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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ MHL080035 B. WING 05/20/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14225 STOKES FERRY ROAD TIMBER RIDGE TREATMENT CENTER GOLD HILL, NC 28071 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on 5-20-20. The complaint was substantiated (#NC00164705). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G Residential Therapeutic (Habilitative) Camps for Children and Adolescents of All Disability Groups. see Attached V 110 27G .0204 Training/Supervision V 110 Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. DHSR-Mental Health (d) At such time as a competency-based employment system is established by rulemaking. then qualified professionals and associate JUN 0 2 2020 professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: Lic. & Cert. Section (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 Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE TITLE

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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

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 05/20/2020 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 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 110 Continued From page 2 V 110 behaviors include; steal, sets fires...carries a weapon." -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..." 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." 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. 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

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[Staff #1]."

#1), he left it in the open on top of a box."

-"I had it that day until another resident told

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-"It was a working knife, it was operable, it

-She found the knife "around" 12:00 so client

-"One of the kids told me about it." (Client #1

was a regular pocket knife."

#1 had it "maybe 2 hours."

Interview on 5-6-20 with client #1's

having the knife.)

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-This was client #1's first placement but he

-"It was like pulling teeth to get them (the

-Client #1's mother has realized client #1 is

-Client #1 told his mother that a staff member had a pocket knife and he took it. I think he (client

has had "a million services."

facility) to admit it."

#1) said they found it under his pillow."

trying to manipulate her into picking him up.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND FLAN OF CONRECTION		IDENTIFICATION NOWIBER.	IDENTIFICATION NUMBER: A. BUILDING:		COMPLETED	
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V 110	Continued From page 5		V 110			
	Interview on 5-5-20 wirevealed: -Client #1 had ner afraid of felt unsafe. -"He mentioned the knife." -"he (client #1) has soon as staff realized did it. Interview on 5-5-20 wirelier with the constaffs plate. -He had been constaffs plate. -He got the knife of but "he didn't have it lost the knife of but "he had been constant the had been constant the knife of but "he had been constant the knife of but "he had	ith facility Family Councilor ver told him that he was nat as an excuse to take the ad it for less than an hour, as it was gone, they knew who th the Director revealed: steal from staff. afronted for taking food off a from the maintenance man ong." client #3's record revealed: nnabis Disorder tion Deficit Disorder, der, with impairment in all Defiance Disorder. Plan dated 10-29-29 with vealed: "stealing everything to stealhas been caught staff members address poor quality hips with the following ng in illegal activities g into cars and buildings),				
	stealing; will address h episode of emotional D manifests itself as phys					
		risky impulsive behaviors.				
		Clinical Assessment dated 9				1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
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V 110	Continued From page 6		V 110			
V 110	Continued From page 6 -24-19 with addendum dated 10-30-19 revealed; "numerous encounters wit the lawrecently charged with several crimesregular marijuana use" -Comprehensive Clinical Assessment dated 4 -8-20 revealed: "Placed by court orderextensive legal charges including larceny, B&E (breaking and entering), possession of stolen propertyexplosive temper, no remorse Review on 5-12-20 of Staff #1's personnel record revealed: -Hire date of 9-12-19Training on keeping items in a secure way away from clients received 9-12-19 Review on 5-12-20 of staff #2's personnel record revealed: -Hire date of 4-30-20Training on keeping items in a secure way away from clients received 4-30-20. Review on 5-12-20 of staff #3's personnel record revealed: -Hire date of 4-2-20.		V 110			
		ng items in a secure way				
	away from clients rece	ived 4-20-20				
	revealed: -This afternoon before [client #1] and a peer to	-8-20 signed by staff #1 the meal, staff advised be empty pockets due to a compted [client #1] to also				
		overed a knife and various				
	other objects.	and the total				
	revealed: -"Was involved in	-4-20 involving client #1 stealing a small bag of aders bag and was telling				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	FATE, ZIP CODE			
TIMBER RIDGE TREATMENT CENTER 14225 STOKES FERRY ROAD GOLD HILL, NC 28071							
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	pens but he stated that and he got the blame. -"Staff leave the bill and he got the blame. -"Clients go into so around, taking nothing." Interview on 5-7-20 with seen kids ta [client #3]." -"[Client #1], he to markers." -"Staff is either hath forgets the bags." Interview on 5-7-20 with seen client. -"He has gone into seen client." -"He didn't take arange things really whatever." Interview on 5-8-20 with seen client. -She is sure some bags, "I'm sure of that." -She has never can staff bags. -"But every time I'm out of the bags." -"I tell new staff do Interview on 5-12-20 with had never seen seen seen client.	th client #1 revealed: en accused of taking some at another client toke them lags, I don't know why." taff bags, some just look lags, Some take things." th client #2 revealed: ke stuff out of the bag, like look a lighter, pens, and lighter, pens, and lighter, pens, and lighter something else, or th client #3 revealed: staff bags. liking residents to the lighting." hts take things, "dumb they could." h client #1 revealed: staff carry knives in their light anyone going into m at work, a kid is stealing an't bring valuables."	V 110	DEFICIENCY)			
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Plan of Correction Survey completed May 20, 2020 Timber Ridge Treatment Center 665 Timber Trail Gold Hill, NC 28071 MHL #080-035 E-mail Address: tomhibbert@trtc.net #NC0000164705 Attachment 10f1 pg.s Thomas Hibbert CEO 5/29/2020

ID PREFIX TAG: V110

A. Corrective Action:

1. Devise a policy regarding group leaders securing their personal items (i.e. knives, car keys, medication, wallets, etc.) by June 1, 2020. The CEO will be responsible for developing the policy.

- 2. Implement the new policy on June 17, 2020, and review policy in general staff meeting on the same date. Night group leaders will receive review and training on the new policy on the night of June 14, 2020. The Program Director and the Program Specialist will be responsible for training day and night direct care staff.
- 3. Purchase lockers for group leaders to secure their personal belongings at the beginning of their shift and have them in place by June 17, 2020. The Assistant Program Director and Group Work Supervisors will be responsible for ensuring group leaders are securing their personal items at the beginning of their shifts.

B. Prevention:

- Review the new policy in general staff meeting once a month beginning July 1, 2020, pointing out
 the safety implications of failing to secure personal items. The Program Director and the Program
 Specialist will be responsible for ongoing review and training on the new policy.
- 2. Consistently enforce the new policy regarding securing personal items on June 17, and take progressive disciplinary action against violators (i.e. written warning, suspension without pay, and termination). The Program Director, and the Administrator will be responsible for taking disciplinary action on violators including completing all necessary documentation such as writes up and updating supervision plans.

C. Monitoring and Frequency

 The Program Director and/or Assistant program Director will complete a monthly report to be submitted to The Leadership Committee (with the first report being submitted July 14, 2020) documenting compliance with the new policy.