

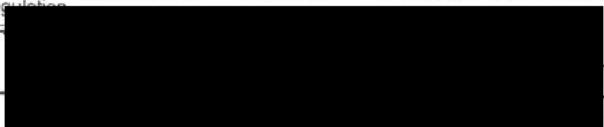
Division of Health Service Regulation

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	<p><i>see attached plan of correction</i></p> <p>DHSR - Mental Health</p> <p>NOV 21 2022</p> <p>Lic. & Cert. Section</p>	<p><i>12/11/22</i></p>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OFFICE



TITLE

CEO

(X6) DATE

NOV 17, 2022

Division of Health Service Regulation

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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	Continued From page 3 were used with clients. - 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. Interview on 10/12/2022 with the Program Director revealed: - 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	27F .0104 Client Rights - Stor. & Protect of Cloth/Poss 10A NCAC 27F .0104 STORAGE AND PROTECTION OF CLOTHING AND POSSESSIONS 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	V 541	<i>see attached</i>	<i>12/10/22</i>

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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		

Annual and Complaints Survey completed 10-12-2022
Timber Ridge Treatment Center,
665 Timber Trail,
Gold Hill, NC 28071
MHL #080-035
E-mail Address: tomhibbert@trtc.net
Intake # NC192584

Plan of Correction

All Corrective Actions Completed on or before

December 11, 2022

V 541 - (27F.0104) Client's Rights-Storage and Protection of Clothing and Possessions

A. Corrective Action:

- 1) Re-train all direct care and support staff on Monthly Clothing Inventory procedures and Timber Ridge General Cleanliness and Resident Appearance Policy No. 901.0, as it pertains to protecting client's personal clothing and possessions from theft, damage, destruction, loss, and misplacement.
- 2) Complete client clothing inventory monthly to ensure clients are being responsible for maintaining the proper amount of required clothing and replace clothing or other personal items immediately as required/needed.
- 3) Before transitioning a client out of camp or to another group, ensure all clothing and personal items listed on his most recent monthly clothing inventory sheet are accounted for, clean, dry and stored properly the day prior to transitioning from group or camp and transported with him.

B. Prevention:

- 1) Continue monthly clothing inventory checks to ensure required clothing and personal items remain with individual clients throughout his camp stay.
- 2) Placed increased emphasis on monthly clothing inventory and staff review for compliance and identifying needs.
- 3) The Program Director will meet with the Program Specialist, Assistant Program Director; Group Work Supervisors and staff during monthly staff meetings to identify problem areas, and implement corrective actions/strategies.
- 4) The Program Director, and/or Assistant Program Director will take progressive disciplinary actions against staff if they fail to adhere to Timber Ridge policy.

C. Monitoring: The Assistant Program Director, Group Leaders and Group Work Supervisors in concert with the Family Counselors will monitor compliance monthly by reviewing each client's Clothing Inventory Sheet for accuracy and deficiencies and replace required items as required.

V. 524 – (27E.0104) Client’s Rights – Seclusion, Physical Restraint, and Isolation

A. Corrective Action :

- 1.) All residents are assigned a family counselor who is responsible for contacting the legal guardian regarding restrictive interventions. The family counselors will be re-trained regarding notification of the legal guardian immediately of the use of restrictive interventions unless otherwise agreed upon in writing with the legal guardian
- 2.) Obtain written notification from legal guardians regarding their preferred time frame for notification of the use of restrictive interventions.

B. Prevention:

- 1.) During the admission’s process we will clarify the preferred time frame for notification with the legal guardians.
- 2.) If a family counselor is out of the office, the Clinical Director or their designee will notify the guardian of any restraints.

C. Monitoring:

- 1.) The Clinical Director will work with the family counselors to ensure that guardian’s are being notified of all restrictive interventions in the identified time frames.
- 2.) The Clinical Director will compile a monthly report showing the percentage of correctly reported restrictive interventions. The numerator will be correctly reported restrictive interventions and the denominator will be the total number of restraints.
- 3.) This will be reviewed by The Leadership Committee monthly until 100% compliance is achieved for six months in a row, at which point the report will be discontinued.