

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

Page: 1 of 5

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

Organization Name: **Timber Ridge School**

Date of Inspection: **11-16-2024**

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 citations below.		12/31/2024

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

Page: 2 of 5

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

Organization Name: **Timber Ridge School**

Date of Inspection: **11-16-2024**

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>
12VAC35-115-110. A. - Each individual is entitled to be completely free from any unnecessary use of seclusion, restraint, or time out.	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 sat down at the picnic table that is on the porch of the unit to serve the time away. - Employee 1 informed Individual 1 that Individual 1 would need to serve the time away at another building on campus. - Individual 1 refused to comply with the move as Individual 1 had complied with Employee 1's instruction to take time-away by choosing to take time away by sitting on the porch of the unit. - Employee 1 then attempted to escort Individual 1 by grabbing Individual 1's left arm. Employee 2 gained control of Individual 1's right arm and assisted with the escort. - When they arrived at the door to go into the other building, Employee 1 informed Employee 2 to guide Individual 1 to the ground due to kicking the staff member. - Employee 2 and Employee 3 did not see Individual 1's leg move. - Employee 2 assisted in guiding Individual 1 to the ground and Individual 1 was placed in a supine restraint. - Employee 2 later reported that Employee 2 did not believe there was a need to initiate a restraint when Individual 1 was doing as he was instructed by taking time away on the porch of the unit. - Employee 2 also did not believe that a supine restraint was necessary as Individual 1 had not kicked Employee 1.	PR) 12/09/2024 Employee 1 will be retrained on policy R-2132.AP - Protocol for performing Physical Restraints. Employee 1 will also be retrained on several TCI procedures: The four questions we ask ourselves in a crisis, Module 6.4 -Choosing a Safety Intervention and Module 6.5- Safety Concerns which addresses improper restraint methods as well as when not to restrain. Staff receive TCI refresher training of 6 hours every six months in both the physical and ideological aspects. Employee 1 is currently on administrative leave for an unrelated incident and their return-to-work date is unknown at this time. These trainings will occur once Employee 1 returns to work. OHR/OLR) Accepted 12/09/2024	12/31/2024
12VAC35-115-50. B.	N	Timber Ridge Level C RTC	PR) 12/09/2024	12/31/2024

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

Page: 3 of 5

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

Organization Name: **Timber Ridge School**

Date of Inspection: **11-16-2024**

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>
(2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.		This regulation was NOT MET as evidenced by: "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. Examples of abuse include acts such as: 6. Use of physical or mechanical restraints on a person that is not in compliance with federal and state laws, regulations, and policies; professionally accepted standards of practice; or the person's individualized services plan During an internal investigation, the provider determined the following: • Individual 1 was arguing with Employee 1. • Employee 1 instructed Individual 1 to take time away to de-escalate. • Individual 1 sat down at the picnic table that is on the porch of the unit to serve the time away. • Employee 1 informed Individual 1 that Individual 1 would need to serve the time away off at another building on campus. • Individual 1 refused to comply with the move as Individual 1 had complied with Employee 1's instruction to take time-away by choosing to take time away by sitting on the porch of the unit. • Employee 1 then attempted to escort Individual 1 by grabbing Individual 1's left arm. Employee 2 gained control of Individual 1's right arm and assisted with	Employee 1 will be retrained on policy R-2132.AP - Protocol for performing Physical Restraints. Employee 1 will also be retrained on several TCI procedures: The four questions we ask ourselves in a crisis, Module 6.4 -Choosing a Safety Intervention and Module 6.5- Safety Concerns which addresses improper restraint methods as well as when not to restrain. Staff receive TCI refresher training of 6 hours every six months in both the physical and ideological aspects. Employee 1 is currently on administrative leave for an unrelated incident and their return-to-work date is unknown at this time. These trainings will occur once Employee 1 returns to work. Employee 1 will also receive a letter to file. OHR/OLR) Accepted 12/09/2024	

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

Page: 4 of 5

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

Organization Name: **Timber Ridge School**

Date of Inspection: **11-16-2024**

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>
		the escort. • When they arrived at the door to go into the other building. Employee 1 informed Employee 2 to guide Individual 1 to the ground due to kicking the staff member. • Employee 2 and Employee 3 did not see Individual 1's leg move. • Employee 2 assisted in guiding Individual 1 to the ground and Individual 1 was placed in a supine restraint. • Employee 2 then spoke with Individual 1 and asked if it was OK to walk to SRA without any issue. • Individual 1 told Employee 2 he was fine and walked to SRA without any further issues. • Employee 2 later reported that Employee 2 did not believe there was a need to initiate a restraint when Individual 1 was doing as he was instructed by taking time away on the porch of the unit. • Employee 2 also did not believe that a supine restraint was necessary as Individual 1 had not kicked Employee 1. • Employee 2 felt as though things could have been handled in a different manner without the use of any escort or restraint being necessary.		

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

Page: 5 of 5

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

Organization Name: **Timber Ridge School**

Date of Inspection: **11-16-2024**

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>
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				