

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/07/2022
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NAME OF PROVIDER OR SUPPLIER TIMBER RIDGE TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 665 TIMBER TRAIL GOLD HILL, NC 28071
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(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 and follow-up survey was completed on 1/7/22. The complaints were unsubstantiated(Intakes #182983, #182982). A deficiency was cited.</p> <p>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</p> <p>The survey sample consisted of audits of 4 of current clients and 3 of 3 former clients.</p>	V 000		
V 277	<p>27G .5202 Res. Tx. Camp - Staff</p> <p>10A NCAC 27G .5202 STAFF</p> <p>(a) Each facility shall have a program director who has:</p> <p>(1) a minimum of two years' experience in child or adolescent services specific to the campers' needs; and</p> <p>(2) who has camping experience, and who has educational preparation in administrative, education, social work, nursing, psychology or a related field.</p> <p>(b) A minimum of two staff members shall be on duty for every eight or fewer campers.</p> <p>(c) Emergency medical treatment shall be available within one hour of the facility.</p> <p>(d) Psychiatric consultation shall be available to the facility.</p> <p>(e) An emergency on-call staff shall be readily available by page and able to reach campers within one hour.</p> <p>(f) Staff assigned to the facility shall be trained to manage the children or adolescents individually and as a group.</p>	V 277	<p><i>See attached</i></p> <p>DHSR - Mental Health</p> <p>JAN 31 2022</p> <p>Lic. & Cert. Section</p>	<p><i>2/6/22</i></p>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Thomas Kibler

CEO

1/25/22

Division of Health Service Regulation

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V 277	<p>Continued From page 1</p> <p>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:</p> <p>Interview on 12/20/21 with client #1 revealed: -a lot of staff were out this past weekend; -most every group had one staff this past weekend; -supervisors went to assist with other groups; -not that way every weekend; -some of staff were out sick.</p> <p>Interview on 12/20/21 with client #2 revealed: -this past weekend, had one group leader working, staff #4; -there is not a lot of staff -the Assistant PD came in, not typically work on the weekend but he came in to assist; -staff #4 came in to work on Friday and left on Monday; -worked all weekend by himself; -for past 3-4 shifts staff been on "singles;" -don't really have the staff.</p> <p>Interview on 12/20/21 with client #3 revealed: -staff #5 came in Sunday around 10am; -worked Monday, Tuesday and got off Wednesday; -female staff was supposed to come in and work with staff #5 but she did not; -the Program Director(PD) came down, he was on campus; -staff #5 called the PD on the walkies; - the PD worked and helped out; -was short staffed.</p> <p>Interview on 1/3/22 with staff #1 revealed: -had a co-counselor but the beginning of</p>	V 277		

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V 277	<p>Continued From page 2</p> <p>December(2021) she quit; -different people work with him sometimes; -working by himself on shifts some; -have five residents; -doing singles because low in staff; -supervisors fill in; -call his supervisor for support; -have walkie-talkies; -if another group has an extra staff member, they will send that person over.</p> <p>Interview on 1/3/22 with staff #2 revealed "Master Counselors have to work shifts by themselves sometimes I know."</p> <p>Interview on 1/3/22 with client #4 revealed: -last week sometimes had one staff but not on singles long; -singles means one staff working in the group.</p> <p>Review on 1/4/22 of staff schedules for the months of September 2021, October 2021, November 2021, December 2021 revealed: -the months of September, October and November had enough staff; -the month of December had several staff no longer working and vacant positions.</p> <p>Interview on 1/4/22 with the PD revealed: -staffing issues: had enough for every group right after last survey; -then had issues in December(2021): -recently fired one staff on 12/13/21 for unexcused absences; -another staff abruptly quit on 12/18/21; -another staff put in 2-week notice in on 12/5/21 and did not work it; -a different staff worked here nearly a year and then his last day was 12/3/21; -all these people were on the schedule;</p>	V 277		

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V 277	<p>Continued From page 3</p> <ul style="list-style-type: none"> -November 2021 had enough staff to cover; -also had a supervisor quit; -November 2021 had enough group leaders needed; -have four supervisors who fill in for coverage also; -had another staff out for COVID; -a staff was out for a family death; -a female staff had COVID and also a death in the family; -four people starting Thursday: three group leaders and two-night staff; -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 coverage; -normally put extra staff on each rotation so two groups have three people in them; -staff #5 was out sick December 13, 14 and 15; -another staff was out sick for a whole shift the weekend of 12/19/21 because he hurt his hip; -another staff was out 12/17/21, 12/18/21 and 12/19/21 because he was sick, he took a COVID test which was negative but he had the flu; -on the weekend of 12/19/21, he and the Assistant PD came in to cover camp; -had enough staff in October 2021 and November 2021; -"December was rough." 	V 277		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL080-035	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/7/2022
NAME OF FACILITY TIMBER RIDGE TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0131	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # G.S. 131E-256 (D2)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	01/07/2022	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	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 _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	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 STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Gina McLain	DATE 1/13/22
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 7/13/2021	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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TREATMENT CENTER, INC.

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

1. 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.