	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL080-035	B. WING	R 05/13/2022		
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
IMBER R	IDGE TREATMENT CEN	TER	BER TRAIL ILL, 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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	completed on 5-13-22	and complaint survey was 2. The complaint was C00188125). Deficiencies				
	category: 10A NCAC	d for the following service 27G .5200 Residential tive) Camps for Children and sability Groups.				
		d for sixty and currently has ght. The survey sample rrent clients.				
V 536	27E .0107 Client Rig Int.	nts - Training on Alt to Rest.	V 536			
	10A NCAC 27E .0107 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall im practices that empha- to restrictive intervent	RESTRICTIVE plement policies and size the use of alternatives				
	disabilities, staff inclu employees, students demonstrate compete completing training in					
	which the likelihood of or injury to a person of property damage is p	of imminent danger of abuse with disabilities or others or revented.				
	based on state comp compliance and demo gathered.	s shall establish training etencies, monitor for internal onstrate they acted on data				
	include measurable le	be competency-based, earning objectives, vritten and by observation of				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R	
		MHL080-035	B. WING		05/13/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
TIMBER F	RIDGE TREATMENT CEN	ITER	BER TRAIL ILL, NC 28071			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 536	Continued From pag	e 1	V 536			
	methods to determine course. (e) Formal refresher by each service prov annually). (f) Content of the tra provider wishes to er the Division of MH/D Paragraph (g) of this (g) Staff shall demor following core areas: (1) knowledge people being served; (2) recognizing behavior; (3) recognizing external stressors that disabilities; (4) strategies f relationships with per (5) recognizing organizational factors disabilities; (6) recognizing assisting in the perso decisions about their (7) skills in ass escalating behavior; (8) communica and de-escalating po and (9) positive bel means for people wit activities which direct behaviors which are (h) Service providers	Rule. Instrate competence in the and understanding of the g and interpreting human g the effect of internal and at may affect people with for building positive rsons with disabilities; g cultural, environmental and s that may affect people with g the importance of and on's involvement in making life; sessing individual risk for ation strategies for defusing otentially dangerous behavior; thavioral supports (providing th disabilities to choose tly oppose or replace unsafe).				

Division	of Health Service Regu	Ilation			FORM APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		X3) DATE SURVEY COMPLETED
					Р
		MHL080-035	B. WING		R 05/13/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	
		665 TIM	BER TRAIL		
	RIDGE TREATMENT CEN	GOLD H	ILL, 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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
V 536	Continued From page	e 2	V 536		
	(1) Documenta	tion shall include:			
1		pated in the training and the			
	outcomes (pass/fail);				
		where they attended; and			
	(C) instructor's				
		n of MH/DD/SAS may			
	(i) Instructor Qualific	ocumentation at any time.			
	Requirements:				
		all demonstrate competence			
	by scoring 100% on t	esting in a training program			
		reducing and eliminating the			
	need for restrictive in				
	. ,	all demonstrate competence			
		grade on testing in an			
	instructor training pro (3) The training				
		nclude measurable learning			
		ble testing (written and by			
		ior) on those objectives and			
	measurable methods failing the course.	to determine passing or			
	-	t of the instructor training the			
	service provider plan	-			
	approved by the Divis	sion of MH/DD/SAS pursuant			
	to Subparagraph (i)(5				
		instructor training programs			
		not limited to presentation of:			
		ng the adult learner;			
	(B) methods fo course;	r teaching content of the			
		r evaluating trainee			
	performance; and				
		tion procedures.			
		all have coached experience			
		ogram aimed at preventing,			
I		ting the need for restrictive			
		one time, with positive			
	review by the coach.				
Division of Lla	alth Service Regulation				

Division of Health Service Regulation STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:		R		
		MHL080-035	B. WING		05	5/13/2022	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
IMBER R	IDGE TREATMENT CEN	ITER					
			ILL, NC 28071				
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
V 536	Continued From pag	e 3	V 536				
	aimed at preventing, need for restrictive in annually. (8) Trainers sh instructor training at (j) Service providers documentation of init training for at least th (1) Docum (A) who particip outcomes (pass/fail); (B) when and y (C) instructor's (2) The Division request and review th (k) Qualifications of (1) Coaches sh requirements as a trais (2) Coaches sh the course which is b (3) Coaches sh competence by comp train-the-trainer instru-	tial and refresher instructor ree years. entation shall include: bated in the training and the where attended; and a name. on of MH/DD/SAS may his documentation any time. Coaches: hall meet all preparation ainer. hall teach at least three times being coached. hall demonstrate oletion of coaching or					
	two current audited s audited former staff (as evidenced by: iews and interviews one of staff (Staff #2) and one of one (Former Staff #1) failed to ency in de-escalation. The					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMI	PLETED
		MHL080-035	B. WING		R 05/13/2022	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
	RIDGE TREATMENT CEN	665 TIME	BER TRAIL			
		GOLD H	ILL, NC 28071			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
V 536	Continued From page	e 4	V 536			
	-Admitted 9-7-21 -15 years old. -Diagnoses inclu Disorder, Mild Autism Unspecified Depress Deficit/Hyperactivity I -Comprehensive -19-21 revealed: "Sei internetrepeated b threats, suicidal threat with depressive symp skills and healthy relat from learning how to feelingsneeds app health information, how relationships, how to -Person Centerer revealed: goals include interpersonal relations manifestations poor sei interactions, extreme easily influenced, atter gifts, uses dishonesty rules; Decrease epised dysregulation which in verbal aggression, pri threats, and threats th -Crisis Plan rever when he is angry, allow calm down. Review on 5-5-22 of revealed: -Hire date 10-14 -Trainings include	Ide: Post Traumatic Stress a Spectrum Disorder, ive Disorder, Attention Disorder. Clinical Assessment dated 8 xualized behavior on the ehaviors online making atshe reports struggling btomsstruggles with social ationshipswould benefit express thoughts and ropriate social skills, sexual bw to build health build health boundries" ad Plan dated 8-31-21 de addressing poor quality ships with the following social communication and ly poor boundries, very empts to buy friends with y and deceit for breaking bodes of emotional manifests as physical and/or roperty destruction, suicidal				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			P
		MHL080-035	B. WING		05	R 5/13/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
TIMBER R	IDGE TREATMENT CEN	TER	BER TRAIL			
		GOLD H	ILL, 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 C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETE DATE
V 536	Continued From page	e 5	V 536			
	-Hire date 10-14	Staff #2's record revealed: -21. e NCI Plus restrictive 10-15-				
	dated 2-9-22 and sign Program Director reve -"Conclusion: ba statements and interve clear that [Former Stat the situation different and removed himself table[Former Staff training and TRTC (L have used less restrice #1] to comply with his concluded that at no	ealed: sed on the written views of staff and clients, it is aff #1] could have handled ly as [Client #1] stood up from underneath the #1] deviated from NCI icensee) standardsshould ctive efforts in getting [Client s directions. It was also point during the interactions nd [Former Staff #1] there				
	-He has been at months. -Staff treated hin -He had been re once when they had	vith Client #1 revealed: the facility almost eight n well and he felt safe. strained by Former Staff #1 been sleeping inside due to				
	the schoolroom. -Former Staff #1 looked like the table v got out from under it. -"I tried to push h his hand on my neck -He stated that F	to sleep under the table of had moved the table and it was going to fall so Client #1 him (Former Staff #1). He put and started squeezing." former Staff #1 also				
	hold".	ro tables. then "put me in a choke e was held in a choke hold				

STATE FORM

QVIG11

If continuation sheet 6 of 11

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		MHL080-035	B. WING	c		R 05/13/2022	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	IDGE TREATMENT CEN	ITER 665 TIMI	BER TRAIL				
		GOLD H	ILL, NC 28071				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	D THE APPROPRIATE	COMPLE ⁻ DATE	
V 536	Continued From pag	e 6	V 536				
	for approximately two arrived.	o minutes until another staff					
		esent and was trying to hold					
		mas were too slippery for her					
	to get a secure grip.	,					
	-He stated that his throat was hurting the next						
	day, but he had no bruises on his neck.						
		with Client #4 revealed:					
		the facility for five months.					
	• •	d" and treated everyone fair					
	and equally.	-He had seen the incident involving Client #1					
	and Former Staff #1.	-					
		had his hands wrapped					
		neck, choked him, and					
	slammed him on a ta	-					
	Former Staff #1 was	leeping under a table and					
	-Former Staff #1	tried to move the table with					
	Client #1 under it.	d up to staff and told him to					
	leave him alone.	d up to staff and told him to					
		o think about where Staff #2					
		lly stating that Staff #2 had					
		Client #1 down and get					
	Former Staff #1 to le	-					
	-He had not like	d Former Staff #1 before this					
		Former Staff #1 was "rude,					
	verbally aggressive a						
		as the only staff in 27 years					
	that has put his hand me that."	ls on a kid. Multiple staff told					
		he facility is good and helps a					
	lot of children.	no raonity to good and helps a					
		ot injured, but he was crying.					
		aying that he had been					
	choked and staff saw	a mark on his neck.					
	Interview on 5-5-22 v	with Client #5 revealed:					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	ST CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL080-035	B. WING		0	R 5/13/2022
IAME OF PF	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	ZIP CODE		
	IDGE TREATMENT CEN	TED 665 TIMB	ER TRAIL			
	IDGE TREATMENT CEN	GOLD HI	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 C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 536	Continued From page	97	V 536			
	and staff treated them -Former Staff #1 Client #1 and that have -Client #1 came of tried to hit Former Staff -Client #1 then p Former Staff #1 pusht to move away. -Former Staff #1 choking him. -He didn't remem Staff #2 had been. -He stated that h people from other cla -Client #1 had not mention to anyone at -He did not like F was irritating as h**I, Interview on 5-5-22 w -He had been at four and a half month -The staff is good -They had been at one night because it w -Former Staff #1 Client #1 sleeping un- him to move. -When Client #1 #1 tried to move the t	ushed Former Staff #1 and ed him back, just to get him had his arm and he was aber anything about where e started yelling for help and ssrooms came in. bt been injured and did not bout being choked. Former Staff #1 saying; "he he was just irritating." with Client #6 revealed: the facility approximately s. d and treat him well. sleeping in the classroom was cold. was uncomfortable with der the table so he asked wouldn't move, Former Staff able.				
	bumped into Former went to restrain him. -When Client #1	t from under the table and Staff #1 and Former Staff #1 ran into Former Staff #1 he , but was never slammed				
	into it, and was never -Staff #2 had bee with the restraint.	slammed onto the ground. in the room, but didn't help was trying to wrap his arms				

STATE FORM

6899

QVIG11

If continuation sheet 8 of 11

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL080-035	B. WING	05	R 5/13/2022	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	IDGE TREATMENT CEN	TER 665 TIM	BER TRAIL			
		GOLD H	IILL, NC 28071			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE DATE
V 536	Continued From page	9 8	V 536			
	around Client #1 and	his arms did slip, and				
	Former Staff #1 move	-				
	-Client #1 said he	e was being choked, but he				
	was not. Client #1 wa	is "wiggling around."				
	-He did hear som	ne of the other clients say				
	that Former Client #1	should be fired.				
	Interview on 5-2-22 w	vith Former Staff #1				
	revealed:					
		een trying to sleep in an				
	unsafe area.					
		move the table after Client #1				
	ignored directives to					
	•	n to the table leg, so Former				
	Staff #1 stopped and					
		went to attack me."				
	. ,	out from under the table and				
	attempted to hit him.					
		ent #1 attempt to hit Former				
	Staff #1 and stopped	-				
		put Client #1 in a restraint				
	that was proper.					
		the restraint approximately				
		er staff came into the room.				
	-He believes that	t the other clients came up				
	with the story about c	hoking Client #1 to get him				
	fired.					
	Interview on 5-4-22 w	vith Staff #2 revealed:				
	•	sleeping in the classroom				
	because it was so col					
		h the tables aside.				
		ed his mattress fully under				
	the desk and the clier that.	nts were not supposed to do				
		ld that he couldn't sleep				
		s under that table and also				
	too close to staff.					
		d into his sleeping bag and				
	said he was going to					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
ND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	PLETED
		MHL080-035	B. WING		05	R 5/ 13/2022
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		665 TIME	BER TRAIL			
	IDGE TREATMENT CEN	GOLD H	LL, NC 28071			
(X4) ID		ATEMENT OF DEFICIENCIES	ID			(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN) THE APPROPRIATE	COMPLET DATE
V 536	Continued From page	e 9	V 536			
	-Former Staff #1	pulled either the table or the				
	mattress but both mo	oved as a unit.				
	-Client #1 becan	ne angry, came out of his				
	sleeping bag and lun	ged for Former staff #1.				
	-She was behind	I Client #1 and stopped him				
	form hitting Former S					
	-She then took his arm and initiated a					
	restraint. -Former Staff #1 then took over the restraint					
		er and more capable.				
		Client #1 transitioned to the				
	ground where she tried to hold Client #1's legs and Former Staff #1 had his arms.					
	-Client #1 was "flopping around" and calling					
	staff names.	lopping around and calling				
		tanding in front of the table				
		ver been slammed into it.				
		's hands were never around				
	Client #1's neck at ar					
		e other clients saying they				
		et Former Staff #1 fired.				
		vith Client #1's former				
		Services Legal Guardian				
	revealed:	tions and has different				
		utism and has different				
	perception of reality.	(apply lad by his paper				
		/ easily led by his peers. "has a narrative in his head,				
	then that is what he					
		e was that the tables were in				
	the room to begin wit					
		vith the Assistant Program				
	Director revealed:					
		restraint could have been				
		de-escalation techniques.				
		I staff to use the less				
	restrictive options wh					
	- i ney tell staff to	back away and let the client				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R	
		MHL080-035	B. WING		05/13/2022	
AME OF PF	ROVIDER OR SUPPLIER	STREET #	ADDRESS, CITY, STATE,	ZIP CODE		
MBER R	IDGE TREATMENT CEN	ITER	BER TRAIL			
		GOLD H	IILL, NC 28071			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 536	Continued From pag	e 10	V 536			
	-The actual restri- The facility had because there had b and perhaps the rest avoided. -They had forma in de-escalation and	some time and space. raint was done properly. called in inappropriate een a choice to back away traint could have been ally retrained Former Staff #1 restraints on 2-11-22, and f during a staff meeting.				