



Division of Provider Services  
& Quality Assurance  
P.O. Box 8059, Slot S404  
Little Rock, AR 72203-8059  
P: 501.320.6182  
F: 501.682.6159

July 22, 2021

Charlotte Lockhart, CEO  
Woodridge Of Forrest City, Llc  
1521 Albert St  
Forrest City, AR 72335

Dear Ms. Lockhart:

On July 8, 2021 a Complaint Investigation 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 you receipt of the Statement of Deficiencies.** Failure to submit a POC may result in termination. Include a completion date for each deficiency cited.

Amanda M Smith, RN Manager  
OLTC, Survey & Certification Section  
PO Box 8059, Slot S404  
Little Rock, AR 72201-4608  
(501) 320-3963

**email to [amanda.m.smith@dhs.arkansas.gov](mailto:amanda.m.smith@dhs.arkansas.gov)@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.

e. 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 within ten (10) calendar days from receipt 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 to:**

**IDR/IIDR Program Coordinator  
Health Facilities Services  
5800 West 10<sup>th</sup> Street, Suite 400  
Little Rock, AR 72204  
Phone: 501-661-2201  
Fax: 501-661-2165  
[ADH.HFS@Arkansas.gov](mailto:ADH.HFS@Arkansas.gov)**

If you have any questions, please call Sandra Broughton, Program Administrator at 501-320-6182.

Sincerely,



RN Manager  
DPSQA/Office of Long Term Care  
Survey & Certification Section

ams

cc: DRA

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

PRINTED: 07/22/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>04L115</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>07/08/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOODRIDGE OF FORREST CITY, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1521 ALBERT ST</b> <b>FORREST CITY, AR 72335</b>		
(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.  The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center. A complaint survey was conducted from 06/29/2021 through 07/08/2021.  Complaint #AR00026765 was unsubstantiated. Complaint #AR00026766 was unsubstantiated. Complaint #AR00026840 was unsubstantiated. Complaint #AR00026804 was substantiated, all or in part, with deficiencies cited at N128, N202 and N214. Complaint #AR00026832 was substantiated, all or in part, with deficiencies cited at N128, N202 and N214.	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: Based on observation, interview and record review, the facility failed to ensure an injury did not occur during an Emergency Safety	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>Intervention (ESI) involving a physical restraint for 2 (Clients #3 and #4) of 4 (Clients #1, #2, #3 and #4) sampled clients reviewed for ESI. The findings are:</p> <p>1. Client #3 was admitted on 03/19/2021 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Rule out Attention Deficit Hyperactivity Disorder.</p> <p>a. The Emergency Safety Intervention Justification Packet dated 6/30/21 documented, "...Date &amp; Time actually placed into Restraint:...6/30/21 Time- 1745 [5:45 PM]...Date &amp; Time removed from Restraint:...6/30/21 Time- 1750 [5:50 PM]..."</p> <p>b. The Emergency Safety Intervention Justification Packet Restraint/Seclusion Body Assessment form dated 6/30/21 documented, "...Description of Injuries (...4-Pain...) No injuries... Description of Treatment: R [Resident] reported left side of body hurt d/t [due to] ESI. Upon assessment no abnormalities found. R rated pain a 7 out of 10. Ibuprofen given po (by mouth) for pain..." The form was signed by Registered Nurse (RN) #3.</p> <p>c. On 07/06/2021 at 4:13 pm, RN #3 was asked, "Did you follow up after the ibuprofen? Reassess his left side to make sure it [the ibuprofen] worked and he wasn't still in pain? Or showing other injuries?" RN #3 stated, "No ma'am. I told the other nurse about the ESI. It was right before my clock out time."</p> <p>d. On 07/07/2021 at 10:30 am, the video of the ESI restraint was reviewed and showed, during the ESI, Client #3 was thrown to the floor, landing</p>	N 128			

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N 128	<p>Continued From page 2 on the floor on his left side.</p> <p>e. On 07/07/2021 at 11:00 am, the Director of Quality Risk was asked if there was any documentation of a reassessment concerning Client #3's complaint of pain to the left side after he was given ibuprofen. The Director of Quality and Risk stated she would check with the Director of Nursing for any other available documentation. The Director of Quality Risk did not provide any documentation of a reassessment prior to exit on July 8, 2021.</p> <p>2. Client #4 was admitted on 04/26/2021 and had diagnoses of Disruptive Mood Dysregulation Disorder, and Attention Deficit Hyperactivity Disorder.</p> <p>a. The Emergency Safety Intervention Justification Packet dated 07/05/2021 documented, "...Date &amp; Time actually placed into Restraint:...7/5/21 Time- 1352 [1:52 PM]...Date &amp; Time removed from Restraint:...7/5/21 Time- 1420 [2:20 PM]..."</p> <p>b. The Emergency Safety Intervention Justification Packet Restraint/Seclusion Body Assessment form dated 7/5/21, with no time indicated, signed by Staff # 9, Staff # 8, and Licensed Practical Nurse (LPN) #1 documented, "...Description of injuries...No visible injuries. Description of Treatment: [Resident] [Complains of] [decreased] ROM [Range of Motion] to Rt [Right] wrist - sent to ER [Emergency Room] for eval [Evaluation]/tx [Treatment]..."</p> <p>c. The ER record dated July 5, 2021 documented, "...Sprain of other part of right wrist and hand."</p>	N 128			

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N 128	Continued From page 3	N 128			
N 143	<p>d. On 07/08/2021 at 8:59 am, Client #4 had a splint to the right wrist. He indicated the injury occurred during the restraint, and stated, "I was squirming around on the ground. Then [Staff #8] is pushing my arm against the ground, pushing wrist down, pushing my elbow up. He was trying to dislocate my elbow or something..."</p> <p><b>ORDERS FOR USE OF RESTRAINT OR SECLUSION</b> CFR(s): 483.358(d)</p> <p>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 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: Based on record review and interview, the facility failed to ensure a physician's order for a chemical restraint was documented in the client's record for 1 of 1 (Client #2) sampled clients who required the use of a chemical restraint. The findings are:</p> <p>1. Client #2 was admitted on 6/16/21 and had diagnoses Major Depressive Disorder Recurrent Severe With Out Psychosis, and Disruptive Mood</p>	N 143			

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N 143	Continued From page 4 Dysregulation Disorder.  a. An Emergency Safety Intervention Justification Packet dated 6/21/21 documented, "...Justification Progress Note: Restraint... Justification Criteria: Prevent Assault/Injury to: Self... Staff Member...Patient Behavior: Please Give Detailed Justification For Restraint: Pt [Patient] attacked staff...Medication Administered: Benadryl- Dosage: 25 mg (milligrams); Route: IM [intramuscular] Medication Adminstered: Thorazine- Dosage: 25 mg; Route: IM; Nurse Administering Med [Medication]: [RN #2]; Time Med Administered: In: 2335 [11:35 p.m.]..." There was no Physician's order for the Benadryl and Thorazine documented in the client's chart.  b. On 6/29/21 at 3:46 p.m., the Director of Nursing (DON) was asked, "Did you see the Physician's order for the Thorazine and Benadryl in the chart?" She stated, "No, it's not there."  2. The Emergency Safety Intervention policy received from the Director of Quality Risk on 6/30/21 at 10:04 a.m., documented, "...B. Physical Restraint: 1. A written order from the physician is required for the use of a physical restraint or chemical restraint...H. Physical Restraint Evaluation/Performance Improvement Activities: 1. The Director of Nursing shall assess each episode of restraint documentation for completeness. The Director of Nursing must resolve any incomplete documentation..."	N 143			
N 154	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(h)(5)  [Documentation must include] the name of staff	N 154			

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N 154	<p>Continued From page 5 involved in the emergency safety intervention.</p> <p>This ELEMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure the names of all staff physically participating in or providing assessments during an Emergency Safety Intervention (ESI) were documented in the client's record for 3 (Clients #2, #3, and #4) of 4 (Clients #1- #4) sampled clients reviewed for ESI. The findings are:</p> <p>1. Client #3 was admitted on 03/19/2021 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Rule out Attention Deficit Hyperactivity Disorder.</p> <p>a. The Emergency Safety Intervention Justification Packet dated 06/30/2021 did not document the Director of Quality Risk as providing an assessment, or Staff #7 as physically participating in the ESI.</p> <p>b. On 07/07/2021 at 9:04 AM, the Director of Quality Risk was asked, "Were you there the night [Staff #11] restrained [Client #3]?" She stated, "Yes ma'am. I happened to be passing by and saw [Staff #11] had [Client #3] in containment in an ESI. I stopped by to see if he was positioned alright; the nurse was in there, and the client was alright..."</p> <p>c. On 07/07/2021 at 10:30 AM, a video of the ESI initiated on 06/30/21 at 17:45 [5:45 PM] was reviewed with the Director of Quality Risk. It showed Staff #11 initiating an ESI on Client #3 after Client #3 threw his food tray into the Staff Member's face. The video shows Staff #11 struggled with the Client, who was sitting in a</p>	N 154			



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N 154	<p>Continued From page 6</p> <p>chair. Client #3 went from the chair to sitting on the floor on his bottom with his feet in front of him, and Staff #11 standing behind him. Staff #11 then proceeded to pick Client #3 up to his chest level, holding Client #3 horizontally to the floor, and then appeared to throw Client #3 to the floor, with the client landing on his left side. Staff #7, identified by the Director of Quality Risk, is seen initially starting to help with the restraint, but then she proceeded to remove all clients from the area.</p> <p>2. Client #2 was admitted on 06/16/21 and had diagnoses Major Depressive Disorder Recurrent, Severe without Psychosis, and Disruptive Mood Dysregulation Disorder.</p> <p>a. The Emergency Safety Intervention Justification Packet dated 07/05/2021 did not document Staff #5 and Staff #10 assisted in the restraint, or Therapist #1 was monitoring/counseling during the ESI.</p> <p>b. On 07/07/2021 at 3:31 PM, the video of the ESI on 07/05/2021 was reviewed with the Director of Quality Risk. She was asked during the viewing, to provide the names of the staff members involved in the ESI. She named: Staff #2, Staff #3, Staff #4, Staff #5, Staff #10, Therapist #1 (monitoring/counseling) and Licensed Practical Nurse (LPN) #1 (monitoring).</p> <p>c. On 07/07/2021 at 4:16 PM, the Director of Quality Risk was asked, "Are all the staff involved in the ESI on [Client #2] named on the ESI Justification Packet as being part of the ESI?" She answered "No."</p> <p>3. Client #4 was admitted on 04/26/2021 and had</p>	N 154			

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N 154	<p>Continued From page 7</p> <p>diagnoses of Disruptive Mood Dysregulation Disorder, and Attention Deficit Hyperactivity Disorder.</p> <p>a. The Staff Emergency Safety Intervention Debriefing Form dated 07/05/2021 at 1430 [2:30 PM], documented the signatures of LPN #1, Staff #8, and Staff #9, as involved in the staff debriefing.</p> <p>b. On 07/08/2021 at 10:01 AM, Staff #2 was asked, "Did you assist in the restraint on [Client #4] on 7/5?" She stated, "Yes." Staff #2 was not included or documented as participating in the restraint of Client #4.</p> <p>4. On 07/07/2021 at 4:16 PM, the Director of Quality Risk was asked, "Were all the staff who assisted in the restraint for [Clients #2, #3, and #4] included in the ESI documentation including those who did assessments?" She stated, "I'm thinking no, looking at it." She was then asked, "Since you observed [Client #3's] restraint should you have been included since you assessed the situation?" She stated, "Should I have been? I'm not usually."</p> <p>5. The facility Emergency Safety Intervention policy, received from the Director of Quality Risk on 06/30/2021 at 10:04 AM, documented, "...F. Documentation for Emergency Safety Interventions:... 5. The name of staff involved in the emergency safety situation... H. Physical Restraint Evaluation/Performance Improvement Activities: 1. The Director of Nursing shall assess each episode of restraint documentation for completeness. The Director of Nursing must resolve any incomplete documentation..."</p>	N 154			

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N 155 N 155	Continued From page 8 <b>ORDERS FOR USE OF RESTRAINT OR SECLUSION</b> CFR(s): 483.358(i)  The facility must maintain a record of each emergency safety situation, the interventions used, and their outcomes  This ELEMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a cumulative log was maintained for each Emergency Safety Interventions (ESIs) for 4 (Clients #1, #2, #3, and #4) of 4 sampled clients. The findings are:  1. Client #1 was admitted on 2/3/21 and had diagnoses of Disruptive Mood Dysregulation Disorder and Major Depressive Disorder Recurrent, Severe With Out Psychosis.  a. An Emergency Safety Intervention Justification Packet was dated 6/17/21.  b. An Emergency Safety Intervention Justification Packet was dated 6/21/21.  c. An Emergency Safety Intervention Justification Packet was dated 6/24/21.  d. An Emergency Safety Intervention Justification Packet was dated 6/25/21.  2. Client #2 was admitted on 06/16/21 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Disruptive Mood Dysregulation Disorder.  a. An Emergency Safety Intervention Justification Packet was dated 6/19/21.	N 155 N 155			

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N 155	Continued From page 9  b. An Emergency Safety Intervention Justification Packet was dated 6/19/21.  c. An Emergency Safety Intervention Justification Packet was dated 6/21/21.  d. An Emergency Safety Intervention Justification Packet was dated 7/05/21.  3. Client #3 was admitted on 03/19/2021 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Rule out Attention Deficit Hyperactivity Disorder.  a. An Emergency Safety Intervention Justification Packet was dated 6/30/21.  4. Client #4 was admitted on 04/26/2021 and had diagnoses of Disruptive Mood Dysregulation Disorder, and Attention Deficit Hyperactivity Disorder.  a. An Emergency Safety Intervention Justification Packet was dated 7/05/21.  5. On 07/06/2021 at 9:04 a.m., the Director of Quality Risk was asked for the facility's ESI log for June and July.  6. On 07/07/2021 at 11:15 a.m., the Clinical Director was asked, "Do you keep a log of ESIs, does the facility keep a cumulative log?" He stated, "Yes, we do keep track of them." He was then asked, "Does it include injuries? Other outcomes?" He answered, "I don't know, we indicate that in the chart." The Clinical Director was asked for a copy of the June and July log at this time.	N 155			

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NAME OF PROVIDER OR SUPPLIER  <b>WOODRIDGE OF FORREST CITY, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1521 ALBERT ST</b> <b>FORREST CITY, AR 72335</b>		
(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 155	Continued From page 10  7. On 07/08/2021 at 1:08 p.m., the Chief Executive Officer was asked to show the surveyor a copy of the cumulative log for June and July. While the surveyor was in her office, she called the Director of Nursing for the log.  8. The log form "Restraint for May" received from the CEO on 07/08/2021 at 2:30 PM, did not include the outcome of any of the restraints for any of the clients included on the log and did not include information concerning the interventions that were used.  9. On 07/08/2021, at the time of exit, no log for June and/or July had been provided.	N 155			
N 188	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.	N 188			

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N 188	Continued From page 11  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all staff involved in an Emergency Safety Intervention (ESI) were present during the client debriefing for 4 (Clients #1 #2, #3 and #4) of 4 sampled clients reviewed for ESI. The findings are:  1. Client #1 was admitted on 2/3/21 and had diagnoses Disruptive Mood Dysregulation Disorder and Major Depressive Disorder Recurrent, Severe without Psychosis.  a. An Emergency Safety Intervention Justification Packet dated 6/17/21, documented, "Justification Progress Note: Restraint; Justification Criteria: Prevent Assault/Injury to self...Patient Behavior: Please Give Detailed Justification For Restraint: Staff reported that R [resident] was on top of chairs and behind other NS [Nurse's Station] on the chairs and could not control himself. R observed on left side upon entry of this writer during hold...Date & [and] time actually placed in restraint: Date 6/17/21 Time 1750 [5:50 p.m.]..." A Patient Emergency Intervention Debriefing Form, dated 6/17/21 at 1816 (6:16 p.m.), had no names of staff present or those excused documented.  b. On 6/29/21 at 3:52 p.m., the Director of Nursing (DON) was asked, "[Client #1] had an ESI on 6/17/21 started at 1758 (5:58 p.m.). On the client debriefing I did not see where staff were named, are there any staff names or signatures on the form?" She stated, "No, he filled out the form, just didn't sign it."	N 188			

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N 188	<p>Continued From page 12</p> <p>c. An Emergency Safety Intervention Justification Packet dated 6/21/21 at 6:40 p.m., documented, "Justification Progress Note: Restraint; Justification Criteria: Prevent Assault/Injury to: self...Patient Behavior: Please Give Detailed Justification For Restraint: Pt [Patient] attempted to attack staff/began self harming...Date &amp; [and] Time Actually Placed Into Restraint: 6/21/21 Time: 1840 [6:40 p.m.]..." The Patient Emergency Intervention Debriefing Form, dated 6/21/21 at 1945 (7:45 p.m.), documented, "...Names of Staff Present for the Debriefing (Also Note Any Who Were Excused): [Registered Nurse (RN) #2]..." There were no other staff signatures documented.</p> <p>d. On 6/29/21 at 4:08 p.m., the DON was asked, "On the ESI report on 6/21 at 1840 (6:40 p.m.), do you see where the staff involved in the ESI signed the client debriefing?" She stated, "The RN signed it." The DON was asked, "Was that all of the staff involved in the ESI?" She stated, "No."</p> <p>e. An Emergency Safety Intervention Justification Packet dated 6/24/21 at 1705 (5:05 p.m.) documented, "Justification Progress Note: Restraint; Justification Criteria: Prevent Assault/Injury to: Staff Member...Patient Behavior: Please Give Detailed Justification For Restraint: throwing chairs, hitting [at] staff-unable to self regulate..." A Patient Emergency Safety Intervention Debriefing Form, dated 6/24/21 at 1735 (5:35 p.m.), documented, "Names of Staff Present for the Debriefing (Also Note Any Who Were Excused)..." There were no signatures of staff present or excused for the client debriefing.</p> <p>f. An Emergency Safety Intervention Justification</p>	N 188			

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N 188	<p>Continued From page 13</p> <p>Packet dated 6/25/21 at 1958 (7:58 p.m.), documented, "Justification Progress Note: Restraint; Justification Criteria: Prevent Assault/Injury to: Staff Member...Patient Behavior: Please Give Detailed Justification For Restraint: Attempting to hit staff..." The Patient Emergency Safety Intervention Debriefing Form, dated 6/25/21 at 2020 (8:20 p.m.) documented, "Names of Staff Present for the Debriefing (Also Note Any Who Were Excused)..." The RN's signature was present. There were no other signatures of staff present or excused for the client debriefing.</p> <p>2. Client #2 was admitted on 6/16/21 and had diagnoses Major Depressive Disorder Recurrent Severe Without Psychosis, and Disruptive Mood Dysregulation Disorder.</p> <p>a. An Emergency Safety Intervention Justification Packet dated 6/19/21 at 7:10 p.m. documented, "Justification Progress Note: Restraint; Justification Criteria: Prevent Assault/Injury to: Self, Staff Member... Patient Behavior: Please Give Detailed Justification For Restraint: R [Resident] was upset about being at facility. Staff attempted to process [with] R. R became more aggressive and started kicking lid from cooler at nurse's station, Staff attempted to redirect. R then started kicking door. ESI initiated for safety..." A Patient Emergency Safety Intervention Debriefing Form, dated 6/19/21 at 1650 (8:50 p.m.), documented, "...Names of Staff Present for the Debriefing (Also Note Any Who Were Excused)..." There were no signatures of staff present or excused for the client debriefing.</p> <p>b. An Emergency Safety Intervention Justification Packet dated 6/19/21 at 9:35 p.m., documented,</p>	N 188			



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N 188	<p>Continued From page 14</p> <p>"Justification Progress Note: Restraint; Justification Criteria: Prevent Assault/Injury to Self...Patient Behavior: Please Give Detailed Justification For Restraint: R threatening to kill himself [with] piece of floor tile..."A Patient Emergency Safety Intervention Debriefing Form, dated 6/19/21 at 2205 (10:05 p.m.), documented, "...Names of Staff Present for the Debriefing (Also Note Any Who Were Excused)..." There were no signatures of staff present or excused for the client debriefing.</p> <p>c. An Emergency Safety Intervention Justification Packet dated 6/21/21 at 10:50 p.m., documented, "Justification Progress Note: Restraint; Justification Criteria: Prevent Assault/Injury to Self, Staff Member...Patient Behavior: Please Give Detailed Justification For Restraint: Pt [Patient] attacked staff..." A Patient Emergency Safety Intervention Debriefing Form, dated 6/21/21 at 2354 (11:54 p.m.) documented, "...Names of Staff Present for the Debriefing (Also Note Any Who Were Excused) [RN #2]..." There were no other signatures of staff present or excused for the client debriefing.</p> <p>d. An Emergency Safety Intervention Justification Packet dated 07/05/2021 at 1330 (1:30 p.m.) documented the signature of one nurse, Licensed Practical Nurse (LPN) #1, as the only staff member present for the client debriefing, with no staff documented as excused.</p> <p>e. On 07/07/2021 at 3:31 p.m., the video from the 07/05/2021 ESI was reviewed with the Director of Quality Risk. She was asked during the viewing, to tell the surveyor the names of the staff members involved in the ESI. She named: Staff #2, Staff #3, Staff #4, Staff #5, Staff #12,</p>	N 188			

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N 188	<p>Continued From page 15</p> <p>Therapist #1 (monitoring/counseling) and Licensed Practical Nurse (LPN) #1 (monitoring).</p> <p>f. On 07/07/2021 at 4:16 p.m., the Director of Quality Risk was asked, "Are all the staff involved in the ESI on [Client #2] named on the ESI Justification Packet as being in the client debriefing?" She answered "No."</p> <p>3. On 6/29/21 at 4:16 p.m., the DON was asked, "On the client debriefing, should all staff that were present at the ESI sign they were at the debriefing?" She stated, "Yes."</p> <p>4. Client #3 was admitted on 03/19/2021 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Rule out Attention Deficit Hyperactivity Disorder.</p> <p>a. An Emergency Safety Intervention Justification Packet dated 6/30/2021 at 1:55 p.m., documented the signature of RN #3 and one staff member, Staff #11, as present in the client debriefing.</p> <p>b. On 07/07/2021 at 10:30 am, a video of the ESI was reviewed with the Director of Quality Risk. It showed Staff #11 initiating an ESI on Client #3. Staff #7, identified by the Director of Quality Risk, is seen initially starting to help with the restraint, but then she proceeded to remove clients from the area.</p> <p>c. On 07/07/2021, the Director of Quality Risk was asked, "Looking at the documentation, does it look like all the staff who were in the ESI on [Client #3] were included in the client and staff debriefing?" She stated, "[Staff #11] initiated the restraint, [RN #3] was the nurse who monitored."</p>	N 188			

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N 188	<p>Continued From page 16</p> <p>She was also asked, "Should [Staff #7] have been included in the debriefing, either the client or staff debriefing?" She answered, "I don't know... [Staff #7] only helped for a second or two."</p> <p>5. Client #4 was admitted on 04/26/2021 and had diagnoses of Disruptive Mood Dysregulation Disorder, and Attention Deficit Hyperactivity Disorder.</p> <p>a. An Emergency Safety Intervention Justification Packet dated 07/05/2021 at 1435 [2:35 p.m.], documented the signature of one nurse, LPN #1, as the only staff member present for the client debriefing. Two staff members, Staff #8 and Staff #9, were documented as excused from the client debriefing.</p> <p>b. On 7/08/21 at 10:01 a.m., Staff #2 was asked, "Did you assist in the restraint on [Client #4] on 7/5?" She stated, "Yes."</p> <p>6. The facility policy for Emergency Safety Interventions, received from the Director of Quality Risk on 6/30/21 at 10:04 a.m., documented, "...G. Physical Restraint Debriefing: Within 24 hours from the initiation of the restraint, all staff involved in the ESI (Emergency Safety Intervention) will meet in a post-intervention conference to discuss the event and offer feedback to one another concerning events that took placed and possible alternate methods which could be used to change behaviors..."</p> <p>7. The facility Emergency Safety Intervention policy, received from the Director of Quality and Risk on 6/30/21 at 10:04 a.m., documented, "...H. Physical Restraint Evaluation/Performance Improvement Activities: 1. The Director of Nursing</p>	N 188			

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N 188	Continued From page 17 shall assess each episode of restraint documentation for completeness. The Director of Nursing must resolve any incomplete documentation..."	N 188			
N 189	POST INTERVENTION DEBRIEFINGS CFR(s): 483.370(b)  Within 24 hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of -  483.370(b)(1) The emergency safety situation that required the intervention, including discussion of the precipitating factors that led up to the intervention;  This ELEMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all staff involved in an Emergency Safety Intervention (ESI) were present during the staff debriefing for 3 (Clients #2, #3 and #4) of 4 (Clients #1 - #4) sampled clients who had been physically restrained. The findings are:  1. Client #2 was admitted on 06/16/21 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Disruptive Mood Dysregulation Disorder.  a. A Staff Emergency Safety Intervention Debriefing Form dated 07/05/2021 at 1330 [1:30 p.m.], documented the signatures of Licensed	N 189			

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N 189	<p>Continued From page 18</p> <p>Practical Nurse (LPN) #1, Staff #2, Staff #4, and Staff #5 as involved in the staff debriefing.</p> <p>b. On 07/07/21 at 3:31 p.m., the video from the 07/05/2021 ESI was reviewed with the Director of Quality Risk. She was asked during the viewing, to tell the surveyor the names of the staff members involved in the ESI. She named: Staff #2, Staff #3, Staff #4, Staff #5, Staff #12, Therapist #1 (monitoring/counseling) and Licensed Practical Nurse (LPN) #1 (monitoring).</p> <p>c. On 07/07/21 at 4:16 p.m., the Director of Quality Risk was asked, "Are all the staff involved in the ESI on [Client #2] named on the ESI Justification Packet as being in the staff debriefing?" She answered "No."</p> <p>2. Client #3 was admitted on 03/19/2021 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Rule out Attention Deficit Hyperactivity Disorder.</p> <p>a. A Staff Emergency Safety Intervention Debriefing Form dated 6/30/21 at 1:55 p.m., documented the signature of Registered Nurse (RN) #3 and the signature of one staff member, Staff #11, as involved in the staff debriefing.</p> <p>b. On 07/07/21 at 9:04 a.m., the Director of Quality Risk was asked, "Were you there the night [Staff #11] restrained [Client #3]? She stated, "Yes ma'am. I happened to be passing by and saw [Staff #11] had [Client #3], in containment in an ESI. I stopped by to see if he was positioned alright, the nurse was in there, and the client was alright..."</p> <p>c. On 07/07/21 at 10:30 am, the video of the ESI</p>	N 189			

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N 189	<p>Continued From page 19</p> <p>initiated on 06/30 at 1740 [5:40 p.m.], was reviewed with the Director of Quality Risk. It showed Staff #11 initiating an ESI on Client #3 after Client #3 threw his food tray into the Staff Member's face. The Video shows Staff #11 struggled with the Client, who was sitting in a chair. Client #3 went from the chair to sitting on the floor on his bottom with his feet in front of him, and Staff #11 standing behind him. Staff #11 then proceeded to pick Client #3 up to his chest level, holding Client #3 horizontally to the floor, and then appeared to throw Client #3 to the floor, with the client landing on his left side. Staff #7, identified by the Director of Quality Risk, is seen initially starting to help with the restraint, but then she proceeded to remove all clients from the area.</p> <p>d. On 07/07/21, the Director of Quality Risk was asked, "Looking at the documentation, does it look like all the staff who were in the ESI on [Client #3] were included in the debriefing?" She stated, "[Staff #11] initiated the restraint, [RN #3] was the nurse who monitored." She was also asked, "Should [Staff #4] have been included in the debriefing, either the client or staff debriefing?" She answered, "I don't know...[Staff #7] only helped for a second or two."</p> <p>3. Client #4 was admitted on 04/26/2021 and had diagnoses of Disruptive Mood Dysregulation Disorder, and Attention Deficit Hyperactivity Disorder.</p> <p>a. A Staff Emergency Safety Intervention Debriefing Form dated 07/05/2021 at 1430 [2:30 p.m.], documented the signature of one nurse, LPN #1, and signatures of two staff members, Staff #8, Staff #9, as involved in the staff</p>	N 189			

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N 189	Continued From page 20 debriefing.  b. On 07/08/21 at 10:01 a.m., Staff #2 was asked "Did you assist in the restraint on [Client #4] on 7/5?" She stated, "Yes."  4. The facility policy for Emergency Safety Interventions, received from the Director of Quality Risk on 6/30/21 at 10:04 a.m., documented, "...G. Physical Restraint Debriefing: Within 24 hours from the initiation of the restraint, all staff involved in the ESI (Emergency Safety Intervention) will meet in a post-intervention conference to discuss the event and offer feedback to one another concerning events that took place and possible alternate methods which could be used to change behaviors...H. Physical Restraint Evaluation/Performance Improvement Activities: 1. The Director of Nursing shall assess each episode of restraint documentation for completeness. The Director of Nursing must resolve any incomplete documentation..."	N 189			
N 202	MEDICAL TREATMENT FOR INJURIES CFR(s): 483.372(c)  Staff involved in an emergency safety intervention that results in an injury to a resident or staff must meet with supervisory staff and evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.  This ELEMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure staff involved in Emergency Safety Interventions (ESI) resulting in client injuries met with supervisory staff to evaluate the	N 202			

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(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 202	<p>Continued From page 21</p> <p>circumstances causing the injury and to develop a plan to prevent injury in the future for 2 (Clients #3 and #4) of 4 (Clients #1-#4) sampled clients who were reviewed for ESI. The findings are:</p> <p>1. Client #3 was admitted on 03/19/2021 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Rule out Attention Deficit Hyperactivity Disorder.</p> <p>a. The Emergency Safety Intervention Justification Packet dated 6/30/21 documented, "...Date &amp; Time actually placed into Restraint:...6/30/21 Time- 1745 [5:45 PM]...Date &amp; Time removed from Restraint:...6/30/21 Time- 1750 [5:50 PM]..."</p> <p>b. The Emergency Safety Intervention Justification Packet Restraint/Seclusion Body Assessment form dated 6/30/21 documented, "...Description of Injuries (...4-Pain...) No injuries... Description of Treatment: R [Resident] reported left side of body hurt d/t [due to] ESI. Upon assessment no abnormalities found. R rated pain a 7 out of 10. Ibuprofen given po (by mouth) for pain..." The form was signed by Registered Nurse (RN) #3.</p> <p>c. On 07/07/2021 at 10:30 am, the video of the ESI restraint was reviewed and showed, during the ESI, Client #3 was thrown to the floor, landing on the floor on his left side.</p> <p>2. Client #4 was admitted on 04/26/2021 and had diagnoses of Disruptive Mood Dysregulation Disorder, and Attention Deficit Hyperactivity Disorder.</p> <p>a. The Emergency Safety Intervention</p>	N 202			



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>04L115</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>07/08/2021</b>
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N 202	<p>Continued From page 22</p> <p>Justification Packet dated 07/05/2021 documented, "...Date &amp; Time actually placed into Restraint:...7/5/21 Time- 1352 [1:52 PM]...Date &amp; Time removed from Restraint:...7/5/21 Time- 1420 [2:20 PM]..."</p> <p>b. The Emergency Safety Intervention Justification Packet Restraint/Seclusion Body Assessment form dated 7/5/21, with no time indicated, signed by Staff # 9, Staff # 8, and Licensed Practical Nurse (LPN) #1 documented, "...Description of injuries...No visible injuries. Description of Treatment: [Resident] [Complains of] [decreased] ROM [Range of Motion] to Rt [Right] wrist - sent to ER [Emergency Room] for eval [Evaluation]/tx [Treatment]..."</p> <p>c. The ER record dated July 5, 2021 documented, "...Sprain of other part of right wrist and hand."</p> <p>d. On 07/08/2021 at 8:59 am, Client #4 had a splint to the right wrist. He indicated the injury occurred during the restraint, and stated, "I was squirming around on the ground. Then [Staff #8] is pushing my arm against the ground, pushing wrist down, pushing my elbow up. He was trying to dislocate my elbow or something..."</p> <p>3. On 07/08/2021 at 2:30 pm, the Clinical Director was shown the ESI documentation for Client #3 and Client #4, specifically the blank section on the body assessment page regarding follow up with staff following a restraint with injury. He was asked, "Is staff involved in an ESI meeting with supervisory staff to talk about what caused the injury and to talk about a plan for preventing future injury?" The Clinical Director stated, "We do that here in administrative</p>	N 202			

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N 202	Continued From page 23 meetings when we review restraints, that's how we do it." He was then asked, "Are staff involved in the ESI included?" He stated, "Are we supposed to? Are we supposed to call them back up here when a kid complains of an injury a day later or pull them out of staff that would lead to short staffing? We do it in administrative meetings, that is how we do it here." He was then asked, "Is there any documentation of procedures that changed, or staff training required following the two injuries?" He stated, "We have it, I can show you what we have." No documentation was received prior to exit.	N 202			
N 214	<b>EDUCATION AND TRAINING</b> CFR(s): 483.376(a)  The facility must require staff to have ongoing education, training, and demonstrated knowledge of -  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff Emergency Safety Intervention (ESI) re-training was done after ESI resulted in injury for 2 (Clients #3 and #4) of 4 (Clients #1-#4) sampled clients who were reviewed for ESI. The findings are:  1. Client #3 was admitted on 03/19/2021 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Rule out Attention Deficit Hyperactivity Disorder.  a. The Emergency Safety Intervention Justification Packet dated 6/30/21 documented, "...Date & Time actually placed into Restraint:...6/30/21 Time- 1745 [5:45 PM]...Date & Time removed from Restraint:...6/30/21 Time-	N 214			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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N 214	<p>Continued From page 24 1750 [5:50 PM]..."</p> <p>b. The Emergency Safety Intervention Justification Packet Restraint/Seclusion Body Assessment form dated 6/30/21 documented, "...Description of Injuries (...4-Pain...) No injuries... Description of Treatment: R [Resident] reported left side of body hurt d/t [due to] ESI. Upon assessment no abnormalities found. R rated pain a 7 out of 10. Ibuprofen given po (by mouth) for pain..." The form was signed by Registered Nurse (RN) #3.</p> <p>c. On 07/06/2021 at 4:13 pm, RN #3 was asked, "Did you follow up after the ibuprofen? Reassess his left side to make sure it [the ibuprofen] worked and he wasn't still in pain? Or showing other injuries?" RN #3 stated, "No Ma'am. I told the other nurse about the ESI. It was right before my clock out time."</p> <p>d. On 07/07/2021 at 10:30 am, the video of the ESI restraint was reviewed and showed, during the ESI, Client #3 was thrown to the floor, landing on the floor on his left side.</p> <p>e. On 07/07/2021 at 11:00 am, the Director of Quality Risk was asked if there was any documentation of a reassessment concerning Client #3's complaint of pain to the left side after he was given ibuprofen. The Director of Quality and Risk stated she would check with the Director of Nursing for any other available documentation. The Director of Quality Risk did not provide any documentation of a reassessment prior to exit on July 8, 2021.</p> <p>2. Client #4 was admitted on 04/26/2021 and had diagnoses of Disruptive Mood Dysregulation</p>	N 214			

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N 214	<p>Continued From page 25</p> <p>Disorder, and Attention Deficit Hyperactivity Disorder.</p> <p>a. The Emergency Safety Intervention Justification Packet dated 07/05/2021 documented, "...Date &amp; Time actually placed into Restraint:...7/5/21 Time- 1352 [1:52 PM]...Date &amp; Time removed from Restraint:...7/5/21 Time- 1420 [2:20 PM]..."</p> <p>b. The Emergency Safety Intervention Justification Packet Restraint/Seclusion Body Assessment form dated 7/5/21, with no time indicated, signed by Staff # 9, Staff # 8, and Licensed Practical Nurse (LPN) #1 documented, "...Description of injuries...No visible injuries. Description of Treatment: [Resident] [Complains of] [decreased] ROM [Range of Motion] to Rt [Right] wrist - sent to ER [Emergency Room] for eval [Evaluation]/tx [Treatment]..."</p> <p>c. The ER record dated July 5, 2021 documented, "...Sprain of other part of right wrist and hand."</p> <p>d. On 07/08/2021 at 8:59 am, Client #4 had a splint to the right wrist. He indicated the injury occurred during the restraint, and stated, "I was squirming around on the ground. Then [Staff #8] is pushing my arm against the ground, pushing wrist down, pushing my elbow up. He was trying to dislocate my elbow or something..."</p> <p>e. On 07/06/2021 at 1:07 pm, the Clinical Director was asked, "Has the facility done any training since the incident [the restraint on Client #3]?" He answered, "Since this was an isolated incident with this staff [Staff # 11], we didn't do a correction with this incident. We have been doing</p>	N 214			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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N 214	Continued From page 26 some summer training." He was then asked, "Any training or any monitoring done with staff on restraints or reporting since this incident or since the complaint survey started last week?" He stated, "No."  f. On 07/08/2021 at 2:30 pm, the Clinical Director was asked, "Is there any documentation of procedures that changed, or staff training required following the two injuries?" He stated, "We have it, I can show you what we have." No documentation was received prior to exit.	N 214		



Division of Provider Services  
& Quality Assurance  
P.O. Box 8059, Slot S404  
Little Rock, AR 72203-8059  
P: 501.320.6182  
F: 501.682.6159

August 5, 2021

Charlotte Lockhart, Administrator  
Woodridge Of Forrest City, Llc  
1521 Albert St  
Forrest City, AR 72335

Dear Ms. Lockhart:

On July 8, 2021, we conducted a Complaint survey at your facility. You have alleged that the deficiencies cited on that survey have been corrected. We are accepting your allegation of compliance and have approved your plan of correction and presume that you will achieve substantial correction by August 13, 2021.

We will be conducting a revisit of your facility to verify that substantial correction has been achieved and maintained.

If you have any questions, please contact your reviewer: **Amanda Smith at 501-320-3963 or email to [Amanda.Smith@dhs.arkansas.gov](mailto:Amanda.Smith@dhs.arkansas.gov).**

Sincerely,

A handwritten signature in cursive script that reads "Amanda Smith for".

Amanda Smith, Reviewer  
DPSQA/Office of Long Term Care  
Survey & Certification Section

as

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

Approved 8/5/2021 SGB

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NAME OF PROVIDER OR SUPPLIER  <b>WOODRIDGE OF FORREST CITY, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1621 ALBERT ST</b> <b>FORREST CITY, AR 72335</b>		
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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.  The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center. A complaint survey was conducted from 06/29/2021 through 07/08/2021.  Complaint #AR00026765 was unsubstantiated. Complaint #AR00026766 was unsubstantiated. Complaint #AR00026840 was unsubstantiated. Complaint #AR00026804 was substantiated, all or in part, with deficiencies cited at N128, N202 and N214. Complaint #AR00026832 was substantiated, all or in part, with deficiencies cited at N128, N202 and N214.	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: Based on observation, interview and record review, the facility failed to ensure an injury did not occur during an Emergency Safety	N 128			

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

*Charlotte Wolkhen*

TITLE  
*CEO*

(X6) DATE

*8-4-2021*

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>Intervention (ESI) involving a physical restraint for 2 (Clients #3 and #4) of 4 (Clients #1, #2, #3 and #4) sampled clients reviewed for ESI. The findings are:</p> <p>1. Client #3 was admitted on 03/19/2021 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Rule out Attention Deficit Hyperactivity Disorder.</p> <p>a. The Emergency Safety Intervention Justification Packet dated 6/30/21 documented, "...Date &amp; Time actually placed into Restraint:...6/30/21 Time- 1745 [5:45 PM]...Date &amp; Time removed from Restraint:...6/30/21 Time- 1750 [5:50 PM]..."</p> <p>b. The Emergency Safety Intervention Justification Packet Restraint/Seclusion Body Assessment form dated 6/30/21 documented, "...Description of Injuries (...4-Pain...) No injuries... Description of Treatment: R [Resident] reported left side of body hurt d/t [due to] ESI. Upon assessment no abnormalities found. R rated pain a 7 out of 10. Ibuprofen given po (by mouth) for pain..." The form was signed by Registered Nurse (RN) #3.</p> <p>c. On 07/06/2021 at 4:13 pm, RN #3 was asked, "Did you follow up after the ibuprofen? Reassess his left side to make sure it [the ibuprofen] worked and he wasn't still in pain? Or showing other injuries?" RN #3 stated, "No ma'am. I told the other nurse about the ESI. It was right before my clock out time."</p> <p>d. On 07/07/2021 at 10:30 am, the video of the ESI restraint was reviewed and showed, during the ESI, Client #3 was thrown to the floor, landing</p>	N 128	<p>Staff responsible for improper ESI technique resulting in resident injury for client #3 was suspended immediately and subsequently terminated on 7/6/21 by CEO. Staff responsible for improper ESI technique resulting in resident injury for client #4 was suspended immediately and subsequently terminated on 7/7/21 by CEO. This staff member was also our ESI instructor and program manager.</p> <p>Due to the nature of these incidents and the potential to impact all current and future residents, all direct care staff completed a refresher on our chosen Emergency Behavior Management technique (SAMA) with return demonstration of correct technique and use of de-escalation techniques with our sister facilities' trainers on 7/26/21 and 7/31/21. (We have 3 staff members out of sick leave that will receive training prior to working directly with residents).</p> <p>Re-education will be completed by 8/7/21 by company Nurse Executive with current DON/ Nurse Executive to review 100% of ESI packets with an accompanying physician order for completeness. For ongoing compliance, DON/Nurse Executive will report compliance rate daily in morning administration meeting and follow up on any delinquent documentation. It will also be reported monthly in Quality/Patient Safety Meeting.</p>	8/7/21



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N 128	<p>Continued From page 2 on the floor on his left side.</p> <p>e. On 07/07/2021 at 11:00 am, the Director of Quality Risk was asked if there was any documentation of a reassessment concerning Client #3's complaint of pain to the left side after he was given ibuprofen. The Director of Quality and Risk stated she would check with the Director of Nursing for any other available documentation. The Director of Quality Risk did not provide any documentation of a reassessment prior to exit on July 8, 2021.</p> <p>2. Client #4 was admitted on 04/26/2021 and had diagnoses of Disruptive Mood Dysregulation Disorder, and Attention Deficit Hyperactivity Disorder.</p> <p>a. The Emergency Safety Intervention Justification Packet dated 07/05/2021 documented, "...Date &amp; Time actually placed into Restraint:...7/5/21 Time- 1352 [1:52 PM]...Date &amp; Time removed from Restraint:...7/5/21 Time- 1420 [2:20 PM]..."</p> <p>b. The Emergency Safety Intervention Justification Packet Restraint/Seclusion Body Assessment form dated 7/5/21, with no time indicated, signed by Staff # 9, Staff # 8, and Licensed Practical Nurse (LPN) #1 documented, "...Description of injuries...No visible injuries. Description of Treatment: [Resident] [Complains of] [decreased] ROM [Range of Motion] to Rt [Right] wrist - sent to ER [Emergency Room] for eval [Evaluation]/tx [Treatment]..."</p> <p>c. The ER record dated July 5, 2021 documented, "...Sprain of other part of right wrist and hand."</p>	N 128		
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N 128	Continued From page 3 d. On 07/08/2021 at 8:59 am, Client #4 had a splint to the right wrist. He indicated the injury occurred during the restraint, and stated, "I was squirming around on the ground. Then [Staff #8] is pushing my arm against the ground, pushing wrist down, pushing my elbow up. He was trying to dislocate my elbow or something..."	N 128		8/7/2021	
N 143	<b>ORDERS FOR USE OF RESTRAINT OR SECLUSION</b> 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 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.  This ELEMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure a physician's order for a chemical restraint was documented in the client's record for 1 of 1 (Client #2) sampled clients who required the use of a chemical restraint. The findings are:  1. Client #2 was admitted on 6/16/21 and had diagnoses Major Depressive Disorder Recurrent Severe With Out Psychosis, and Disruptive Mood	N 143	Due to the nature of these incidents and the potential to impact all current and future residents, all nurses were reeducated by company Nurse Executive on the required elements and documentation standards for an ESI order from the physician for a completion by 8/6/21. For ongoing compliance, DON/ Nurse Executive will audit 100% of ESI packets with accompanying physician order for compliance.  Re-education by company Nurse Executive by 8/7/21 with DON/ Nurse Executive to review 100% of ESI packets with an accompanying physician order for completeness. For ongoing compliance, DON/Nurse Executive will report compliance rate daily in morning administration meeting and follow up on any delinquent documentation. It will also be reported monthly in Quality/Patient Safety Meeting.		

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NAME OF PROVIDER OR SUPPLIER  <b>WOODRIDGE OF FORREST CITY, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1621 ALBERT ST</b> <b>FORREST CITY, AR 72335</b>
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(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
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N 143	<p>Continued From page 4 Dysregulation Disorder.</p> <p>a. An Emergency Safety Intervention Justification Packet dated 6/21/21 documented, "...Justification Progress Note: Restraint... Justification Criteria: Prevent Assault/Injury to: Self... Staff Member...Patient Behavior: Please Give Detailed Justification For Restraint: Pt [Patient] attacked staff...Medication Administered: Benadryl- Dosage: 25 mg (milligrams); Route: IM [intramuscular] Medication Administered: Thorazine- Dosage: 25 mg; Route: IM; Nurse Administering Med [Medication]: [RN #2]; Time Med Administered: In: 2335 [11:35 p.m.]..." There was no Physician's order for the Benadryl and Thorazine documented in the client's chart.</p> <p>b. On 6/29/21 at 3:46 p.m., the Director of Nursing (DON) was asked, "Did you see the Physician's order for the Thorazine and Benadryl in the chart?" She stated, "No, it's not there."</p> <p>2. The Emergency Safety Intervention policy received from the Director of Quality Risk on 6/30/21 at 10:04 a.m., documented, "...B. Physical Restraint: 1. A written order from the physician is required for the use of a physical restraint or chemical restraint...H. Physical Restraint Evaluation/Performance Improvement Activities: 1. The Director of Nursing shall assess each episode of restraint documentation for completeness. The Director of Nursing must resolve any incomplete documentation..."</p>	N 143		
N 154	<p>ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(h)(5)</p> <p>[Documentation must include] the name of staff</p>	N 154		

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NAME OF PROVIDER OR SUPPLIER  <b>WOODRIDGE OF FORREST CITY, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1521 ALBERT ST</b> <b>FORREST CITY, AR 72335</b>		
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N 154	<p>Continued From page 5 involved in the emergency safety intervention.</p> <p>This ELEMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure the names of all staff physically participating in or providing assessments during an Emergency Safety Intervention (ESI) were documented in the client's record for 3 (Clients #2, #3, and #4) of 4 (Clients #1- #4) sampled clients reviewed for ESI. The findings are:</p> <p>1. Client #3 was admitted on 03/19/2021 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Rule out Attention Deficit Hyperactivity Disorder.</p> <p>a. The Emergency Safety Intervention Justification Packet dated 06/30/2021 did not document the Director of Quality Risk as providing an assessment, or Staff #7 as physically participating in the ESI.</p> <p>b. On 07/07/2021 at 9:04 AM, the Director of Quality Risk was asked, "Were you there the night [Staff #11] restrained [Client #3]?" She stated, "Yes ma'am. I happened to be passing by and saw [Staff #11] had [Client #3] in containment in an ESI. I stopped by to see if he was positioned alright; the nurse was in there, and the client was alright..."</p> <p>c. On 07/07/2021 at 10:30 AM, a video of the ESI initiated on 06/30/21 at 17:45 [5:45 PM] was reviewed with the Director of Quality Risk. It showed Staff #11 initiating an ESI on Client #3 after Client #3 threw his food tray into the Staff Member's face. The video shows Staff #11 struggled with the Client, who was sitting in a</p>	N 154	<p>Due to the nature of these incidents and the potential to impact all current and future residents, all direct care staff will receive education by 8/7/21 from company Nurse Executive on staff debriefing procedures and required documentation in the ESI justification packet. Director of Quality Risk or designated Leadership member will review camera footage if available on 100% of ESI for necessity and use of correct technique. Member will then audit 100% of justification packets to ensure all employees involved in ESI were involved in debriefing and listed on packet.</p>	8/7/2021	

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N 154	<p>Continued From page 6</p> <p>chair. Client #3 went from the chair to sitting on the floor on his bottom with his feet in front of him, and Staff #11 standing behind him. Staff #11 then proceeded to pick Client #3 up to his chest level, holding Client #3 horizontally to the floor, and then appeared to throw Client #3 to the floor, with the client landing on his left side. Staff #7, identified by the Director of Quality Risk, is seen initially starting to help with the restraint, but then she proceeded to remove all clients from the area.</p> <p>2. Client #2 was admitted on 06/16/21 and had diagnoses Major Depressive Disorder Recurrent, Severe without Psychosis, and Disruptive Mood Dysregulation Disorder.</p> <p>a. The Emergency Safety Intervention Justification Packet dated 07/05/2021 did not document Staff #5 and Staff #10 assisted in the restraint, or Therapist #1 was monitoring/counseling during the ESI.</p> <p>b. On 07/07/2021 at 3:31 PM, the video of the ESI on 07/05/2021 was reviewed with the Director of Quality Risk. She was asked during the viewing, to provide the names of the staff members involved in the ESI. She named: Staff #2, Staff #3, Staff #4, Staff #5, Staff #10, Therapist #1 (monitoring/counseling) and Licensed Practical Nurse (LPN) #1 (monitoring).</p> <p>c. On 07/07/2021 at 4:16 PM, the Director of Quality Risk was asked, "Are all the staff involved in the ESI on [Client #2] named on the ESI Justification Packet as being part of the ESI?" She answered "No."</p> <p>3. Client #4 was admitted on 04/26/2021 and had</p>	N 154			

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NAME OF PROVIDER OR SUPPLIER  <b>WOODRIDGE OF FORREST CITY, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1621 ALBERT ST FORREST CITY, AR 72336</b>		
(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 154	<p>Continued From page 7</p> <p>diagnoses of Disruptive Mood Dysregulation Disorder, and Attention Deficit Hyperactivity Disorder.</p> <p>a. The Staff Emergency Safety Intervention Debriefing Form dated 07/05/2021 at 1430 [2:30 PM], documented the signatures of LPN #1, Staff #8, and Staff #9, as involved in the staff debriefing.</p> <p>b. On 07/08/2021 at 10:01 AM, Staff #2 was asked, "Did you assist in the restraint on [Client #4] on 7/5?" She stated, "Yes." Staff #2 was not included or documented as participating in the restraint of Client #4.</p> <p>4. On 07/07/2021 at 4:16 PM, the Director of Quality Risk was asked, "Were all the staff who assisted in the restraint for [Clients #2, #3, and #4] included in the ESI documentation including those who did assessments?" She stated, "I'm thinking no, looking at it." She was then asked, "Since you observed [Client #3's] restraint should you have been included since you assessed the situation?" She stated, "Should I have been? I'm not usually."</p> <p>5. The facility Emergency Safety Intervention policy, received from the Director of Quality Risk on 06/30/2021 at 10:04 AM, documented, "...F. Documentation for Emergency Safety Interventions:... 5. The name of staff involved in the emergency safety situation... H. Physical Restraint Evaluation/Performance Improvement Activities: 1. The Director of Nursing shall assess each episode of restraint documentation for completeness. The Director of Nursing must resolve any incomplete documentation..."</p>	N 154			

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N 155 N 155	Continued From page 8 ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(i)  The facility must maintain a record of each emergency safety situation, the interventions used, and their outcomes  This ELEMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a cumulative log was maintained for each Emergency Safety Interventions (ESIs) for 4 (Clients #1, #2, #3, and #4) of 4 sampled clients. The findings are:  1. Client #1 was admitted on 2/3/21 and had diagnoses of Disruptive Mood Dysregulation Disorder and Major Depressive Disorder Recurrent, Severe With Out Psychosis.  a. An Emergency Safety Intervention Justification Packet was dated 6/17/21.  b. An Emergency Safety Intervention Justification Packet was dated 6/21/21.  c. An Emergency Safety Intervention Justification Packet was dated 6/24/21.  d. An Emergency Safety Intervention Justification Packet was dated 6/25/21.  2. Client #2 was admitted on 06/16/21 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Disruptive Mood Dysregulation Disorder.  a. An Emergency Safety Intervention Justification Packet was dated 6/19/21.	N 155 N 155	Perimeter Behavioral of Forrest City utilizes an electronic Incident Reporting system (Verge) to track the incident log. Director of Quality Risk and alternate member will be retrained by VP of Quality and Risk on entry into Verge and reporting features on 8/6/21. All incidents will be caught up with entry within 1 week from training (by 8/13/21). For ongoing compliance, Director of Quality Risk or designee will reconcile the electronic log weekly. Member will print monthly log and file in Incident Report binder.	8/13/2021	

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N 155	Continued From page 9  b. An Emergency Safety Intervention Justification Packet was dated 6/19/21.  c. An Emergency Safety Intervention Justification Packet was dated 6/21/21.  d. An Emergency Safety Intervention Justification Packet was dated 7/05/21.  3. Client #3 was admitted on 03/19/2021 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Rule out Attention Deficit Hyperactivity Disorder.  a. An Emergency Safety Intervention Justification Packet was dated 6/30/21.  4. Client #4 was admitted on 04/26/2021 and had diagnoses of Disruptive Mood Dysregulation Disorder, and Attention Deficit Hyperactivity Disorder.  a. An Emergency Safety Intervention Justification Packet was dated 7/05/21.  5. On 07/06/2021 at 9:04 a.m., the Director of Quality Risk was asked for the facility's ESI log for June and July.  6. On 07/07/2021 at 11:15 a.m., the Clinical Director was asked, "Do you keep a log of ESIs, does the facility keep a cumulative log?" He stated, "Yes, we do keep track of them." He was then asked, "Does it include injuries? Other outcomes?" He answered, "I don't know, we indicate that in the chart." The Clinical Director was asked for a copy of the June and July log at this time.	N 155			



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N 155	Continued From page 10  7. On 07/08/2021 at 1:08 p.m., the Chief Executive Officer was asked to show the surveyor a copy of the cumulative log for June and July. While the surveyor was in her office, she called the Director of Nursing for the log.  8. The log form "Restraint for May" received from the CEO on 07/08/2021 at 2:30 PM, did not include the outcome of any of the restraints for any of the clients included on the log and did not include information concerning the interventions that were used.  9. On 07/08/2021, at the time of exit, no log for June and/or July had been provided.	N 155			
N 188	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.	N 188	Due to the nature of these incidents and the potential to impact all current and future residents, all direct care staff will receive education by company Nurse Executive by 8/7/21 on staff debriefing procedures and required documentation in the ESI justification packet. For ongoing compliance, Director of Quality Risk or designated Leadership member will review camera footage if available on 100% of ESI for necessity and use of correct technique. Member will then audit 100% of justification packets to ensure all employees involved in ESI were involved in debriefing and listed on packet.	8/7/2021	

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N 188	Continued From page 11  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all staff involved in an Emergency Safety Intervention (ESI) were present during the client debriefing for 4 (Clients #1 #2, #3 and #4) of 4 sampled clients reviewed for ESI. The findings are:  1. Client #1 was admitted on 2/3/21 and had diagnoses Disruptive Mood Dysregulation Disorder and Major Depressive Disorder Recurrent, Severe without Psychosis.  a. An Emergency Safety Intervention Justification Packet dated 6/17/21, documented, "Justification Progress Note: Restraint; Justification Criteria: Prevent Assault/Injury to self...Patient Behavior: Please Give Detailed Justification For Restraint: Staff reported that R [resident] was on top of chairs and behind other NS [Nurse's Station] on the chairs and could not control himself. R observed on left side upon entry of this writer during hold...Date & [and] time actually placed in restraint: Date 6/17/21 Time 1750 [5:50 p.m.]..." A Patient Emergency Intervention Debriefing Form, dated 6/17/21 at 1816 (6:16 p.m.), had no names of staff present or those excused documented.  b. On 6/29/21 at 3:52 p.m., the Director of Nursing (DON) was asked, "[Client #1] had an ESI on 6/17/21 started at 1758 (5:58 p.m.). On the client debriefing I did not see where staff were named, are there any staff names or signatures on the form?" She stated, "No, he filled out the form, just didn't sign it."	N 188			

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N 188	<p>Continued From page 12</p> <p>c. An Emergency Safety Intervention Justification Packet dated 6/21/21 at 6:40 p.m., documented, "Justification Progress Note: Restraint; Justification Criteria: Prevent Assault/Injury to: self...Patient Behavior: Please Give Detailed Justification For Restraint: Pt [Patient] attempted to attack staff/began self harming...Date &amp; [and] Time Actually Placed Into Restraint: 6/21/21 Time: 1840 [6:40 p.m.]..." The Patient Emergency Intervention Debriefing Form, dated 6/21/21 at 1945 (7:45 p.m.), documented, "...Names of Staff Present for the Debriefing (Also Note Any Who Were Excused): [Registered Nurse (RN) #2]..." There were no other staff signatures documented.</p> <p>d. On 6/29/21 at 4:08 p.m., the DON was asked, "On the ESI report on 6/21 at 1840 (6:40 p.m.), do you see where the staff involved in the ESI signed the client debriefing?" She stated, "The RN signed it." The DON was asked, "Was that all of the staff involved in the ESI?" She stated, "No."</p> <p>e. An Emergency Safety Intervention Justification Packet dated 6/24/21 at 1705 (5:05 p.m.) documented, "Justification Progress Note: Restraint; Justification Criteria: Prevent Assault/Injury to: Staff Member...Patient Behavior: Please Give Detailed Justification For Restraint: throwing chairs, hitting [at] staff-unable to self regulate..." A Patient Emergency Safety Intervention Debriefing Form, dated 6/24/21 at 1735 (5:35 p.m.), documented, "Names of Staff Present for the Debriefing (Also Note Any Who Were Excused)..." There were no signatures of staff present or excused for the client debriefing.</p> <p>f. An Emergency Safety Intervention Justification</p>	N 188			

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N 188	<p>Continued From page 13</p> <p>Packet dated 6/25/21 at 1958 (7:58 p.m.), documented, "Justification Progress Note: Restraint; Justification Criteria: Prevent Assault/Injury to: Staff Member...Patient Behavior: Please Give Detailed Justification For Restraint: Attempting to hit staff..." The Patient Emergency Safety Intervention Debriefing Form, dated 6/25/21 at 2020 (8:20 p.m.) documented, "Names of Staff Present for the Debriefing (Also Note Any Who Were Excused)..." The RN's signature was present. There were no other signatures of staff present or excused for the client debriefing.</p> <p>2. Client #2 was admitted on 6/16/21 and had diagnoses Major Depressive Disorder Recurrent Severe Without Psychosis, and Disruptive Mood Dysregulation Disorder.</p> <p>a. An Emergency Safety Intervention Justification Packet dated 6/19/21 at 7:10 p.m. documented, "Justification Progress Note: Restraint; Justification Criteria: Prevent Assault/Injury to: Self, Staff Member... Patient Behavior: Please Give Detailed Justification For Restraint: R [Resident] was upset about being at facility. Staff attempted to process [with] R. R became more aggressive and started kicking lid from cooler at nurse's station, Staff attempted to redirect. R then started kicking door. ESI initiated for safety..." A Patient Emergency Safety Intervention Debriefing Form, dated 6/19/21 at 1650 (8:50 p.m.), documented, "...Names of Staff Present for the Debriefing (Also Note Any Who Were Excused)..." There were no signatures of staff present or excused for the client debriefing.</p> <p>b. An Emergency Safety Intervention Justification Packet dated 6/19/21 at 9:35 p.m., documented,</p>	N 188		
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N 188	<p>Continued From page 14</p> <p>"Justification Progress Note: Restraint; Justification Criteria: Prevent Assault/Injury to: Self...Patient Behavior: Please Give Detailed Justification For Restraint: R threatening to kill himself [with] piece of floor tile..." A Patient Emergency Safety Intervention Debriefing Form, dated 6/19/21 at 2205 (10:05 p.m.), documented, "...Names of Staff Present for the Debriefing (Also Note Any Who Were Excused)..." There were no signatures of staff present or excused for the client debriefing.</p> <p>c. An Emergency Safety Intervention Justification Packet dated 6/21/21 at 10:50 p.m., documented, "Justification Progress Note: Restraint; Justification Criteria: Prevent Assault/Injury to Self, Staff Member...Patient Behavior: Please Give Detailed Justification For Restraint: Pt [Patient] attacked staff..." A Patient Emergency Safety Intervention Debriefing Form, dated 6/21/21 at 2354 (11:54 p.m.) documented, "...Names of Staff Present for the Debriefing (Also Note Any Who Were Excused) [RN #2]..." There were no other signatures of staff present or excused for the client debriefing.</p> <p>d. An Emergency Safety Intervention Justification Packet dated 07/05/2021 at 1330 (1:30 p.m.) documented the signature of one nurse, Licensed Practical Nurse (LPN) #1, as the only staff member present for the client debriefing, with no staff documented as excused.</p> <p>e. On 07/07/2021 at 3:31 p.m., the video from the 07/05/2021 ESI was reviewed with the Director of Quality Risk. She was asked during the viewing, to tell the surveyor the names of the staff members involved in the ESI. She named: Staff #2, Staff #3, Staff #4, Staff #5, Staff #12,</p>	N 188			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>04L115</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/08/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOODRIDGE OF FORREST CITY, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1521 ALBERT ST</b> <b>FORREST CITY, AR 72335</b>		
(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 188	<p>Continued From page 15</p> <p>Therapist #1 (monitoring/counseling) and Licensed Practical Nurse (LPN) #1 (monitoring).</p> <p>f. On 07/07/2021 at 4:16 p.m., the Director of Quality Risk was asked, "Are all the staff involved in the ESI on [Client #2] named on the ESI Justification Packet as being in the client debriefing?" She answered "No."</p> <p>3. On 6/29/21 at 4:16 p.m., the DON was asked, "On the client debriefing, should all staff that were present at the ESI sign they were at the debriefing?" She stated, "Yes."</p> <p>4. Client #3 was admitted on 03/19/2021 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Rule out Attention Deficit Hyperactivity Disorder.</p> <p>a. An Emergency Safety Intervention Justification Packet dated 6/30/2021 at 1:55 p.m., documented the signature of RN #3 and one staff member, Staff #11, as present in the client debriefing.</p> <p>b. On 07/07/2021 at 10:30 am, a video of the ESI was reviewed with the Director of Quality Risk. It showed Staff #11 initiating an ESI on Client #3. Staff #7, identified by the Director of Quality Risk, is seen initially starting to help with the restraint, but then she proceeded to remove clients from the area.</p> <p>c. On 07/07/2021, the Director of Quality Risk was asked, "Looking at the documentation, does it look like all the staff who were in the ESI on [Client #3] were included in the client and staff debriefing?" She stated, "[Staff #11] initiated the restraint, [RN #3] was the nurse who monitored."</p>	N 188			

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NAME OF PROVIDER OR SUPPLIER  <b>WOODRIDGE OF FORREST CITY, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1521 ALBERT ST</b> <b>FORREST CITY, AR 72335</b>		
(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 188	<p>Continued From page 16</p> <p>She was also asked, "Should [Staff #7] have been included in the debriefing, either the client or staff debriefing?" She answered, "I don't know... [Staff #7] only helped for a second or two."</p> <p>5. Client #4 was admitted on 04/26/2021 and had diagnoses of Disruptive Mood Dysregulation Disorder, and Attention Deficit Hyperactivity Disorder.</p> <p>a. An Emergency Safety Intervention Justification Packet dated 07/05/2021 at 1435 [2:35 p.m.], documented the signature of one nurse, LPN #1, as the only staff member present for the client debriefing. Two staff members, Staff #8 and Staff #9, were documented as excused from the client debriefing.</p> <p>b. On 7/08/21 at 10:01 a.m., Staff #2 was asked, "Did you assist in the restraint on [Client #4] on 7/5?" She stated, "Yes."</p> <p>6. The facility policy for Emergency Safety Interventions, received from the Director of Quality Risk on 6/30/21 at 10:04 a.m., documented, "...G. Physical Restraint Debriefing: Within 24 hours from the initiation of the restraint, all staff involved in the ESI (Emergency Safety Intervention) will meet in a post-intervention conference to discuss the event and offer feedback to one another concerning events that took place and possible alternate methods which could be used to change behaviors..."</p> <p>7. The facility Emergency Safety Intervention policy, received from the Director of Quality and Risk on 6/30/21 at 10:04 a.m., documented, "...H. Physical Restraint Evaluation/Performance Improvement Activities: 1. The Director of Nursing</p>	N 188		

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N 188	Continued From page 17 shall assess each episode of restraint documentation for completeness. The Director of Nursing must resolve any incomplete documentation..."	N 188			
N 189	<p><b>POST INTERVENTION DEBRIEFINGS</b> CFR(s): 483.370(b)</p> <p>Within 24 hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of -</p> <p>483.370(b)(1) The emergency safety situation that required the intervention, including discussion of the precipitating factors that led up to the intervention;</p> <p>This ELEMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all staff involved in an Emergency Safety Intervention (ESI) were present during the staff debriefing for 3 (Clients #2, #3 and #4) of 4 (Clients #1 - #4) sampled clients who had been physically restrained. The findings are:</p> <p>1. Client #2 was admitted on 06/16/21 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Disruptive Mood Dysregulation Disorder.</p> <p>a. A Staff Emergency Safety Intervention Debriefing Form dated 07/05/2021 at 1330 [1:30 p.m.], documented the signatures of Licensed</p>	N 189	<p>Due to the nature of these incidents and the potential to impact all current and future residents, all direct care staff will receive education by company Nurse Executive by 8/7/21 on staff debriefing procedures and required documentation in the ESI justification packet. For ongoing compliance, Director of Quality Risk or designated Leadership member will review camera footage if available on 100% of ESI for necessity and use of correct technique. Member will then audit 100% of justification packets to ensure all employees involved in ESI were involved in debriefing and listed on packet.</p>	8/7/2021	



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N 189	<p>Continued From page 18</p> <p>Practical Nurse (LPN) #1, Staff #2, Staff #4, and Staff #5 as involved in the staff debriefing.</p> <p>b. On 07/07/21 at 3:31 p.m., the video from the 07/05/2021 ESI was reviewed with the Director of Quality Risk. She was asked during the viewing, to tell the surveyor the names of the staff members involved in the ESI. She named: Staff #2, Staff #3, Staff #4, Staff #5, Staff #12, Therapist #1 (monitoring/counseling) and Licensed Practical Nurse (LPN) #1 (monitoring).</p> <p>c. On 07/07/21 at 4:16 p.m., the Director of Quality Risk was asked, "Are all the staff involved in the ESI on [Client #2] named on the ESI Justification Packet as being in the staff debriefing?" She answered "No."</p> <p>2. Client #3 was admitted on 03/19/2021 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Rule out Attention Deficit Hyperactivity Disorder.</p> <p>a. A Staff Emergency Safety Intervention Debriefing Form dated 6/30/21 at 1:55 p.m., documented the signature of Registered Nurse (RN) #3 and the signature of one staff member, Staff #11, as involved in the staff debriefing.</p> <p>b. On 07/07/21 at 9:04 a.m., the Director of Quality Risk was asked, "Were you there the night [Staff #11] restrained [Client #3]? She stated, "Yes ma'am. I happened to be passing by and saw [Staff #11] had [Client #3], in containment in an ESI. I stopped by to see if he was positioned alright, the nurse was in there, and the client was alright..."</p> <p>c. On 07/07/21 at 10:30 am, the video of the ESI</p>	N 189			

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N 189	<p>Continued From page 19</p> <p>initiated on 06/30 at 1740 [5:40 p.m.], was reviewed with the Director of Quality Risk. It showed Staff #11 initiating an ESI on Client #3 after Client #3 threw his food tray into the Staff Member's face. The Video shows Staff #11 struggled with the Client, who was sitting in a chair. Client #3 went from the chair to sitting on the floor on his bottom with his feet in front of him, and Staff #11 standing behind him. Staff #11 then proceeded to pick Client #3 up to his chest level, holding Client #3 horizontally to the floor, and then appeared to throw Client #3 to the floor, with the client landing on his left side. Staff #7, identified by the Director of Quality Risk, is seen initially starting to help with the restraint, but then she proceeded to remove all clients from the area.</p> <p>d. On 07/07/21, the Director of Quality Risk was asked, "Looking at the documentation, does it look like all the staff who were in the ESI on [Client #3] were included in the debriefing?" She stated, "[Staff #11] initiated the restraint, [RN #3] was the nurse who monitored." She was also asked, "Should [Staff #4] have been included in the debriefing, either the client or staff debriefing?" She answered, "I don't know...[Staff #7] only helped for a second or two."</p> <p>3. Client #4 was admitted on 04/26/2021 and had diagnoses of Disruptive Mood Dysregulation Disorder, and Attention Deficit Hyperactivity Disorder.</p> <p>a. A Staff Emergency Safety Intervention Debriefing Form dated 07/05/2021 at 1430 [2:30 p.m.], documented the signature of one nurse, LPN #1, and signatures of two staff members, Staff #8, Staff #9, as involved in the staff</p>	N 189		
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N 189	Continued From page 20 debriefing.  b. On 07/08/21 at 10:01 a.m., Staff #2 was asked "Did you assist in the restraint on [Client #4] on 7/5?" She stated, "Yes."  4. The facility policy for Emergency Safety Interventions, received from the Director of Quality Risk on 6/30/21 at 10:04 a.m., documented, "...G. Physical Restraint Debriefing: Within 24 hours from the initiation of the restraint, all staff involved in the ESI (Emergency Safety Intervention) will meet in a post-intervention conference to discuss the event and offer feedback to one another concerning events that took place and possible alternate methods which could be used to change behaviors...H. Physical Restraint Evaluation/Performance Improvement Activities: 1. The Director of Nursing shall assess each episode of restraint documentation for completeness. The Director of Nursing must resolve any incomplete documentation..."	N 189			
N 202	<b>MEDICAL TREATMENT FOR INJURIES</b> CFR(s): 483.372(c)  Staff involved in an emergency safety intervention that results in an injury to a resident or staff must meet with supervisory staff and evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.  This ELEMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure staff involved in Emergency Safety Interventions (ESI) resulting in client injuries met with supervisory staff to evaluate the	N 202	Due to the nature of these incidents and the potential to impact all current and future residents, all nurses will receive education by company Nurse Executive by 8/7/21 on documentation elements of the ESI packet including post intervention body assessment and assessment for injury.  New process will be implemented beginning 8/6/21: If indicated, all staff involved in an ESI resulting in resident injury will meet with direct supervisor or member of leadership team within 1 business day to complete post ESI with injury debriefing. This will include viewing camera footage if available, SAMA return demonstration, and discussion of alternative methods to prevent future injury. Staff will complete an attestation of education and coaching post debriefing.	8/7/2021	

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N 202	<p>Continued From page 21</p> <p>circumstances causing the injury and to develop a plan to prevent injury in the future for 2 (Clients #3 and #4) of 4 (Clients #1-#4) sampled clients who were reviewed for ESI. The findings are:</p> <ol style="list-style-type: none"> <li>1. Client #3 was admitted on 03/19/2021 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Rule out Attention Deficit Hyperactivity Disorder.               <ol style="list-style-type: none"> <li>a. The Emergency Safety Intervention Justification Packet dated 6/30/21 documented, "...Date &amp; Time actually placed into Restraint...6/30/21 Time- 1745 [5:45 PM]...Date &amp; Time removed from Restraint...6/30/21 Time-1750 [5:50 PM]..."</li> <li>b. The Emergency Safety Intervention Justification Packet Restraint/Seclusion Body Assessment form dated 6/30/21 documented, "...Description of Injuries (...4-Pain...) No injuries... Description of Treatment: R [Resident] reported left side of body hurt d/t [due to] ESI. Upon assessment no abnormalities found. R rated pain a 7 out of 10. Ibuprofen given po (by mouth) for pain..." The form was signed by Registered Nurse (RN) #3.</li> <li>c. On 07/07/2021 at 10:30 am, the video of the ESI restraint was reviewed and showed, during the ESI, Client #3 was thrown to the floor, landing on the floor on his left side.</li> </ol> </li> <li>2. Client #4 was admitted on 04/26/2021 and had diagnoses of Disruptive Mood Dysregulation Disorder, and Attention Deficit Hyperactivity Disorder.               <ol style="list-style-type: none"> <li>a. The Emergency Safety Intervention</li> </ol> </li> </ol>	N 202		
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N 202	<p>Continued From page 22</p> <p>Justification Packet dated 07/05/2021 documented, "...Date &amp; Time actually placed into Restraint...7/5/21 Time- 1352 [1:52 PM]...Date &amp; Time removed from Restraint...7/5/21 Time- 1420 [2:20 PM]..."</p> <p>b. The Emergency Safety Intervention Justification Packet Restraint/Seclusion Body Assessment form dated 7/5/21, with no time indicated, signed by Staff # 9, Staff # 8, and Licensed Practical Nurse (LPN) #1 documented, "...Description of injuries...No visible injuries. Description of Treatment: [Resident] [Complains of] [decreased] ROM [Range of Motion] to Rt [Right] wrist - sent to ER [Emergency Room] for eval [Evaluation]/tx [Treatment]..."</p> <p>c. The ER record dated July 5, 2021 documented, "...Sprain of other part of right wrist and hand."</p> <p>d. On 07/08/2021 at 8:59 am, Client #4 had a splint to the right wrist. He indicated the injury occurred during the restraint, and stated, "I was squirming around on the ground. Then [Staff #8] is pushing my arm against the ground, pushing wrist down, pushing my elbow up. He was trying to dislocate my elbow or something..."</p> <p>3. On 07/08/2021 at 2:30 pm, the Clinical Director was shown the ESI documentation for Client #3 and Client #4, specifically the blank section on the body assessment page regarding follow up with staff following a restraint with injury. He was asked, "Is staff involved in an ESI meeting with supervisory staff to talk about what caused the injury and to talk about a plan for preventing future injury?" The Clinical Director stated, "We do that here in administrative</p>	N 202			

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N 202	Continued From page 23 meetings when we review restraints, that's how we do it." He was then asked, "Are staff involved in the ESI included?" He stated, "Are we supposed to? Are we supposed to call them back up here when a kid complains of an injury a day later or pull them out of staff that would lead to short staffing? We do it in administrative meetings, that is how we do it here." He was then asked, "Is there any documentation of procedures that changed, or staff training required following the two injuries?" He stated, "We have it, I can show you what we have." No documentation was received prior to exit.	N 202			
N 214	<b>EDUCATION AND TRAINING</b> CFR(s): 483.376(a)  The facility must require staff to have ongoing education, training, and demonstrated knowledge of -  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff Emergency Safety Intervention (ESI) re-training was done after ESI resulted in injury for 2 (Clients #3 and #4) of 4 (Clients #1-#4) sampled clients who were reviewed for ESI. The findings are:  1. Client #3 was admitted on 03/19/2021 and had diagnoses of Major Depressive Disorder Recurrent, Severe without Psychosis, and Rule out Attention Deficit Hyperactivity Disorder.  a. The Emergency Safety Intervention Justification Packet dated 6/30/21 documented, "...Date & Time actually placed into Restraint:...6/30/21 Time- 1745 [5:45 PM]...Date & Time removed from Restraint:...6/30/21 Time-	N 214	Due to the nature of these incidents and the potential to impact all current and future residents, all direct care staff received a SAMA refresher coarse and receive check off on return demonstration by a sister facility trainer on 7/26/21 and 7/31/21. Facility HR Manager and company Nurse Executive will review personnel records by 8/7/21 to ensure 100% compliance. (We have 3 staff members out on sick leave and will receive re-training prior to providing direct care).  New process being implemented 8/6/21: All staff involved in an ESI resulting in resident injury will meet with direct supervisor or member of leadership team within 1 business day to complete post ESI with injury debriefing. This will include viewing camera footage if available, SAMA return demonstration, and discussion of alternative methods to prevent future injury. Staff will complete an attestation of education and coaching post debriefing.	8/7/2021	

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>04L115</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>07/08/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOODRIDGE OF FORREST CITY, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1521 ALBERT ST FORREST CITY, AR 72335</b>		
(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 214	<p>Continued From page 24 1750 [5:50 PM]..."</p> <p>b. The Emergency Safety Intervention Justification Packet Restraint/Seclusion Body Assessment form dated 6/30/21 documented, "...Description of Injuries (...4-Pain...) No injuries... Description of Treatment: R [Resident] reported left side of body hurt d/t [due to] ESI. Upon assessment no abnormalities found. R rated pain a 7 out of 10. Ibuprofen given po (by mouth) for pain..." The form was signed by Registered Nurse (RN) #3.</p> <p>c. On 07/06/2021 at 4:13 pm, RN #3 was asked, "Did you follow up after the ibuprofen? Reassess his left side to make sure it [the ibuprofen] worked and he wasn't still in pain? Or showing other injuries?" RN #3 stated, "No Ma'am. I told the other nurse about the ESI. It was right before my clock out time."</p> <p>d. On 07/07/2021 at 10:30 am, the video of the ESI restraint was reviewed and showed, during the ESI, Client #3 was thrown to the floor, landing on the floor on his left side.</p> <p>e. On 07/07/2021 at 11:00 am, the Director of Quality Risk was asked if there was any documentation of a reassessment concerning Client #3's complaint of pain to the left side after he was given ibuprofen. The Director of Quality and Risk stated she would check with the Director of Nursing for any other available documentation. The Director of Quality Risk did not provide any documentation of a reassessment prior to exit on July 8, 2021.</p> <p>2. Client #4 was admitted on 04/26/2021 and had diagnoses of Disruptive Mood Dysregulation</p>	N 214			

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

PRINTED: 07/22/2021  
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NAME OF PROVIDER OR SUPPLIER  <b>WOODRIDGE OF FORREST CITY, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1521 ALBERT ST</b> <b>FORREST CITY, AR 72335</b>		
(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 214	<p>Continued From page 25</p> <p>Disorder, and Attention Deficit Hyperactivity Disorder.</p> <p>a. The Emergency Safety Intervention Justification Packet dated 07/05/2021 documented, "...Date &amp; Time actually placed into Restraint:...7/5/21 Time- 1352 [1:52 PM]...Date &amp; Time removed from Restraint:...7/5/21 Time- 1420 [2:20 PM]..."</p> <p>b. The Emergency Safety Intervention Justification Packet Restraint/Seclusion Body Assessment form dated 7/5/21, with no time indicated, signed by Staff # 9, Staff # 8, and Licensed Practical Nurse (LPN) #1 documented, "...Description of injuries...No visible injuries. Description of Treatment: [Resident] [Complains of] [decreased] ROM [Range of Motion] to Rt [Right] wrist - sent to ER [Emergency Room] for eval [Evaluation]/tx [Treatment]..."</p> <p>c. The ER record dated July 5, 2021 documented, "...Sprain of other part of right wrist and hand."</p> <p>d. On 07/08/2021 at 8:59 am, Client #4 had a splint to the right wrist. He indicated the injury occurred during the restraint, and stated, "I was squirming around on the ground. Then [Staff #8] is pushing my arm against the ground, pushing wrist down, pushing my elbow up. He was trying to dislocate my elbow or something..."</p> <p>e. On 07/06/2021 at 1:07 pm, the Clinical Director was asked, "Has the facility done any training since the incident [the restraint on Client #3]?" He answered, "Since this was an isolated incident with this staff [Staff # 11], we didn't do a correction with this incident. We have been doing</p>	N 214			



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

PRINTED: 07/22/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>04L115</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>07/08/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOODRIDGE OF FORREST CITY, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1521 ALBERT ST</b> <b>FORREST CITY, AR 72335</b>		
(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 214	Continued From page 26 some summer training." He was then asked, "Any training or any monitoring done with staff on restraints or reporting since this incident or since the complaint survey started last week?" He stated, "No."  f. On 07/08/2021 at 2:30 pm, the Clinical Director was asked, "Is there any documentation of procedures that changed, or staff training required following the two injuries?" He stated, "We have it, I can show you what we have." No documentation was received prior to exit.	N 214			



Division of Provider Services  
& Quality Assurance  
P.O. Box 8059, Slot S404  
Little Rock, AR 72203-8059  
P: 501.320.6182  
F: 501.682.6159

August 20, 2021

Charlotte Lockhart, Administrator  
Woodridge Of Forrest City, Llc  
1521 Albert St  
Forrest City, AR 72335

Dear Ms. Lockhart:

During the Revisit survey conducted on August 19, 2021, your facility was found to be in compliance with program requirements. **Please email the signed CMS 2567 Sandra.Broughton@dhs.arkansas.gov.**

If you have any questions, please contact your reviewer: **Sandra Broughton at 501-320-6182 or email to Sandra.Broughton@dhs.arkansas.gov.**

Sincerely,

  
Administrative Services Manager

DPSQA/Office of Long Term Care  
Survey and Certification Section

sgb

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

PRINTED: 08/20/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>04L115</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/19/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOODRIDGE OF FORREST CITY, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1521 ALBERT ST</b> <b>FORREST CITY, AR 72335</b>		
(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}	<p>Initial Comments</p> <p>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.</p> <p>A revisit was conducted on August 19, 2021 for all deficiencies cited on July 8, 2021. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.</p>	{N 000}		
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.

SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Office of Financial Management, HCFA, P.O. Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

Provider/Supplier Number 04L115	Provider/Supplier Name WOODRIDGE OF FORREST CITY, LLC
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Type of Survey (select all that apply)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- A Complaint Investigation
- B Dumping Investigation
- C Federal Monitoring
- D Follow-up Visit
- M Other
- E Initial Certification
- F Inspection of Care
- G Validation
- H Life Safety Code
- I Recertification
- J Sanctions/Hearing
- K State License
- L CHOW

Extent of Survey (select all that apply)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- A Routine/Standard Survey (all providers/suppliers)
- B Extended Survey (HHA or Long Term Care Facility)
- C Partial Extended Survey (HHA)
- D Other Survey

**SURVEY TEAM AND WORKLOAD DATA**

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. <span style="background-color: black; color: white;">(b) (6), (b) (7)</span>	06/29/2021	06/30/2021	1.00	0.00	9.50	0.00	8.25	7.50
2. <span style="background-color: black; color: white;">(b) (6), (b) (7)</span>	07/06/2021	07/08/2021	1.00	0.00	19.50	0.00	5.25	13.50
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Total SA Supervisory Review Hours.....	3.00	Total RO Supervisory Review Hours.....	0.00
Total SA Clerical/Data Entry Hours.....	0.50	Total RO Clerical/Data Entry Hours.....	0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Office of Financial Management, HCFA, P.O. Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

Provider/Supplier Number 04L115	Provider/Supplier Name WOODRIDGE OF FORREST CITY, LLC
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Type of Survey (select all that apply)

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- A Complaint Investigation
- B Dumping Investigation
- C Federal Monitoring
- D Follow-up Visit
- M Other
- E Initial Certification
- F Inspection of Care
- G Validation
- H Life Safety Code
- I Recertification
- J Sanctions/Hearing
- K State License
- L CHOW

Extent of Survey (select all that apply)

<input checked="" type="checkbox"/> D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- A Routine/Standard Survey (all providers/suppliers)
- B Extended Survey (HHA or Long Term Care Facility)
- C Partial Extended Survey (HHA)
- D Other Survey

**SURVEY TEAM AND WORKLOAD DATA**

Please enter the workload information for each surveyor. Use the surveyor's identification number.

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Team Leader ID								
1. <span style="background-color: black; color: white;">(b)(6), (b)(7)</span>	08/19/2021	08/19/2021	0.50	0.00	4.50	0.00	6.00	1.00
2. <span style="background-color: black; color: white;">(b)(6), (b)(7)</span>	08/19/2021	08/19/2021	0.50	0.00	4.50	0.00	5.50	0.00
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Total SA Supervisory Review Hours.....	0.25	Total RO Supervisory Review Hours....	0.00
Total SA Clerical/Data Entry Hours....	0.25	Total RO Clerical/Data Entry Hours....	0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No