

**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: **11-14-2025**

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: • Individual 1 and Individual 2 eloped from the residential setting from a bedroom window. • Individual 1 and Individual 2 report they were off the unit for 30-45 minutes. • Employee 1 was in the staff office at the time of the elopement. • Employee 2 had fallen asleep in the lounge. • Employee 2 failed to complete room safety checks per the provider's internal protocols. • Employee 2 failed to provide supervision services necessary for the health, safety, and welfare of individuals receiving services.	PR) 11/25/2025 • Employee # 2 was terminated from employment on 11/4/25. • Employee # 1 received a letter to file addressing supervision standards and a review of night supervision regulation and protocol for supervision and safety. This also included confirming windows and doors are closed and locked and conducting bed checks at irregular intervals in addition to the required 30-minute intervals. OHR/OLR) Accepted 12/09/2025	11/7/2025

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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				