

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

Page: 1 of 3

License #: **493-14-002**

Organization Name: **Timber Ridge School**

Date of Inspection: **04-10-2024**

Program Type/Facility Name: **14-002 Timber Ridge**

<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 This regulation was NOT MET as evidenced by: See OHR citation below.		

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

Page: 2 of 3

License #: **493-14-002**
Organization Name: **Timber Ridge School**

Date of Inspection: **04-10-2024**
Program Type/Facility Name: **14-002 Timber Ridge**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-115-50. 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 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 that staff failed to provide the services necessary for the health, safety, and welfare of Individual 1 due to the following: • Individual 1 was on medical restriction that stated Individual 1 should not be running and playing basketball. • Individual 1 was playing a game of basketball in the gym when Individual 1 landed on his ankle and had to be transported to the ER. • Employee 1, Employee 2, and Employee 3 failed to uphold the medical restriction required for Individual 1's health, safety, and welfare.	PR) 04/19/2024 Employee # 1, 2 and 3 received a letter to file which included a reminder of the importance of providing the best care possible to our students and to follow all medical restrictions. It also indicated that if a student is not following medical restrictions, staff must address the student in an effort to protect his safety. OHR/OLR) Accepted 04/23/2024	4/26/2024

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

Page: 3 of 3

License #: **493-14-002**

Organization Name: **Timber Ridge School**

Date of Inspection: **04-10-2024**

Program Type/Facility Name: **14-002 Timber Ridge**

<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				