

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

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License #: **493-14-060**

Organization Name: **Timber Ridge School**

Date of Inspection: **02-13-2025**

Program Type/Facility Name: **14-060 Timber Ridge SA 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 SA RTC This regulation was NOT MET as evidenced by: See OHR Violations	PR) 03/24/2025 All ISP's will be updated by the clinician within 48 hours after receiving clinical recommendations based on assessments that have been completed to ensure the individual's needs are being met. All ISP's will be reviewed monthly as per Timber Ridge Regulation R-2710. OLR) Accepted 04/03/2025	4/25/2025
12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;	N	Timber Ridge SA RTC This regulation was NOT MET as evidenced by: In July 2024, Individual 1 participated in several clinical assessments resulting in recommendations including, but not limited to, improving coping strategies (such as relaxation training, supportive counseling, and assertiveness training). Recommendations further centered on providing anger management training, helping to better understand the link between thoughts, feelings, and behavior, and teaching more effective communication strategies and problem-solving. Employee 1 reported there were no noted changes in Individual 1's Individualized Services Plan (ISP) following these assessments. Failing to modify an individual's ISP based on the individual's assessed clinical needs is a failure to provide the clinical services necessary for the individual's safety and welfare. On July 11, 2024, Employee 2 emailed Employee 1, Employee 3, Employee 4, and Employee 5 notifying them	PR) 03/17/2025 - All ISP's will be updated by the clinician within 48 hours after receiving clinical recommendations based on assessments that have been completed to ensure the individual's needs are being met. All ISP's will be reviewed monthly as per Timber Ridge Regulation R-2710. - Administrator-on- Call (AOC) Regulation has been revised to address responsibilities regarding notification of the Chief Operating Officer and notification of DBHDS and OHR via CHRIS reports, Serious Incident Reports and other communications with those entities regarding allegations of abuse/neglect or human rights violations	4/25/2025

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		that Individual 1 had made several human rights complaints including: Staff talking about residents' families, not allowing Individual 1 to participate in an MDT meeting by failing to reschedule the meeting when Individual 1 could not participate, Staff failing to address Individual 1's concerns. On July 16, 2024, Individual 1 participated in a meeting with Employee 2, Employee 5, and Employee 3. During this meeting, Individual 1 stated concerns regarding Individual 1's belief that staff are racist, staff horseplaying, staff calling residents names, and staff being on their phones. On a team meeting note dated July 17, 2024, Employee 6 documented that Individual 1 had expressed several human right complaints. Employee 1 reported that these complaints were resolved through the provider's internal human rights process. The provider failed to notify the department of these complaints made by Individual 1 in accordance with regulatory requirements. On July 18, 2024, Employee 2 made an allegation of neglect of services on behalf of Individual 1 against Employee 7. This allegation was sent in an email to Employee 6. The provider failed to initiate an impartial investigation in, or resolution of, this complaint in accordance with regulatory requirements.	and ensuring that all other communication is completed. - The AOC will receive calls via the campus charge regarding critical incidents, human rights complaints or allegations of abuse or neglect. - The AOC will follow the Protocol for AOC Daily Checks and Support Guide which addresses checking to ensure incident reports are completed, medical follow up is completed, emergency contacts have been completed and documented. It also addresses types of incidents, and which require a CHRIS or SIR report within 24 hours of discovering the incident. - In addition, there will be a lead campus manager who will be a certified DBHDS investigator primarily during evening hours to ensure compliance with licensing and human rights standards. This staff will ensure that all aspects of incident reporting and all Human rights and abuse/neglect allegations are promptly addressed, and proper notifications are made to legal guardians, families and licensing entities. - Lead Campus Manager will complete DBHDS investigation training on 3/27/25. - AOC's will be trained on updated policies and procedures by 4/25/2025. OLR) Accepted 04/03/2025	
12VAC35-115-175. C. (1) - Upon receipt of a complaint, providers shall: 1. Notify the department of the complaint as soon as possible, but	N	Timber Ridge SA RTC This regulation was NOT MET as evidenced by: On July 11, 2024, Employee 2 emailed Employee 1, Employee 3, Employee 4, and Employee 5 notifying	PR) 03/14/2025 Administrator-on- Call (AOC) Regulation has been revised to address responsibilities regarding notification of the Chief Operating Officer and notification of DBHDS and OHR via CHRIS reports, Serious Incident Reports	4/25/2025

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
no later than the next business day;		them that Individual 1 had made several human rights complaints including: - Staff talking about residents' families - Not allowing Individual 1 to participate in an MDT meeting by failing to reschedule the meeting when Individual 1 could not participate - Staff failing to address Individual 1's concerns - On July 16, 2024, Individual 1 participated in a meeting with Employee 2, Employee 5, and Employee 3. During this meeting, Individual 1 stated concerns regarding Individual 1's belief that staff are racist, staff horseplaying, staff calling residents names, and staff being on their phones. - On a team meeting note dated July 17, 2024, Employee 6 documented that Individual 1 had expressed several human right complaints. - Employee 1 reported that these complaints were resolved through the provider's internal human rights process. - The provider failed to notify the department of these complaints made by Individual 1 in accordance with regulatory requirements.	and other communications with those entities regarding allegations of abuse/neglect or human rights violations and ensuring that all other communication is completed. - The AOC will receive calls via the campus charge regarding critical incidents, human rights complaints or allegations of abuse or neglect. - The AOC will follow the Protocol for AOC Daily Checks and Support Guide which addresses checking to ensure incident reports are completed, medical follow up is completed, emergency contacts have been completed and documented. It also addresses types of incidents, and which require a CHRIS or SIR report within 24 hours of discovering the incident. - In addition, there will be a lead campus manager who will be a certified DBHDS investigator primarily during evening hours to ensure compliance with licensing and human rights standards. This staff will ensure that all aspects of incident reporting and all Human rights and abuse/neglect allegations are promptly addressed, and proper notifications are made to legal guardians, families and licensing entities. - Lead Campus Manager will complete DBHDS investigation training on 3/27/25. - AOC's will be trained on updated policies and procedures by 4/25/2025. OHR/OLR) Accepted 03/24/2025	
12VAC35-115-175. C. (3) - Upon receipt of a complaint, providers shall: 3.	N	Timber Ridge SA RTC This regulation was NOT MET as evidenced by:	PR) 03/17/2025 Administrator-on- Call (AOC) Regulation has been revised to address responsibilities regarding notification of	4/25/2025

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
Initiate an impartial investigation into, or resolution of, the complaint as soon as possible, but no later than the next business day;		- On July 18, 2024, Employee 2 made an allegation of neglect of services on behalf of Individual 1 against Employee 7. This allegation was sent in an email to Employee 6. - The provider failed to initiate an impartial investigation in, or resolution of, this complaint in accordance with regulatory requirements.	the Chief Operating Officer and notification of DBHDS and OHR via CHRIS reports, Serious Incident Reports and other communications with those entities regarding allegations of abuse/neglect or human rights violations and ensuring that all other communication is completed. - The AOC will receive calls via the campus charge regarding critical incidents, human rights complaints or allegations of abuse or neglect. - The AOC will follow the Protocol for AOC Daily Checks and Support Guide which addresses checking to ensure incident reports are completed, medical follow up is completed, emergency contacts have been completed and documented. It also addresses types of incidents, and which require a CHRIS or SIR report within 24 hours of discovering the incident. - In addition, there will be a lead campus manager who will be a certified DBHDS investigator primarily during evening hours to ensure compliance with licensing and human rights standards. This staff will ensure that all aspects of incident reporting and all Human rights and abuse/neglect allegations are promptly addressed, and proper notifications are made to legal guardians, families and licensing entities. - Lead Campus Manager will complete DBHDS investigation training on 3/27/25. - AOC's will be trained on updated policies and procedures by 4/25/2025. OHR/OLR) Accepted 03/24/2025	
12VAC35-115-175.	N	Timber Ridge SA RTC	PR) 03/14/2025	4/25/2025

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C. (8) - Upon receipt of a complaint, providers shall: 8. Report the director's decision and action plan within 10 working days to the individual, authorized representative, if applicable, and human rights advocate.		This regulation was NOT MET as evidenced by: - Individual 1 made several human rights complaints known to staff. - On July 11, 2024, Employee 2 emailed Employee 3, Employee 4, Employee 5, and Employee 1 notifying them that Individual 1 had made several human rights complaints. - On July 16, 2024, Individual 1 participated in a meeting with several staff to discuss his complaints. - Employee 1 reported that these complaints were resolved through the provider's internal human rights process. - The provider failed to notify the human rights advocate of the director's decision and action plan in accordance with this regulation.	- Administrator-on- Call (AOC) Regulation has been revised to address responsibilities regarding notification of the Chief Operating Officer and notification of DBHDS and OHR via CHRIS reports, Serious Incident Reports and other communications with those entities regarding allegations of abuse/neglect or human rights violations and ensuring that all other communication is completed. - The AOC will receive calls via the campus charge regarding critical incidents, human rights complaints or allegations of abuse or neglect. - The AOC will follow the Protocol for AOC Daily Checks and Support Guide which addresses checking to ensure incident reports are completed, medical follow up is completed, emergency contacts have been completed and documented. It also addresses types of incidents, and which require a CHRIS or SIR report within 24 hours of discovering the incident. - In addition, there will be a lead campus manager who will be a certified DBHDS investigator primarily during evening hours to ensure compliance with licensing and human rights standards. This staff will ensure that all aspects of incident reporting and all Human rights and abuse/neglect allegations are promptly addressed, and proper notifications are made to legal guardians, families and licensing entities. - Lead Campus Manager will complete DBHDS investigation training on 3/27/25. - AOC's will be trained on updated policies	

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12VAC35-115-230. A. (2) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 2. The director of a service licensed or funded by the department shall report each allegation of abuse or neglect via the department's web-based reporting application within 24 hours of receipt of the allegation (see 12VAC35-115-175).	N	Timber Ridge SA RTC This regulation was NOT MET as evidenced by: - On July 11, 2024, Employee 2 emailed Employee 1, Employee 3, Employee 4, and Employee 5 notifying them that Individual 1 had made several human rights complaints to include: - Not feeling safe due to staff - Mark on Individual 1's neck caused by staff - Staff calling residents names - Staff acting like they are going to throw chairs at individuals - On July 16, 2024, Individual 1 participated in a meeting with Employee 2, Employee 5, and Employee 3. During this meeting Individual 1 stated concerns regarding Individual 1's belief that staff are racist, staff horseplaying, staff calling residents names, and staff being on their phones. - On July 18, 2024, Employee 2 made an allegation of neglect of services on behalf of Individual 1 against Employee 7. This allegation was sent in an email to Employee 6. - The provider failed to report these allegations of abuse and neglect through the department's web-based reporting application in accordance with regulatory requirements.	and procedures by 4/25/2025. OHR/OLR) Accepted 03/24/2025 PR) 03/14/2025 - Administrator-on- Call (AOC) Regulation has been revised to address responsibilities regarding notification of the Chief Operating Officer and notification of DBHDS and OHR via CHRIS reports, Serious Incident Reports and other communications with those entities regarding allegations of abuse/neglect or human rights violations and ensuring that all other communication is completed. - The AOC will receive calls via the campus charge regarding critical incidents, human rights complaints or allegations of abuse or neglect. - The AOC will follow the Protocol for AOC Daily Checks and Support Guide which addresses checking to ensure incident reports are completed, medical follow up is completed, emergency contacts have been completed and documented. It also addresses types of incidents, and which require a CHRIS or SIR report within 24 hours of discovering the incident. - In addition, there will be a lead campus manager who will be a certified DBHDS investigator primarily during evening hours to ensure compliance with licensing and human rights standards. This staff will ensure that all aspects of incident reporting and all Human rights and abuse/neglect allegations are promptly addressed, and proper notifications are made to legal guardians, families and licensing entities.	4/25/2025

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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 SA 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 - In July 2024, Individual 1 participated in several clinical assessments resulting in recommendations including, but not limited to, improving coping strategies (such as relaxation training, supportive counseling, and assertiveness training). Recommendations further centered on providing anger management training, helping to better understand the link between thoughts, feelings, and behavior, and teaching more effective communication strategies and problem-solving. - Employee 1 reported there were no noted changes in Individual 1's Individualized Services Plan (ISP) following these assessments. - Failing to modify an individual's ISP based on the individual's assessed clinical needs is a failure to provide the clinical services necessary for the individual's safety and welfare.	- Lead Campus Manager will complete DBHDS investigation training on 3/27/25. - AOC's will be trained on updated policies and procedures by 4/25/2025. OHR/OLR) Accepted 03/24/2025 PR) 03/17/2025 All ISP's will be updated by the clinician within 48 hours after receiving clinical recommendations based on assessments that have been completed to ensure the individual's needs are being met. All ISP's will be reviewed monthly as per Timber Ridge Regulation R-2710. OHR/OLR) Accepted 03/24/2025	4/25/2025

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12VAC35-115-60. B. (4b) - The provider's duties. 4. Providers shall assign a specific person or group of persons to carry out each of the following activities: 4b. Preparation, implementation, and modifications to an ISP based on ongoing review of the medical, mental, and behavioral needs of the individual;	N	Timber Ridge SA RTC This regulation was NOT MET as evidenced by: - According to Employee 1, in July, 2024, Individual 1 participated in several clinical assessments with recommendations including, but not limited to, improving coping strategies such as relaxation training, supportive counseling, and assertiveness training. The recommendations centered on providing anger management training, helping to better understand the link between thoughts, feelings, and behavior, and teaching more effective communication strategies and problem-solving. - Employee 1 reported there were no noted changes in Individual 1's ISP following these assessments. - Failing to update the ISP based on the ongoing review of Individual 1's clinical needs is a violation of this regulation.	PR) 03/17/2025 All ISP's will be updated by the clinician within 48 hours after receiving clinical recommendations based on assessments that have been completed to ensure the individual's needs are being met. All ISP's will be reviewed monthly as per Timber Ridge Regulation R-2710. OHR/OLR) Accepted 03/24/2025	4/25/2025

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.

Christopher Cart, Licensing Specialist

(Signature of Organization Representative)

Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined