STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
			A. BOILDING.		D	
		MHL080-035	B. WING		R 01/07/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	E, ZIP CODE		
TIMBER RIDGE TREATMENT CENTER 665 TIMBER TRAIL						
TIMBLIT	NDGE TREATMENT CEN	GOLD HII	LL, NC 28071			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	on 1/7/22. The complunsubstantiated(Intak deficiency was cited. This facility is licensed category: 10A NCAC Therapeutic(Habilitati Adolescents of all Dis	d for the following service 27G .5200 Residential ve) Camp for Children and ability Groups				
V 277	27G .5202 Res. Tx. C	camp - Staff	V 277			
	who has: (1) a minimum child or adolescent so campers' needs; and (2) who has can has educational prepareducation, social work related field. (b) A minimum of two duty for every eight of (c) Emergency medicavailable within one has the facility. (e) An emergency on available by page and within one hour. (f) Staff assigned to the same control of	have a program director of two years' experience in ervices specific to the mping experience, and who aration in administrative, x, nursing, psychology or a e staff members shall be on fewer campers. cal treatment shall be				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		1 ' '	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			R	
		MHL080-035	B. WING			/07/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
TIMBER F	RIDGE TREATMENT CEN	TER	ER TRAIL				
		GOLD HII	LL, NC 28071				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 277	Continued From page 1		V 277				
	This Rule is not met as evidenced by: Based on interviews and records review, the facility failed to ensure a minimum of two staff members were on duty for every eight or fewer campers. The findings are:						
	-a lot of staff were out -most every group ha weekend;	d one staff this past assist with other groups; eekend;					
	-this past weekend, h working, staff #4; -there is not a lot of si -the Assistant PD can the weekend but he c	taff ne in, not typically work on came in to assist; ork on Friday and left on by himself; aff been on "singles;"					
	-staff #5 came in Sun -worked Monday, Tue Wednesday; -female staff was sup with staff #5 but she of	posed to come in and work did not; r(PD) came down, he was O on the walkies; helped out; with staff #1 revealed:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MHL080-035	B. WING		R 01/07/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE		
TIMPED D	IDGE TREATMENT CEN	TER 665 TIME	BER TRAIL			
TIMBER	IDGE TREATMENT CEN	GOLD HI	LL, NC 28071			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 277	Continued From page	e 2	V 277			
V 277	December (2021) shedifferent people work-different people work-working by himself on have five residents; doing singles because-supervisors fill in; call his supervisor for have walkie-talkies; if another group has will send that person linterview on 1/3/22 w. Counselors have to wasometimes I know." Interview on 1/3/22 w. last week sometimes singles long; singles means one services where the months of September November 2021, December 2	quit; (with him sometimes; n shifts some; se low in staff; r support; an extra staff member, they over. With staff #2 revealed "Master work shifts by themselves With client #4 revealed: s had one staff but not on Staff working in the group. Staff schedules for the r 2021, October 2021, Sember 2021 revealed: Subber, October and Substaff; Suber had several staff no secant positions. With the PD revealed: Senough for every group right secember(2021): Substaff on 12/13/21 for	V 277			
	-a different staff workthen his last day was-all these people were					

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
					R		
		MHL080-035	B. WING		01/07/2022		
		WITI LUOU-035			01/07/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	TE, ZIP CODE			
TIMBED D		665 TIM	BER TRAIL				
IIMBEK K	IDGE TREATMENT CEN	GOLD H	ILL, NC 28071				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)		
PREFIX	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE		
TAG			TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE		
				BEI IOIEI(OT)			
V 277	Continued From page	e 3	V 277				
		enough staff to cover;					
	-also had a superviso						
		enough group leaders					
	needed;						
	•	s who fill in for coverage					
	also; -had another staff out	t for COVID:					
	-a staff was out for a						
		OVID and also a death in					
	the family;	OVID and also a death in					
		Thursday: three group					
	leaders and two-night						
	-he and the Assistant PD came in to help to cover						
	camp;						
	-lost four people who had been here for a long						
	period of time;						
	-not far from full cove	rage;					
		aff on each rotation so two					
	groups have three pe	ople in them;					
	-staff #5 was out sick	December 13, 14 and 15;					
	-another staff was ou	t sick for a whole shift the					
	weekend of 12/19/21	because he hurt his hip;					
		t 12/17/21, 12/18/21 and					
		was sick, he took a COVID					
		ive but he had the flu;					
	-on the weekend of 1						
	Assistant PD came in						
		October 2021 and November					
	2021;						
	-"December was roug	gn."					

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