Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL080-035	A. BUILDING: ______ B. WING ______	R 05/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBER RIDGE TREATMENT CENTER	665 TIMBER TRAIL 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, follow up and complaint survey was completed on 5-13-22. The complaint was unsubstantiated (#NC00188125). 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. This facility is licensed for sixty and currently has a census of twenty-eight. The survey sample consisted of three current clients.	V 000	See attached page	7/13/22
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of	V 536	RECEIVED JUN 08 2022 DHSR-MH Licensure Sect	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Thomas A. Hildebrant — TITLE: CEO — (X6) DATE: June 2, 2022

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V 536	Continued From page 1 behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years.	V 536		

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V 536	Continued From page 2 (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.	V 536		

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V 536	Continued From page 3 (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews one of two current audited staff (Staff #2) and one of one audited former staff (Former Staff #1) failed to demonstrate competency in de-escalation. The findings are:	V 536		

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V 536	Continued From page 4 Review on 5-4-22 of Client #1's record revealed: -Admitted 9-7-21. -15 years old. -Diagnoses include: Post Traumatic Stress Disorder, Mild Autism Spectrum Disorder, Unspecified Depressive Disorder, Attention Deficit/Hyperactivity Disorder. -Comprehensive Clinical Assessment dated 8-19-21 revealed: "Sexualized behavior on the internet ...repeated behaviors online making threats, suicidal threats...he reports struggling with depressive symptoms ...struggles with social skills and healthy relationships ...would benefit from learning how to express thoughts and feelings ...needs appropriate social skills, sexual health information, how to build health relationships, how to build health boundries..." -Person Centered Plan dated 8-31-21 revealed: goals include addressing poor quality interpersonal relationships with the following manifestations poor social communication and interactions, extremely poor boundries, very easily influenced, attempts to buy friends with gifts, uses dishonesty and deceit for breaking rules; Decrease episodes of emotional dysregulation which manifests as physical and/or verbal aggression, property destruction, suicidal threats, and threats to others. -Crisis Plan reveals; likes to be left alone when he is angry, allow him time and space to calm down. Review on 5-5-22 of Former Staff #1's record revealed: -Hire date 10-14-21, separation date 3-1-22. -Trainings include NCI (North Carolina Interventions) + Restrictive on 10-15-21, and 2-11-22.	V 536		

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V 536	Continued From page 5 Review on 5-5-22 of Staff #2's record revealed: -Hire date 10-14-21. -Trainings include NCI Plus restrictive 10-15-21. Review on May 4, 2022 of Internal Investigation dated 2-9-22 and signed by the Assistant Program Director revealed: -"Conclusion: based on the written statements and interviews of staff and clients, it is clear that [Former Staff #1] could have handled the situation differently as [Client #1] stood up and removed himself from underneath the table....[Former Staff #1] deviated from NCI training and TRTC (Licensee) standards ...should have used less restrictive efforts in getting [Client #1] to comply with his directions. It was also concluded that at no point during the interactions between [Client #1] and [Former Staff #1] there was any intent to cause [Client #1] harm." Interview on 5-5-22 with Client #1 revealed: -He has been at the facility almost eight months. -Staff treated him well and he felt safe. -He had been restrained by Former Staff #1 once when they had been sleeping inside due to cold weather. -He had wanted to sleep under the table of the schoolroom. -Former Staff #1 had moved the table and it looked like the table was going to fall so Client #1 got out from under it. -"I tried to push him (Former Staff #1). He put his hand on my neck and started squeezing." -He stated that Former Staff #1 also slammed him onto two tables. -Former Staff #1 then "put me in a choke hold". -He stated that he was held in a choke hold	V 536		

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V 536	Continued From page 6	V 536		

for approximately two minutes until another staff arrived.

-Staff #2 was present and was trying to hold his legs, but his pajamas 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.

Interview on 5-5-22 with Client #4 revealed:

-He has been at the facility for five months. Staff was "really good" and treated everyone fair and equally.

-He had seen the incident involving Client #1 and Former Staff #1.

-Former Staff #1 had his hands wrapped around Clients #1's neck, choked him, and slammed him on a table and the ground.

-Client #1 was sleeping under a table and Former Staff #1 wanted to sleep there.

-Former Staff #1 tried to move the table with Client #1 under it.

-Client #1 walked up to staff and told him to leave him alone.

-Client #4 had to think about where Staff #2 had been before finally stating that Staff #2 had been trying to calm Client #1 down and get Former Staff #1 to leave.

-He had not liked Former Staff #1 before this incident, saying that Former Staff #1 was "rude, verbally aggressive and petty."

-"I was told he was the only staff in 27 years that has put his hands on a kid. Multiple staff told me that."

-He thinks that the facility is good and helps a lot of children.

-Client #1 was not injured, but he was crying.

-Client #1 was saying that he had been choked and staff saw a mark on his neck.

Interview on 5-5-22 with Client #5 revealed:

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V 536	Continued From page 7 -He had been at the facility for five months and staff treated them well and he felt safe. -Former Staff #1 had tried to pull a table off of Client #1 and that had made Client #1 angry. -Client #1 came out from under the table and tried to hit Former Staff #1. -Client #1 then pushed Former Staff #1 and Former Staff #1 pushed him back, just to get him to move away. -Former Staff #1 had his arm and he was choking him. -He didn't remember anything about where Staff #2 had been. -He stated that he started yelling for help and people from other classrooms came in. -Client #1 had not been injured and did not mention to anyone about being choked. -He did not like Former Staff #1 saying; "he was irritating as h**l, he was just irritating." Interview on 5-5-22 with Client #6 revealed: -He had been at the facility approximately four and a half months. -The staff is good and treat him well. -They had been sleeping in the classroom one night because it was cold. -Former Staff #1 was uncomfortable with Client #1 sleeping under the table so he asked him to move. -When Client #1 wouldn't move, Former Staff #1 tried to move the table. -Client #1 got out from under the table and bumped into Former Staff #1 and Former Staff #1 went to restrain him. -When Client #1 ran into Former Staff #1 he was against the table, but was never slammed into it, and was never slammed onto the ground. -Staff #2 had been in the room, but didn't help with the restraint. -Former Staff #1 was trying to wrap his arms	V 536		

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V 536	Continued From page 8 around Client #1 and his arms did slip, and Former Staff #1 moved his arms. -Client #1 said he was being choked, but he was not. Client #1 was "wiggling around." -He did hear some of the other clients say that Former Client #1 should be fired. Interview on 5-2-22 with Former Staff #1 revealed: -Client #1 had been trying to sleep in an unsafe area. -He had tried to move the table after Client #1 ignored directives to come out. -Client #1 held on to the table leg, so Former Staff #1 stopped and backed away. -"He (Client #1) went to attack me." -Client #1 came out from under the table and attempted to hit him. -Staff #2 saw Client #1 attempt to hit Former Staff #1 and stopped him. -They both then put Client #1 in a restraint that was proper. -Client #1 was in the restraint approximately two minutes until other staff came into the room. -He believes that the other clients came up with the story about choking Client #1 to get him fired. Interview on 5-4-22 with Staff #2 revealed: -They had been sleeping in the classroom because it was so cold. -They would push the tables aside. -Client #1 inserted his mattress fully under the desk and the clients were not supposed to do that. -Client #1 was told that he couldn't sleep there because he was under that table and also too close to staff. -Client #1 crawled into his sleeping bag and said he was going to sleep there.	V 536		

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V 536	Continued From page 9	V 536		

-Former Staff #1 pulled either the table or the mattress but both moved as a unit.
-Client #1 became angry, came out of his sleeping bag and lunged for Former staff #1.
-She was behind Client #1 and stopped him form hitting Former Staff #1.
-She then took his arm and initiated a restraint.
-Former Staff #1 then took over the restraint because he was bigger and more capable.
-Both staff and 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.
-She had been standing in front of the table and Client #1 had never been slammed into it.
-Former Staff #1's hands were never around Client #1's neck at any time.
-She did hear the other clients saying they were going to try to get Former Staff #1 fired.

Interview on 5-5-22 with Client #1's former Department of Social Services Legal Guardian revealed:
-Client #1 has autism and has different perception of reality.
-Client #1 is very easily led by his peers.
-Once Client #1 "has a narrative in his head, then that is what he will say."
-Her whole issue was that the tables were in the room to begin with.

Interview on 5-6-22 with the Assistant Program Director revealed:
-He felt that the restraint could have been avoided with proper de-escalation techniques.
-They always tell staff to use the less restrictive options whenever possible.
-They tell staff to back away and let the client

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V 536	Continued From page 10 know they can have some time and space. -The actual restraint was done properly. -The facility had called in inappropriate because there had been a choice to back away and perhaps the restraint could have been avoided. -They had formally retrained Former Staff #1 in de-escalation and restraints on 2-11-22, and had retrained all staff during a staff meeting.	V 536		

Attachment to statement of deficiencies and plan of correction
Annual and Complaints Survey completed 05-13-2022
Timber Ridge Treatment Center, 665 Timber Trail, Gold Hill, NC 28071
MHL #080-035
E-mail Address: tomhibbert@trtc.net
Intake #NC00188125
Tom Hibbert
6/2/22

Plan of Correction

I. V 536 Client's Rights-Training on Alternatives to Restrictive Interventions

A. Corrective Action:

1) Re-train all direct care and support staff on NCI-*plus* de-escalation strategies once monthly during staff meeting.

2) Hold NCI-*plus* refresher courses quarterly to reinforce the use of lesser restrictive strategies that reduce the need for external control to only emergency situations.

3) Provide additional training to Group Work Supervisor in early crisis intervention to monitor the use of restrictive intervention by direct care staff to ensure de-escalation practices are utilized.

B. Prevention:

1) Continue to evaluate the use of restrictive interventions to ensure the proper technique is utilized in accordance to TRTC/NCI-*plus* standards and that the appropriate de-escalation practices are utilized.

2) Placed increased emphasis on relationship building and using de-escalation strategies to newly hired staff (during training week) as a deterrent to the use of restrictive interventions.

3) The Program Director will meet with the Program Specialist, Assistant Program Director, and Group Work Supervisors on a monthly basis to review staff competence, identify problem areas, and implement corrective actions.

4) The Program Director, and/or Assistant Program Director will take progressive disciplinary actions against staff that deviate from their training and fail to utilized de-escalation practices.

C. Monitoring:

1) The Program Director and/or Assistant Program Director will generate a monthly report detailing training activities, restrictive intervention usage and individualized corrective action if needed. This will be reviewed by the Leadership Committee monthly.