

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

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

Organization Name: **Timber Ridge School**

Date of Inspection: **02-12-2025**

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.		

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Date of Inspection: **02-12-2025**

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 the following: - Individual 1 was unable to receive medications from the pharmacy due to a past due billing statement. - Employee 1 discovered unopened billing statements under Employee 2's desk. - Employee 2 failed to process these billing statements and pay the medication co-pays on these medications which resulted in Individual 1 being unable to receive prescribed medications.	PR) 02/26/2025 Employee # 2 was terminated from employment on 1/20/25. A current health services employee that is familiar with the billing and medication process transferred into the role of medical coordinator and will work with the finance department, pharmacies and insurance companies to ensure that bills are paid and processed so that students are able to receive prescribed medications. OHR/OLR) Accepted 02/27/2025	2/21/2025

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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				