROAD GOLD HILL, NC 28071
--	---

(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
V 110	<p>Continued From page 1</p> <p>plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and observations the maintenance man and an unknown number of staff failed demonstrate knowledge, skills, and ability required by the population served. The findings are: Findings A.</p> <p>Review on 5-7-20 of client #1's record revealed: -Admitted 3-17-20. -16 years old. -Diagnoses of Disruptive Dysregulation Mood Disorder. -Person Centered Plan completed on 3-2-20 revealed; goals include decrease episodes of emotional Dysregulation which includes physical/verbal aggression, property destruction, suicidal thoughts, threats and/or gesture, address poor quality interpersonal relationships with some of the following manifestations; poor social skills, stealing, and being disrespectful; will decrease episodes of depressive behaviors; will perform to his academic potential. -Comprehensive clinical assessment dated 9-23-19 revealed: ..."stated he felt unsafe, reported experiencing bullying both in the past and recently...states his reason for referral was 'pretty much I needed to step away from the general public because at first I wasn't feeling safe and needed a change of state of mind. Client reports he might have gotten into a fight and didn't want to get expelled...oppositional and antisocial</p>	V 110		

Division of Health Service Regulation

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 05/20/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TIMBER RIDGE TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14225 STOKES FERRY ROAD GOLD HILL, NC 28071
--	---

(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
V 110	<p>Continued From page 2</p> <p>behaviors include; steal, sets fires...carries a weapon."</p> <p>-Comprehensive clinical assessment dated 1-15-20 revealed:"been actively involved in Intensive In-Home services for 3 and 1/2 months...concerning behaviors such as lying, stealing, school expulsions, leaving home leaving home without permission...these issues have continued to progress...his mother often makes excuses for him and blurs the parent/friendship line...stated he had thoughts of jumping off a third floor balcony but states he doesn't have any plans to harm himself..."</p> <p>Review on 5-12-20 of maintenance mans #1 personnel record revealed: -Hire date of 2-18-16. -Trainings include: North Carolina Interventions (NCI) Plus 1-10-20, Inservice dated 2-21-16 "Securing personal property."</p> <p>Incident report dated 4-8-20 signed by staff #1 revealed: -This afternoon before the meal, staff advised [client #1] and a peer to empty pockets due to a stealing rumor. Staff prompted [client #1] to also open pouch. Staff discovered a knife and various other objects.</p> <p>Interview on 5-7-20 with client #1 revealed: -He has been at the facility approximately 2 months. -"In all honesty, I did take the knife.." -"It was my 3rd week, I wasn't going to use it as a weapon, but I don't know, maybe cutting rope." -"I was working with him (maintenance man #1), he left it in the open on top of a box." -"I had it that day until another resident told [Staff #1]."</p>	V 110		

Division of Health Service Regulation

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 05/20/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TIMBER RIDGE TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14225 STOKES FERRY ROAD GOLD HILL, NC 28071
--	---

(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
V 110	<p>Continued From page 3</p> <ul style="list-style-type: none"> -This was the only time that he had taken a knife from staff. -Some staff do have knives, but they carry them on their belt. <p>Interview on 5-7-20 with Maintenance man #1 revealed:</p> <ul style="list-style-type: none"> -The knife was like a box cutter to scrap a window. We were painting a room, he saw an opportunity and grabbed it." -I didn't notice it missing, the group leader heard him talking about it." -He had it maybe an hour." -We normally count the tools, the thing that made it difficult was it was in a bag not needed." -I have personally taken extra effort in keeping track of my tools." -Even though he got the tool, it was rendered inoperable." -The blade was backwards and you have to use a screw driver to turn it around." -The tool would have to be taken apart with a screwdriver and the blade turned around. This had not been done because the tool hadn't been needed. <p>Interview on 5-8-20 with staff #1 revealed:</p> <ul style="list-style-type: none"> -She had found the pocket knife on client #1. -It was the only time that she knew of that he had been caught with a knife. -He (client #1) said he took it from [maintenance man #1]." -It was a working knife, it was operable, it was a regular pocket knife." -She found the knife "around" 12:00 so client #1 had it "maybe 2 hours." -"One of the kids told me about it." (Client #1 having the knife.) <p>Interview on 5-6-20 with client #1's</p>	V 110		

Division of Health Service Regulation

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 05/20/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TIMBER RIDGE TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14225 STOKES FERRY ROAD GOLD HILL, NC 28071
--	---

(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
V 110	<p>Continued From page 4</p> <p>mother/guardian revealed:</p> <ul style="list-style-type: none"> -Two of client #1's peers that he was friendly with left the group. -After that client #1 told he felt unsafe. -Client #1 did not elaborate to his mother as to what made him feel unsafe. -"He got a knife." -"He felt he needed protection." -Client #1 had gotten a weapon once before when he was still at home when there were "threats". -She did not elaborate as to what threats there were at home. -"He did hand it (the knife) over to staff, I was told." -"I don't know how long he had the knife. I think a day or two but I'm not sure." -"I know my son doesn't want to be there, the other day, he was at an accepting point." -"He was constantly antagonized. Calling out negativity, staff don't do a thing." -Client #1 was saying he was going to run, and that he was having suicidal thoughts. -The facility did inform her and told her that they took his belt and shoelaces. -"This is the longest my child has ever gone without seeing me." (because of COVID-19 no visitors are allowed now.) <p>Interview on 5-6-20 with client #1's Care Coordinator revealed:</p> <ul style="list-style-type: none"> -This was client #1's first placement but he has had "a million services." -Client #1 told his mother that a staff member had a pocket knife and he took it. I think he (client #1) said they found it under his pillow." -"It was like pulling teeth to get them (the facility) to admit it." -Client #1's mother has realized client #1 is trying to manipulate her into picking him up. 	V 110		

Division of Health Service Regulation

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 05/20/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TIMBER RIDGE TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14225 STOKES FERRY ROAD GOLD HILL, NC 28071
--	---

(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
V 110	<p>Continued From page 5</p> <p>Interview on 5-5-20 with facility Family Councilor revealed: -Client #1 had never told him that he was afraid of felt unsafe. -"He mentioned that as an excuse to take the knife." -"he (client #1) had it for less than an hour, as soon as staff realized it was gone, they knew who did it.</p> <p>Interview on 5-5-20 with the Director revealed: -Client #1 tries to steal from staff. -He had been confronted for taking food off a staffs plate. -He got the knife from the maintenance man but "he didn't have it long."</p> <p>Finding B.</p> <p>Review on 5 13-20 of client #3's record revealed: -Admitted 11-5-19 -13 years old. -Diagnoses of Cannabis Disorder (uncomplicated), Attention Deficit Disorder, Specific learning Disorder, with impairment in reading, and Oppositional Defiance Disorder. -Person Centered Plan dated 10-29-29 with last update 4-10-20 revealed: "stealing everything he has the opportunity to steal...has been caught 5 times going through staff members bags"...goals include; address poor quality interpersonal relationships with the following manifestations, engaging in illegal activities (stealing cars, breaking into cars and buildings), stealing; will address history of trauma; decrease episode of emotional Dysregulation which manifests itself as physical/verbal aggression...extremely risky impulsive behaviors. -Comprehensive Clinical Assessment dated 9</p>	V 110		

Division of Health Service Regulation

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 05/20/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TIMBER RIDGE TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14225 STOKES FERRY ROAD GOLD HILL, NC 28071
--	---

(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
V 110	<p>Continued From page 6</p> <p>-24-19 with addendum dated 10-30-19 revealed; "numerous encounters wit the law...recently charged with several crimes...regular marijuana use...."</p> <p>-Comprehensive Clinical Assessment dated 4 -8-20 revealed: "Placed by court order...extensive legal charges including larceny, B&E (breaking and entering), possession of stolen property...explosive temper, no remorse...</p> <p>Review on 5-12-20 of Staff #1's personnel record revealed: -Hire date of 9-12-19. -Training on keeping items in a secure way away from clients received 9-12-19</p> <p>Review on 5-12-20 of staff #2's personnel record revealed: -Hire date of 4-30-20. -Training on keeping items in a secure way away from clients received 4-30-20.</p> <p>Review on 5-12-20 of staff #3's personnel record revealed: -Hire date of 4-2-20. -Training on keeping items in a secure way away from clients received 4-20-20</p> <p>Incident report dated 4-8-20 signed by staff #1 revealed: -This afternoon before the meal, staff advised [client #1] and a peer to empty pockets due to a stealing rumor. Staff prompted [client #1] to also open pouch. Staff discovered a knife and various other objects.</p> <p>Incident report dated 5-4-20 involving client #1 revealed: -"Was involved in stealing a small bag of pencils out of group leaders bag and was telling</p>	V 110		

Division of Health Service Regulation

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 05/20/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TIMBER RIDGE TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14225 STOKES FERRY ROAD GOLD HILL, NC 28071
--	---

(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
V 110	<p>Continued From page 7</p> <p>other peer to go through it also."</p> <p>Interview on 5-7-20 with client #1 revealed: -Client #1 had been accused of taking some pens but he stated that another client took them and he got the blame. -"Staff leave the bags, I don't know why." -"Clients go into staff bags, some just look around, taking nothing. Some take things."</p> <p>Interview on 5-7-20 with client #2 revealed: -"I've seen kids take stuff out of the bag, like [client #3]." -"[Client #1], he took a lighter, pens, and markers." -"Staff is either handling something else, or forgets the bags."</p> <p>Interview on 5-7-20 with client #3 revealed: -He has gone into staff bags. -"Staff would be taking residents to the bathroom." -"He didn't take anything." -He has seen clients take things, "dumb things really whatever they could."</p> <p>Interview on 5-8-20 with client #1 revealed: -She is sure some staff carry knives in their bags, "I'm sure of that." -She has never caught anyone going into staff bags. -"But every time I'm at work, a kid is stealing out of the bags." -"I tell new staff don't bring valuables."</p> <p>Interview on 5-12-20 with staff #2 revealed: -He had never seen clients go into staff bags. -Staff are trained to keep their bags with them at all times.</p>	V 110		

Division of Health Service Regulation

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 05/20/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TIMBER RIDGE TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14225 STOKES FERRY ROAD GOLD HILL, NC 28071
--	---

(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
V 110	<p>Continued From page 8</p> <p>Interview on 5-7-20 with staff #3 revealed: -He has never seen and client go into the bags. -"Some have gone into my bag before when I wasn't paying attention." -"They didn't get much." -Staff #3 was taking another client to the bathroom when other clients went into his bag.</p> <p>Interview on 5-12-20 with staff #4 revealed: -She keeps notebooks, papers, lotions. -No client has ever gone through her bag and she has never seen a client go into any staff bag.</p>	V 110		