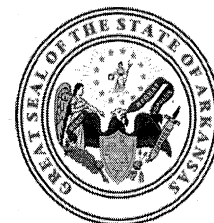




Division of Provider Services and Quality Assurance

Office of Long Term Care

PO Box 8059, Slot S404
Little Rock, AR 72203-8059
Fax: 501-682-6159



Matthew Doyle, Administrator
Woodridge Behavioral Care Of Forrest City
1521 Albert St
Forrest City, AR 72335

Dear Mr. Doyle:

On December 10, 2019 a Complaint survey was conducted at your facility by the Office of Long Term Care to determine if your facility was in compliance with Federal requirements for Psychiatric Residential Treatment Facilities participating in the Medicaid (Title XIX) Program. This survey found that your facility had deficiencies requiring correction/substantial correction prior to a revisit as specified in the attached CMS-2567.

Plan of Correction

A POC must be submitted within 10 calendar days of your receipt of the Statement of Deficiencies. Failure to submit a POC may result in termination. Include a completion date for each deficiency cited.

Sandra Broughton, Reviewer
OLTC, Survey & Certification Section
PO Box 8059, Slot S404
Little Rock, AR 72201-4608
Telephone (501) 320-6182; Fax (501) 682-6159
or email to Rodney.Raper@dhs.arkansas.gov

Your Plan of Correction must also include the following:

- a. Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- b. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- c. Address what measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur;
- d. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/26/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/10/2019
NAME OF PROVIDER OR SUPPLIER WOODRIDGE BEHAVIORAL CARE OF FORREST CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
N 000	Initial Comments Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. Complaint #AR00023871 was substantiated, all or in part, with deficiencies cited at N128 and N145. Complaint #AR00023958 was substantiated, all or in part, with deficiencies cited at N143, N165, and N188.	N 000			
N 128	PROTECTION OF RESIDENTS CFR(s): 483.356(a)(3) Restraint or seclusion must not result in harm or injury to the resident and must be used only- This ELEMENT is not met as evidenced by: Complaint #AR00023871 was substantiated, all or in part, with these findings Based on record review and interview the facility	N 128			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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N 128	<p>Continued From page 1</p> <p>failed to ensure an injury did not occur during the use of a physical restraint for 1 (Residet #1) of 1 sampled resident who was physically restrained. The findings are:</p> <p>Resident #1 had diagnoses Bipolar II (two) Disorder, Oppositional Defiant Disorder, Anxiety Disorder and Major Depressive Disorder.</p> <p>a. A Shift Note dated 11/24/19 at 6:25 p.m. documented, "R [Resident] being physically and verbally aggressive toward staff. ESI [Emergency Safety Intervention] started at 1825 [6:25 p.m.] and ended at 1839 [6:39 p.m.] R spit on staff, threatened to stab staff and other residents... stated that he received an injury..."</p> <p>b. The Patient Emergency Safety Intervention Debriefing Form dated 11/24/19 at 7:12 p.m. documented, "...8. Were you injured during the event? If so, explain your injury(ies): "Yes, my eye."</p> <p>c. The Seclusion/Restraint One Hour Face to Face Medical & (and) Behavioral Evaluation, dated 11/25/19 at 3:09 p.m. documented, "Results of Physical Assessment:... Pain: yes; If yes, describe (cause, location, rating): L [Left] eye...Description of Injuries (1-Laceration, 2-Abrasions, 3-Bruising, 4-Pain, 5-Other): Bruise L eye. R stated someone poked him in the eye... Describe the Cause of Injury: R stated the injury is due to staff, won't say who, poked him in the eye when he (R) spit on his face. Unsure at this time who accidentally poked his eye..."</p> <p>d. A Physician's Order dated 11/26/19 at 7:21 p.m. documented, "Erythromycin Ophthalmic 0.5% [percent] ointment, 1 app [application] in left</p>	N 128			

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N 128	Continued From page 2 eye 4 times per day for 7 days, disp [dispense] 1 tube." e. On 12/3/19 at 1:02 p.m., the Director of Nursing (DON) was informed that the documentation on the face-to-face evaluation indicated it was not completed until the next day. She stated, "The nurse that was on duty did not get the RN [Registered Nurse] to do a face-to-face and didn't report the injury to the Administrator until the next day. She has since been terminated." f. On 12/3/19 at 1:10 p.m., the Assistant Administrator was asked, "Who saw [Client #1's] eye?" He stated, "I did." The Assistant Administrator was asked, "How did it look?" He stated, "It was pink and red on the white of the eyeball and black and brown under the eye and up to the top corner." The Assistant Administrator was asked, "What did he say happened to his eye?" He stated, "He said it was the staff." The Assistant Administrator was asked, "It happened when he was restrained?" He stated, "Yes, like with a finger or something that's the reason it was red."	N 128			
N 143	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(d) If the order for restraint or seclusion is verbal, the verbal order must be received by a registered nurse or other licensed staff such as a licensed practical nurse, while the emergency safety intervention is being initiated by staff or immediately after the emergency safety situation ends. The physician or other licensed practitioner permitted by the state and the facility to order	N 143			

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N 143	<p>Continued From page 3</p> <p>restraint or seclusion must verify the verbal order in a signed written form in the resident's record. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention.</p> <p>This ELEMENT is not met as evidenced by: Complaint #AR00023958 was substantiated, all or in part, with these findings.</p> <p>Based on record review and interview the facility failed to ensure there was a signed physician order for the use of restraint for 1 (Resident #2) of 2 (Resident #1 and 2) sampled clients who were restrained. The findings are:</p> <p>Resident #2 had diagnoses Major Depressive Disorder, Adjustment Disorder, Post Traumatic Stress Disorder and Generalized Anxiety Disorder.</p> <p>a. A Shift Note dated 11/2/19 at 6:30 p.m. documented, "R [resident] was verbally and physically aggressive toward staff. ESI [Emergency Safety Intervention] because R pushed past staff when R was told to stay in the dayroom. ESI from 1830 [6:30 p.m.] to 1836 [6:36 p.m.]..."</p> <p>b. Facility Emergency Safety Intervention Justification Packet, dated 11/2/19, documented, "...Type of Restraint: Physical Hold... Time Placed in Physical Hold: 1830..."</p> <p>c. As of 12/10/19, there was no written signed physician order in Client #2's medical record for</p>	N 143		

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N 143	Continued From page 4 the restraint.	N 143			
N 145	<p>d. On 12/10/19 at 2:33 p.m., Registered Nurse #1 was asked, "Is there a Physician's Order for the use of the restraint on 11/2/19?" She stated, "No, we do not have that."</p> <p>ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(f)</p> <p>Within 1 hour of the initiation of the emergency safety intervention a physician, or other licensed practitioner trained in the use of emergency safety interventions and permitted by the state and the facility to assess the physical and psychological wellbeing of residents, must conduct a face-to-face assessment of the physical and psychological wellbeing of the resident, including but not limited to-</p> <p>(1) The resident's physical and psychological status;</p> <p>(2) The resident's behavior;</p> <p>(3) The appropriateness of the intervention measures; and</p> <p>(4) Any complications resulting from the intervention.</p> <p>This ELEMENT is not met as evidenced by: Complaint #AR00023871 was substantiated, all or in part, with these findings.</p> <p>Based on record review and interview, the facility failed to ensure a face-to-face assessment was conducted within one hour of the initiation of a</p>	N 145			

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NAME OF PROVIDER OR SUPPLIER WOODRIDGE BEHAVIORAL CARE OF FORREST CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335
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N 145	<p>Continued From page 5</p> <p>physical restraint for 1 (Resident #1) of 2 (Resident #1 and 2) sampled residents who were placed in a physical restraint. The findings are:</p> <p>Resident #1 had diagnoses Bipolar II (two) Disorder, Oppositional Defiant Disorder, Anxiety Disorder and Major Depressive Disorder.</p> <p>a. A Shift Note dated 11/24/19 at 6:45 p.m. documented, "R [Resident] being physically and verbally aggressive toward staff. ESI [Emergency Safety Intervention] started at 1825 [6:25 p.m.] and ended at 1839 [6:39 p.m.]..."</p> <p>b. A facility Seclusion/Restraint One Hour Face to Face Medical & (and) Behavioral Evaluation dated 11/25/19 at 3:09 p.m. documented, "Date/Time of Physical Hold: 11-24-19/1825 [6:25 p.m.]; Date/Time of Face-to-Face Evaluation 11/25/19 @ [at] 1507 [3:07 p.m.]..." The face-to-face assessment was not completed within the one hour time frame.</p> <p>c. On 12/3/19 at 1:08 p.m., the Director of Nursing was informed that the documentation on the face-to-face evaluation indicated it was not completed until the next day. She stated, "The nurse that was on duty did not get the RN [Registered Nurse] to do a face-to-face and didn't report the injury until the next day..."</p>	N 145		
N 165	<p>MONITORING DURING AND AFTER RESTRAINT</p> <p>CFR(s): 483.362(a)</p> <p>Clinical staff trained in the use of emergency safety interventions must be physically present, continually assessing, and monitoring the physical and psychological well-being of the resident and</p>	N 165		

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N 165	<p>Continued From page 6</p> <p>the safe use of restraint throughout the duration of the emergency safety intervention.</p> <p>This STANDARD is not met as evidenced by: Complaint #AR00023958 was substantiated, all or in part, with these findings.</p> <p>Based on record review and interview the facility failed to ensure monitoring and assessments conducted during a restraint were documented every five minutes for 1 (Resident #2) of 2 (Resident #1 and 2) sampled residents who required the use of a physical restraint. The findings are:</p> <p>Resident #2 had diagnoses Major Depressive Disorder, Adjustment Disorder, Post Traumatic Stress Disorder and Generalized Anxiety Disorder.</p> <p>a. A facility Emergency Safety Intervention Justification Packet dated 11/6/19 documented, "...Patient Behavior/Justification for Physical Hold/Restraint: R [Resident] per staff got into a argument [with] another R. Then became angry tried to fight. Then started hitting, kicking walls. ESI [Emergency Safety Intervention] for safety of R and peer. Time Placed In Physical Hold: 1124 [11:24 a.m.] Time Removed From Physical Hold: 1140 [11:40 a.m.]... *While in restraint/seclusion, patient is to be monitored & [and] assessed continuously, then documented. First entry below should be upon initiation of restraint/seclusion and every 5 minutes thereafter..."</p> <p>b. Documented times of assessment were as follows: 11:24 a.m., 11:34 a.m. and 11:40 a.m.</p>	N 165			

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N 165	Continued From page 7 There was ten minutes between the time the client was placed in a physical restraint and the next assessment.	N 165			
N 188	c. On 12/10/19, at 2:33 p.m., Registered Nurse (RN) #1 was asked, "How often should a client be monitored during a restraint?" She stated, "Every five minutes." RN #1 was asked, "How often does the documentation indicate he was monitored, from the beginning of the restraint to the first assessment?" She stated, "Ten minutes." POST INTERVENTION DEBRIEFINGS CFR(s): 483.370(a) Within 24 hours after the use of the restraint or seclusion, staff involved in an emergency safety intervention and the resident must have a face-to-face discussion. This discussion must include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the wellbeing of the resident. Other staff and the resident's parent(s) or legal guardian(s) may participate in the discussion when it is deemed appropriate by the facility. The facility must conduct such discussion in a language that is understood by the resident and by the resident's parent(s) or legal guardian(s). The discussion must provide both the resident and staff the opportunity to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the resident, or others that could prevent the future use of restraint or seclusion. This STANDARD is not met as evidenced by: Complaint #AR00023958 was substantiated, all	N 188			

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N 188	<p>Continued From page 8 or in part, with these findings.</p> <p>Based on record review and interview, the facility failed to ensure a face-to-face discussion was conducted within 24 hours with staff and the resident for 1 (Resident #2) of 2 (Resident #1 and 2) sampled residents who required the use of a physical restraint. The findings are:</p> <p>Client #2 had diagnoses Major Depressive Disorder, Adjustment Disorder, Post Traumatic Stress Disorder and Generalized Anxiety Disorder.</p> <p>a. A Shift Note dated 12/5/19 at 8:05 p.m. documented, "Call for staff support to hallway. Upon arrival YCW [Youth Care Worker] had patient in restraint hold D/T [due to] verbal/physical aggression toward staff..."</p> <p>b. As of 12/10/19, there was no documentation in the resident's medical record that a Patient Emergency Safety Intervention Debriefing was completed within 24 hours of the use of the physical restraint.</p> <p>c. On 12/10/19 at 2:33 p.m. Registered Nurse #1 was asked, "Is there any documentation of resident debriefing within the twenty-four hour time period?" She stated, "Does not appear so."</p>	N 188		