ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services and Quality Assurance
Office of Long Term Care
http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx
PO Box 8059, Slot S404, Little Rock, AR 72203-8059
Fax: 501-682-6159

CERTIFIED MAIL # 7017 0190 0000 3768 2201

February 26, 2019

Marcel Lue, Administrator
Woodridge Behavioral Care Of Forrest City
1521 Albert St
Forrest City, AR 72335

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear Mr. Lue:

On January 8, 2019, a Complaint survey was conducted at your facility by the Office of Long Term Care to determine compliance with Federal requirements for Psychiatric Residential Treatment Facilities participating in the Medicaid program(s). This survey found your facility was not in substantial compliance with participation requirements. Please refer to our letter, dated Janaury 16, 2019.

A Complaint suyrvey was conducted on February 14, 2019, and your facility was still not in substantial compliance with the following participation requirement(s):

483.356(b) Protection of Residents

Plan of Correction (PoC)
A Plan of Correction (PoC) for the cited deficiencies must be submitted within 10 calendar days of receipt of this letter to:

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

A revisit will be authorized after an acceptable PoC is received. A completion date for each deficiency cited must be included. Your Plan of Correction must also include the following:

1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;

2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;

3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system. At the revisit, the quality assurance plan is reviewed to determine the earliest date of compliance. If there is no evidence of quality assurance being implemented, the earliest correction date will be the date of the revisit; and

5. Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. Your facility is ultimately accountable for its own compliance. The plan of correction will serve as the facility's allegation of compliance. Unless otherwise stated on the PoC, the last completion date will be the date of alleged compliance.

Informal Dispute Resolution

In accordance with 42 CFR § 488.331, you have one opportunity to question deficiencies through an informal dispute resolution (IDR) process. **To obtain an IDR, you must send your written request to Health Facility Services, Arkansas Department of Health and Human Services within ten (10) calendar days from receipt of the fax transmission of the Statement of Deficiencies.** The request must state the specific deficiencies the facility wishes to challenge. The request should also state whether the facility wants the IDR to be performed by a telephone conference call, record review, or a face-to-face meeting.

An incomplete informal dispute resolution procedure will not delay the effective date of any enforcement action. Informal dispute resolution in no way is to be construed as a formal evidentiary hearing. It is an informal administrative process to discuss the findings.

Please submit your request via fax to:

Fax (501) 661-2165
Becky Bennett, Director
Health Facility Services
Arkansas Department of Health
5800 W 10th Street,
Suite 400
Little Rock, AR 72204
Phone (501) 661-2201

If you have any questions concerning this letter, please contact your reviewer.

Sincerely,

Lori Hobbs, RN

Lori Hobbs, Nurse Manager
Office of Long Term Care
Survey & Certification Section

sgb

cc: DRC
file

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04L115	A. BUILDING _____ B. WING _____	C 02/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE BEHAVIORAL CARE OF FORREST CITY	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. A complaint survey was conducted on 2/13/19 through 2/14/19. Complaint #AR00022604 was substantiated, all or in part, with a deficiency cited at N0132.	N 000		
N 132	The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center PROTECTION OF RESIDENTS CFR(s): 483.356(b) Emergency safety intervention. An emergency safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age; size; gender; physical, medical, and psychiatric condition; and personal history (including any history of physical or sexual abuse).	N 132		

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 132	Continued From page 1	N 132		

This ELEMENT is not met as evidenced by:
Complaint #AR00022604 was substantiated, all or in part, in these findings.

Based on record review and interviews, failed to ensure an Emergency Safety Intervention (ESI) was appropriate based on the behavior and conducted in a safe manner to prevent the potential for injury and the policy and procedure was implemented for immediately suspending staff who may have used improper restraint technique to prevent potential involvement in other ESIs for 1 (Resident #1) of 5 (Resident #1 - 5) sampled residents who were physically restrained. The findings are:

Resident #1 had diagnoses of Disruptive Mood Disregulation Disorder and Attention Deficit Hyperactivity Disorder.

a. The Emergency Safety Interventions Policy received the Director Nursing on 2/13/19 documented, "If improper technique was noted or abuse is suspected the Executive Director, DON [Director of Nursing] and AOC will be notified immediately and the alleged offender or staff that used improper technique will be sent home immediately pending results of internal and/or external investigation..."

b. The Emergency Safety Intervention Justification Packet documented, Time Placed in Restraint/Seclusion 1851 [6:51 p.m.] Date: 2/11/19 Time Released: 1901 [7:01 p.m.] ... Type of Imminent Harm: ... Patient Behavior: ... [Resident] was prompted several times to remove hand from fire alarm & [and] [resident] refused.

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N 132	Continued From page 2 YCW [Youth Care Worker] attempted to remove [resident's] hand... containment... Restraint/Seclusion Body Assessment... Description of Treatment: 3 abrasions to [left[side of neck, not requiring medical tx [treatment], approx. [approximately 1 [inch]... Describe the cause of the injury: Staff elbow rubbing against [resident's] neck - [YCW #1]... Patient Emergency Safety Intervention Debriefing... What was the first thing that started this event... I [Resident #1] was standing with my hand on the fire pull but I wasn't doing anything to it... Staff said I was aggressive but I wasn't... Did you feel safe? No... [YCW #1] has his elbow in my face pressing down & [and] it hurt..." c. A statement by Licensed Practical Nurse (LPN) #1 documented, "2/11/19 @ [at] 1851 [6:51 p.m.] [Resident #1] was touching the fire alarm on station 2. [YCW 1 and #2] asked the resident more than three times to remove hand. I also asked resident to remove hand. Resident stated, 'He wasn't really touching the alarm, he was just touching the cover.' Resident was then asked to remove his hand, or he would be contained for not following directions from [YCW #1 and #2]. Resident refused [YCW #2] then took resident's hand off the fire alarm and initiated ESI. [YCW #2] took resident's legs, while [YCW #1] resident's arms. Resident's face became red and stated, 'YCW #1] was hurting his neck.' Resident asked [YCW #1] to remove his elbow but he did not. Resident then tried to move [YCW #1] did not. [YCW #1] then kept repeating repeatedly 'He tried to swing at me.' I never seen resident try to swing. Resident was moving a lot due to [YCW #1's] elbow in his neck. [YCW #1] was then asked to let another staff hold the resident. [YCW #3 and 4] then assisted. Resident instantly then	N 132		

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N 132	Continued From page 3 calmed down. Resident was then released. After being released, resident has three small abrasions on the left side of his neck... [YCW #1] came to me about 30 mins [minutes] or so after the ESI and showed me his left upper arm. It was bruised. [YCW #1] stated, 'Resident was pinching him.' I did not see resident pinching but could have when his elbow was on his neck. Resident also has swelling and red spots on his face." d. On 2/14/19 at 9:30 a.m., the DON was asked, "When you viewed the video [of the incident] did you see a proper hold?" She stated, "No." She was asked, "Why did you wait until 11:00 p.m., to place [Youth Care Workers (YCWs) #1 and #2] on leave?" She stated, "[Administrator] and [Director of Residential Services] were made aware that the hold was improper. [Director of Residential Services] was here in the building and they were having flooding in at least 3 rooms and the clients' beds and belongings were moved to other places. The Administrator texted both of us to 'send them home'; usually the supervisor on duty does that." At 10:00 a.m., the Director of Residential Services was asked, "Are you aware that the facility's policy states that when a hold had been determined improper, that the staff involved should be immediately sent home?" He stated, "We had flooding in 4 rooms. All of this started about the same time. I found out about the incident and the boys were hollering about the water in their rooms. We were in crisis mode. [YCW #2] was helping relocate the kids and I don't know for sure where [YCW #1] was, but he wasn't on the unit any longer." At 11:30 a.m., Resident #1 was asked, "Were you	N 132		

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N 132	Continued From page 4 around [YCW #1] after the incident?" He stated, "No, I haven't seen him since it happened." e. On 2/14/19 at 10:30 a.m., the DON provided a statement that documented, "I have reviewed video footage from the time [YCW #1] left the restraint [2/11/19] [at] 1855 [6:55 p.m.] until the end of his shift [2/11/19] [at] 2300 [11:00 p.m.] and it appears that [YCW #1] was either at the nurses station, on the hall in front of the nurses station, or off the unit the remainder of his shift. He was not in direct care of the residents or the dayrooms with the groups or on the halls with the residents."	N 132		

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