

**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: **02-02-2024**

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.		
12VAC35-115-175. A. (3) - Each individual has a right to: 3. Have someone file a complaint on his behalf;	N	Timber Ridge Level C RTC This regulation was NOT MET as evidenced by: During an internal investigation the provider determined the following: - Individual 1 reported that Individual 1 and other residents wanted to file a complaint on the behalf of Individual 2. - Employee 1 told Individual 1 that individuals could only file complaints on their own behalf.	PR) 02/21/2024 Staff will be educated on the fact that students may file complaints on behalf of another student at the next campus meeting that will occur on 2/27/24. OHR/OLR) Accepted 02/21/2024	3/1/2024

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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				