

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 C 10/12/2022
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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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V 000	<p>INITIAL COMMENTS</p> <p>A compliant survey was completed on 10/12/2022. The complaint was substantiated (Intake # NC192584). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5200 Residential Therapeutic Camps for Children & Adolescents of All Disability Groups.</p> <p>This facility is licensed for 60 and has a censuses of 28. The survey sample consisted of audits of 1 current client and 1 former client.</p>	V 000		
V 524	<p>27E .0104(e12-16) Client Rights - Sec. Rest. & ITO</p> <p>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</p> <p>(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions:</p> <p>(12) The use of a restrictive intervention shall be discontinued immediately at any indication of risk to the client's health or safety or immediately after the client gains behavioral control. If the client is unable to gain behavioral control within the time frame specified in the authorization of the intervention, a new authorization must be obtained.</p> <p>(13) The written approval of the designee of the governing body shall be required when the original order for a restrictive intervention is renewed for up to a total of 24 hours in accordance with the limits specified in Item (E) of Subparagraph (e)(10) of this Rule.</p> <p>(14) Standing orders or PRN orders shall not be used to authorize the use of seclusion, physical</p>	V 524		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 524	<p>Continued From page 1</p> <p>restraint or isolation timeout.</p> <p>(15) The use of a restrictive intervention shall be considered a restriction of the client's rights as specified in G.S. 122C-62(b) or (d). The documentation requirements in this Rule shall satisfy the requirements specified in G.S. 122C-62(e) for rights restrictions.</p> <p>(16) When any restrictive intervention is utilized for a client, notification of others shall occur as follows:</p> <p>(A) those to be notified as soon as possible but within 24 hours of the next working day, to include:</p> <p>(i) the treatment or habilitation team, or its designee, after each use of the intervention; and</p> <p>(ii) a designee of the governing body; and</p> <p>(B) the legally responsible person of a minor client or an incompetent adult client shall be notified immediately unless she/he has requested not to be notified.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the legally responsible person of a minor client immediately following the use of restrictive interventions affecting 1 of 2 former audited clients (former client (FC) #2). The findings are:</p> <p>Review on 10/11/2022 of former client (FC) #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 6/6/2022 - Discharge date: 8/8/2022 - Diagnoses: Oppositional Defiant Disorder; Major Depressive Disorder; and Post Traumatic Stress Disorder - Age: 13 <p>Review on 10/11/2022 of the facility's restrictive</p>	V 524		

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V 524	<p>Continued From page 2</p> <p>intervention report printouts for all clients dated 6/1/2022 to 10/9/2022 revealed:</p> <ul style="list-style-type: none"> - FC #2 was physically restrained as follows: - First incident on 6/18/2022 - 42 total restraint incidents in June - 39 total restraint incidents in July - 9 total restraint incidents in August prior to discharge on 8/8/2022 - There was no documentation that FC #2's Department of Social Services (DSS) Guardian was notified immediately of each of the restraints. <p>Review of a sample of FC #2's "DHHS (Department of Health and Human Services) Restrictive Intervention Details Reports" dated 7/29/2022 to 8/1/2022 revealed:</p> <ul style="list-style-type: none"> - A total of 15 restrictive interventions utilized with FC #2 during that time period. - Documentation that FC #2's DSS Guardian was notified of the use of restrictive interventions. - The notification time frames to the Guardian post restrictive intervention ranged from approximately 2-1/2 hours to 2 days. <p>Interview on 10/12/2022 with FC #2's DSS Guardian revealed:</p> <ul style="list-style-type: none"> - She had not been aware of the number of times that FC #2 was physically restrained at the facility. - While he was at the facility, FC #2 may have been restrained at least 73 times. - Of the 73 physical restraints, she may have been informed of 2 of them. - She had never requested that the facility not contact her immediately following FC #2's physical restraints. <p>Interview on 10/12/2022 with the Family Counselor revealed:</p> <ul style="list-style-type: none"> - He completed the DHHS Restrictive Intervention Details Report forms each time physical restraints 	V 524		

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V 524	<p>Continued From page 3</p> <p>were used with clients.</p> <ul style="list-style-type: none"> - If a client was physically restrained at night or on weekends, the direct care staff would call him and he would attempt to contact the Guardians. - He was not always informed of the use of physical restraints until her returned on his next scheduled work day. - He had notified FC #2's Guardian when FC #2 was physically restrained. - The time frame for notification was usually as soon as he found out about the physical restraint or when he was able to reach the Guardian by telephone. - He was not always able to reach FC #2's Guardian. - He should document when he attempted to contact Guardians and could not reach them. <p>Interview on 10/12/2022 with the Program Director revealed:</p> <ul style="list-style-type: none"> - FC #2 had required multiple physical restraints while he was at the facility. - The Family Counselor was supposed to notify clients' Guardians immediately following the use of physical restraints. - He thought that FC #2's Guardian had been notified of all of his physical restraints. 	V 524		
V 541	<p>27F .0104 Client Rights - Stor. & Protect of Cloth/Poss</p> <p>10A NCAC 27F .0104 STORAGE AND PROTECTION OF CLOTHING AND POSSESSIONS</p> <p>Facility employees shall make every effort to protect each client's personal clothing and possessions from theft, damage, destruction, loss, and misplacement. This includes, but is not limited to, assisting the client in developing and</p>	V 541		

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V 541	<p>Continued From page 4</p> <p>maintaining an inventory of clothing and personal possessions if the client or legally responsible person desires.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to protect client's personal items from damage, loss, and misplacement. The findings are:</p> <p>Review on 10/11/2022 of former client (FC) #2's record revealed: - Admission date: 6/6/2022 - Discharge date: 8/8/2022 - Diagnoses: Oppositional Defiant Disorder; Major Depressive Disorder; and Post Traumatic Stress Disorder - Age: 13</p> <p>Interview on 10/12/2022 with FC #2's Department of Social Services (DSS) Guardian revealed: - The facility sent her a letter dated 7/28/2022 notifying her of a 30-day administrative discharge for FC #2 because his behaviors were not safe with staff or peers. - On the afternoon of 8/8/2022, facility staff transported FC #2 to the Guardian's office when he was "emergency discharged." - Three black, plastic trash bags contained FC #2's belongings, which were "disgusting," wet, smelled of mildew, and dirty. - Some of the belongings that the Guardian had purchased and mailed to the facility for FC #2 were missing. - The facility later mailed a package of FC #2's belongings that was just received on 10/11/2022.</p> <p>Interview on 10/12/2022 with the Program</p>	V 541		

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V 541	<p>Continued From page 5</p> <p>Director revealed:</p> <ul style="list-style-type: none"> - He had heard that not all of FC #2's belongings had been sent with him when he was discharged. - It was unusual for there to be any issues with returning clients' belongings at the time of their discharge. - FC #2 had scattered his belongings around his campsite, so it took time to locate all of them. <p>Interview on 10/12/2022 with the Clinical Director revealed:</p> <ul style="list-style-type: none"> - There had never been another incident of client's belongings returned to them in wet or damaged condition. - When clients were being discharged from the facility, staff usually helped them bag up their belongings in large trash bags in order to keep everything together. - Depending on the timing of clients being discharged, some of their laundry might be dirty. - It was not standard practice for a client's belongings to be sent home wet. - She did not recall any of FC #2's clothing being wet or having an odor when they were taken with him to his Guardian on 8/8/2022. - Some of FC #2's personal belongings had been located after the date of his discharge. - The last of his belongings had been mailed to his Guardian last week. 	V 541		