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: \_ R B. WING MHL080-035 01/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 665 TIMBER TRAIL TIMBER RIDGE TREATMENT CENTER GOLD HILL, NC 28071 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow-up survey was completed on 1/7/22. The complaints were unsubstantiated(Intakes #182983, #182982). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5200 Residential Therapeutic(Habilitative) Camp for Children and Adolescents of all Disability Groups The survey sample consisted of audits of 4 of current clients and 3 of 3 former clients. See attached V 277 27G .5202 Res. Tx. Camp - Staff V 277 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 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 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 DHSR - Mental Health available by page and able to reach campers within one hour. JAN 31 2022 (f) Staff assigned to the facility shall be trained to manage the children or adolescents individually and as a group. Lic. & Cert. Section Division of Health Service Regulation

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

TITLE

Division of Health Service Regulation

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		1	nterview on 1/3/22 with	staff #1 revealed:					

Division of Health Service Regulation

STATE FORM

Division of Health Service Regulation

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3:			
						-	
		MHL080-035	B. WING	B. WING		R 01/07/2022	
NAME OF S	NOVIDED OF SUREVIEW				1 01/	10112022	
NAME OF F	ROVIDER OR SUPPLIER			TATE, ZIP CODE			
TIMBER	RIDGE TREATMENT CENT	TFR	ER TRAIL				
			L, NC 28071				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
V 277	Continued From page	2	V 277				
	December (2021) she -different people work -working by himself or -have five residents; -doing singles because -supervisors fill in; -call his supervisor for -have walkie-talkies; -if another group has a will send that person or Interview on 1/3/22 with Counselors have to wo sometimes I know."  Interview on 1/3/22 with -last week sometimes I know."  Interview on 1/3/22 with -last week sometimes I know."  Review on 1/4/22 of stamonths of September 2021, Decenther months of Septem November had enough -the month of December longer working and vacual Interview on 1/4/22 with -staffing issues: had en after last survey; -then had issues in Decreently fired one staff unexcused absences; -another staff abruptly of	quit; with him sometimes; a shifts some; e low in staff; support; an extra staff member, they ever.  th staff #2 revealed "Master ork shifts by themselves  th client #4 revealed: thad one staff but not on aff working in the group.  aff schedules for the 2021, October 2021, mber 2021 revealed: ber, October and staff; er had several staff no cant positions.  at the PD revealed: ough for every group right  sember(2021): on 12/13/21 for	V 277				
	and did not work it; -a different staff worked then his last day was 12	here nearly a year and 2/3/21;					
	-all these people were o						

Division of Health Service Regulation

Division of Health Service Regulation

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED			
						R			
	MHL080-035		B. WING			01/07/2022			
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE ZID CODE					
TANKE OF T	NOVIDER OR GOLF LIER			TATE, ZIP CODE					
TIMBER	TIMBER RIDGE TREATMENT CENTER 665 TIMBER TRAIL GOLD HILL, NC 28071								
/Y4) ID	SUMMARY STA			DEOVIDEDIO DI AN OF	0000000000				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE			
V 277	Continued From page	3	V 277						
	-November 2021 had	enough staff to cover:							
	-also had a supervisor								
	-November 2021 had								
	needed;	owedgii greep leadere							
		who fill in for coverage							
	also;	1 10 10 10 10 10 10 10 10 10 10 10 10 10							
	-had another staff out								
	-a staff was out for a fa								
		VID and also a death in							
	the family; -four people starting T	buraday: three group							
	leaders and two-night								
		PD came in to help to cover							
	camp;	D dame in to help to cover							
		ad been here for a long							
	period of time;								
	-not far from full covera	age;							
		ff on each rotation so two		1					
	groups have three peo								
		December 13, 14 and 15;							
		sick for a whole shift the							
weekend of 12/19/21 because he hurt his									
-another staff was out 12/17/21, 12/18/21 and 12/19/21 because he was sick, he took a COVID		1							
test which was negative but he had the flu;									
	-on the weekend of 12/								
	Assistant PD came in t								
	-had enough staff in Oc	ctober 2021 and November							
	2021;					1			
	-"December was rough	."							
						- 1			
						- 1			

## STATE FORM: REVISIT REPORT PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION DATE OF REVISIT **IDENTIFICATION NUMBER** A. Building B. Wing MHL080-035 1/7/2022 NAME OF FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE TIMBER RIDGE TREATMENT CENTER 665 TIMBER TRAIL 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 DATE ITEM DATE ITEM DATE Y4 Y5 Y4 Y5 Y4 Y5 ID Prefix V0131 **ID Prefix** Correction Correction **ID Prefix** Correction G.S. 131E-256 (D2) Reg. # Reg. # Completed Completed Reg. # Completed LSC 01/07/2022 LSC LSC **ID** Prefix **ID** Prefix Correction Correction **ID Prefix** Correction Completed Reg. # Reg. # Completed Reg. # Completed LSC LSC LSC **ID** Prefix **ID** Prefix Correction Correction **ID Prefix** Correction Completed Reg. # Reg. # Completed Reg. # Completed LSC LSC LSC **ID** Prefix Correction **ID** Prefix **ID** Prefix Correction Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC ID Prefix Correction **ID** Prefix Correction ID Prefix Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC REVIEWED BY REVIEWED BY DATE SIGNATURE OF SURVEYOR DATE (INITIALS) STATE AGENCY Gina McLain 1/13/22 **REVIEWED BY** REVIEWED BY DATE TITLE DATE CMS RO (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? 7/13/2021 YES NO

Page 1 of 1

EVENT ID:

E53512



DHSR - Mental Health

JAN 31 2022

Lic. & Cert. Section

Plan of Correction
Survey completed January 7, 2022
Timber Ridge Treatment Center
665 Timber Trail
Gold Hill, NC 28071
MHL #080-035

E-mail Address: tomhibbert@trtc.net

#NC0000164705

ID PREFIX TAG: V277 Complete Date: February 6, 2022

A. Corrective Action:

- 1. The Program Director will create a schedule which will maintain two staff members for every eight or fewer campers.
- 2. If for some unforeseen reason the staff ratio is likely to fall below requirements the program director will implement the following strategies:
  - Use other staff (i.e. Program Specialist, Teaching Staff, Program Director, Assistant Program Director, Family Therapist and Supervisor to maintain Client to staff ratio).
  - Provide monetary incentives (i.e. Bonuses, Vacation Days etc.) for Staff who are willing to work extra shifts/hours).
  - Expand Staff recruiting efforts to include job internships, jobs fairs, and college visits.
- 3. Timber Ridge Human Resources department is authorized to hire extra staff to help prevent shortages due to illnesses weather or no-shows.

## B. Prevention:

- 1. The Program Director will conduct staff training to emphasize the importance of maintaining proper staff ratio and the staff's responsibility to maintain the agreed-upon work schedule.
- 2. The Board of Trustees will provide financial resources to encourage the recruitment and retention of staff. This includes restructuring debts from banks small business administration and other sources...

## 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 March 2022) documenting compliance with staffing ratio issues.