

**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: **08-25-2025**

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.		

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12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Timber Ridge Level C RTC This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse During an internal investigation the provider determined the following for CHRIS Abuse 20250055: • Individual 1 has a known food allergy. • Employee 1 provided Individual 1 with fruit snacks which contained a pureed version of the allergen. • Employee 1 failed to ensure the safety of Individual 1 by failing to screen food items for an individual with a known food allergy.	PR) 09/16/2025 • Director of Quality Assurance met with employee #1 to review the incident and discuss the potential for harm. Employee #1 will request snacks from dietary prior to future meetings and provide a list of students scheduled to attend to eliminate potential allergens. • Summary of the discussion was placed in employee's personnel file. • Upon admission, the nurse who does the admission will email staff-including the dietary department, the known allergies for the new student or anytime a new allergy is discovered for a current student. OHR/OLR) Accepted 09/18/2025	9/19/2025

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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				