STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL080035	A. BUILDING: _____ B. WING _____	R 07/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBER RIDGE TREATMENT CENTER	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	INITIAL COMMENTS An annual, complaint and follow-up survey was completed on 7/13/21. The complaint was unsubstantiated (Intake #178608). 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 000	DHSR - Mental Health AUG 11 2021 Lic. & Cert. Section	
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the Health Care Personnel Registry(HCPR) was accessed prior to hire for 2 of 7 staff (#2, #7) and 1 of 2 Group Work Supervisors(GWS#1). The findings are: Review on 6/30/21 of personnel records revealed: -staff #2 was hired on 3/4/21 with the job title of Group Leader(GL), documentation staff #2 reported to work on 3/11/21 and the HCPR check was completed on 3/9/21;	V 131	- See attached POC V-131 + V 274	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Thomas Hilbert — TITLE: CEO — (X6) DATE: 8/5/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL080035	A. BUILDING: _____ B. WING _____	R 07/13/2021

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V 131	Continued From page 1 -staff #7 was hired on 2/3/21 with the job title of GL, documentation staff #7 reported to work on 2/4/21 and the HCPR check was completed on 2/4/21; -GWS#1 was hired on 8/15/19 with the job title of GL, was promoted to GWS on 3/15/21 and the HCPR check was completed on 8/16/19. Interview on 7/1/21 with GWS#1 revealed he had been on his job for two years. Interview on 7/2/21 with staff #7 revealed he had been on his job a few months as a GL. Interview on 7/12/21 with staff #2 revealed he had been on his job for 4 months as a GL. Interview on 7/13/21 with Administrative staff revealed: -will ensure HCPR checks are completed prior to hire date; -will change how completing the hiring process. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 131		
V 277	27G .5202 Res. Tx. Camp - Staff 10A NCAC 27G .5202 STAFF (a) Each facility shall have a program director who has: (1) a minimum of two years' experience in child or adolescent services specific to the campers' needs; and (2) who has camping experience, and who has educational preparation in administrative, education, social work, nursing, psychology or a related field. (b) A minimum of two staff members shall be on	V 277		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL080035	A. BUILDING: _____ B. WING _____	R 07/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBER RIDGE TREATMENT CENTER	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 277	Continued From page 2 duty for every eight or fewer campers. (c) Emergency medical treatment shall be available within one hour of the facility. (d) Psychiatric consultation shall be available to the facility. (e) An emergency on-call staff shall be readily available by page and able to reach campers within one hour. (f) Staff assigned to the facility shall be trained to manage the children or adolescents individually and as a group. This Rule is not met as evidenced by: Based on interviews, the facility failed to ensure a minimum of two staff members were on duty for every eight or fewer campers. The findings are: Interview on 7/1/21 with client #1 revealed: -Been here three weeks; -have three GLs(Group Leaders) right now; -sometimes have one GL; -have night shift staff; -a week ago only one GL worked; -staff work here three days then off three days. Interview on 7/1/21 with client #2 revealed: been here six and a half weeks; -seven kids in his group; -one to two GLs at camp; -GLs work three days on, three days off; -GWS(Group Work Supervisor) fills in. Interview on 7/1/21 with client #3 revealed: -been here three months; -four kids in his group; -feel safe here; -staff tx him good; -usually two GLs, but one GL for right now because his group is small.	V 277		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 277	Continued From page 3 Interview on 7/1/21 with client #4 revealed: -been here a month; -the most number of GLs at his camp was three, -the least number of GLs at his camp was one. Interview on 7/1/21 with client #5 revealed: -been here a year and two months; -six kids in his group; -have one to two GLs work at a time; -feel safe here. Interview on 7/1/.21 with staff #1 revealed: -been on this job since 1/2021; -worked a shift alone; -special arrangements were made; -keep congregated instead of going to the recreation field; -other GLs are also around with their kids; -have supervisory back-up; -worked alone with seven kids at a time. Interview on 7/12/21 with staff #2 revealed: -been on his job for about four months; -have heard groups can have up to ten clients; -only ever seen the most of eight clients; -heard if ten clients have to have three GLs (Group Leaders); -have worked some shifts alone with four clients; -on those shifts not at camp site alone; -have his clients in community close to supervisors who can assist with supervision. Interview on 7/13/21 with administrative staff revealed: -had large staff turnover past few months; -in process of hiring new staff; -will ensure staffing meets requirements.	V 277		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
MHL080035 Y1	Y2	7/13/2021 Y3

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

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0112 Reg. # 27G .0205 (C-D) LSC	Correction Completed 06/30/2021	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Tina McLain	DATE 7/19/21
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
8/27/2019	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
MHL080035 Y1	A. Building B. Wing Y2	7/13/2021 Y3

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

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0537 Reg. # 27E .0108 LSC	Correction Completed 07/13/2021	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR: Lina McLain	DATE 7/19/21
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/15/2019		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
MHL080035 Y1	A. Building B. Wing Y2	7/13/2021 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0110 Reg. # 27G .0204 LSC	Correction Completed 07/13/2021	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Dina McLain	DATE 7/19/21
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/20/2020		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		☐ YES ☐ NO

TIMBER RIDGE TREATMENT CENTER, INC.

Plan of Correction
Survey completed July 13, 2021
Timber Ridge Treatment Center
665 Timber Trail
Gold Hill, NC 28071
MHL #080-035
E-mail Address: tomhibbert@trtc.net
Intake # NC 178608

Tom Hibbert
CEO 8/5/21

ID PREFIX TAG: V131

A. Corrective action:

Prior to date of hire the Administrator will implement the following procedure: Access the Healthcare Personnel Registry and note each incident of the access in the appropriate personnel file.

B. Prevention: The CFO will check to make sure this is done prior to entering payroll data.

C. Monitoring and Frequency:

The CFO will complete a monthly report to be submitted to The Leadership Committee for review each month. This report will show the number of new hires the number of healthcare registry checks and the percentage of them completed prior to hire.

ID PREFIX TAG: V277

A. Corrective action:

The Administrator and Program Director will implement the following procedure:

1. Hire adequate number of staff to ensure that there are two or more staff for every eight or fewer residents.
2. This will include extra staff and supervisory staff to maintain staff ratios in the case of an unplanned absence.
3. The Program Director will prepare a monthly schedule to reflect that two staff members are present for every eight or fewer residents.

B. Prevention:

The Program Director will alert the Administrator of any staff who is at risk for leaving. The Program Director and supervisory staff will strategize ways to retain our staff.

C. Monitoring and Frequency:

The Administrator will provide a monthly report detailing: the number of staff we have hired, staff turnover, staff length of employment, and the number of staff required to maintain two staff for every eight or fewer residents This report will be reviewed by The Leadership Committee on a monthly basis.