

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

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License #: **493-14-001**

Organization Name: **Timber Ridge School**

Date of Inspection: **11-01-2023**

Program Type/Facility Name: **14-001 Timber Ridge Level C RTC**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Timber Ridge Level C RTC This regulation was NOT MET as evidenced by: See OHR citation below.		11/24/2023

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12VAC35-115-230. A. (3a) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 3. The investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate via the department's web-based reporting application within 10 working days from the date the investigation began unless an extension has been granted (see 12VAC35-115-175). This report shall include: 3a. Whether abuse, neglect, or exploitation occurred;	N	Timber Ridge Level C RTC This regulation was NOT MET as evidenced by: CHRIS A#20230033/Incident date: October 07, 2023/12VAC35-115-230(A)(3) - The investigative findings were due in CHRIS by October 23, 2023, but were not entered until October 25, 2023. - Provider failed to enter their investigative findings into CHRIS within 10 working days which is a violation of 12VAC35-115-230(A)(3)(a).	PR) 11/21/2023 Director of Quality Assurance will update their outlook calendar the same day a report requiring an investigation is entered into CHRIS to input the date that the investigation is due. Current investigations will be reviewed weekly in the supervisory meeting between the Director of Quality Assurance and her supervisor, the CEO. Current investigations will be reviewed in the weekly Program Management Team meeting. OHR/OLR) Accepted 11/21/2023	11/24/2023

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General Comments / Recommendations:				
I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.				
_____ Cassie Purtlebaugh, Human Rights		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				