



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 HUMANSERVICES.ARKANSAS.GOV

October 16, 2020

Bradley McDaris, Administrator Piney Ridge Treatment Center, Inc 2805 E Zion Rd Fayetteville, AR 72703

IMPORTANT NOTICE – PLEASE READ CAREFULLY

Dear Mr. McDaris:

On October 2, 2020, the Office of Long Term Care conducted a Complaint Investigation survey to determine if your facility was in compliance with Federal requirements for Psychiatric Residential Treatment Facilities participating in the Medicaid (Title XIX) Program. The survey conducted verified that your facility was not in compliance with the Condition of Participation for Restraint and Seclusions. This survey found that your facility had deficiencies requiring correction/substantial correction prior to a revisit as specified in the attached CMS-2567.

The CMS 2567 "Statement of Deficiencies and Plan of Correction" with all deficiencies identified during the Complaint Investigation survey on October 2, 2020 is enclosed.

Plan of Correction

A Plan of Correction (PoC) must be submitted witin ten (10) calendar days of receipt of the Statement of Deficiencies. A revisit will be authorized after an acceptable PoC is received. The PoC must be faxed to:

Amanda M Smith, Reviewer
OLTC, Survey & Certification Section
PO Box 8059, Slot S404
Little Rock, AR 72201-4608
Telephone (501) 320-3963; Fax (501) 682-6159
or email to amanda.m.smith@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 a 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 deficiency 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 10th Street, Suite 400 Little Rock, AR 72204 Phone: 501-661-2201 Fax: 501-661-2165 ADH.HFS@Arkansas.gov

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

If you have any questions, please contact Amanda M Smith, Reviewer at 501 - 320-3963.

Sincerely,

RN Supervisor

DPSQA/Office of Long Term Care Survey & Certification Section

Smanda mosmill

ams

cc: DRA

PRINTED: 10/16/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		04L117	B. WING _			C 10/02/2020
	ROVIDER OR SUPPLIER DGE TREATMENT CENT	ER, INC		STREET ADDRESS, CITY, STATE 2805 E ZION RD FAYETTEVILLE, AR 72703		10/02/2020
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N 000	Initial Comments		N C	000		
N 100	is an official, legal do remain unchanged e correction, correction space. Any discrepal citation(s) will be rep Office (RO) for referr Inspector General (Cinformation is inadve provider/supplier, the should be notified im The facility was not in Subpart G - Condition Psychiatric Residential Complaint # AR0002 deficiencies cited at USE OF RESTRAIN CFR(s): 483.354 Subpart G: Condition of Restraint and Section Residential Treatmer Inpatient Psychiatric Under Age Twenty Office This Condition of Restraint and Section Residential Treatmer Inpatient Psychiatric Under Age Twenty Office This Condition of Restraint and Section Residential Treatmer Inpatient Psychiatric Under Age Twenty Office The Condition of the Condit	n compliance with §483, ons of Participation for ial Treatment Center 5540 was substantiated with N100, N126, and N144. TAND SECLUSION of Participation for the Use dusion in Psychiatric in Facilities Providing Services for Individuals ine.	N 1	00		(YE) DATE

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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION	COMPLETED		
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N 100	administered withou attempt to allow time use of less restrictive administration of a co (Client #1, #3, #4, ##13) sampled reside chemical restraints. potential to affect 93 documented on a lis Records Director on findings are: The facility failed to was not administered the attempt to allow the use of less restriadministration of a co (Client #1, #3, #4, ##13) sampled clients PROTECTION OF FCFR(s): 483.356 (a) Each resident has the restraint or seclusion means of coercion, or retaliation. This ELEMENT is in Complaint # AR000 or in part with these Based on record reversided to ensure a chadministered without attempt to allow times.	demical restraint was not to documentation of the efor the client to calm or the einterventions before the chemical restraint for 10 to 5, #6, #7, #8, #9, #11 and ents who were involved in This failed practice had the efacility clients as at provided by the Medical 19/27/20 at 9:37 p.m. The ensure a chemical restraint downward without documentation of time for the client to calm or active interventions before the chemical restraint for 10 to 5, #6, #7, #8, #9, #11 and set. RESIDENTS (1) The right to be free from the companion of the convenience, or end as evidenced by: 25540 was substantiated all	N 10			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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N 126	Continued From page	e 2 emical restraint for 10	N ′	126			
	(Client #1, #3, #4, #5 #13) of 13 sampled c had the potential to a documented on a list	, #6, #7, #8, #9, #11 and lients. This failed practice ffect 93 facility clients as provided by the Medical 9/27/20 at 9:37 p.m. The					
	Client #4 was adm diagnoses Posttraum	nitted on 5/26/20 and had atic Stress Disorder.					
	documented, "What it more difficult for the already upset? Yelling personal space. Are will cause the resider Identified: 5/27/2020 personal spaceIf re in danger of hurting s interventions have be Identified: 5/27/2020 Room, Sitting by the Another Resident, Ta in Journal, Deep Brea Shuffling Cards, Wate with Female Staff, Ca Listening to Music"	Loud Noise, Not having sident becomes upset or is elf or someone else, what een effective? Date Voluntary Timeout in Quite Nurse's Station, Talking to Iking with Male Staff, Writing ething/Relaxation, Other: Ching TV (television), Talking alling a Friend, Drawing,					
	Progress Note dated & (and) Time Actually 9/12/2020 Time: 0833 Removed From Restr 0835 (8:35 a.m.), Dat Received from MD (N 9/12/2020 Time: 0830 Restraint Used: Standard Restraint Restra	fety Intervention Justification 9/12/20 documented, "Date Placed in Restraint Date: 3 (8:33 a.m.), Date & Time raint: Date 9/12/2020 Time: e & Time Restraint Order Medical Doctor) Date: 0 (8:30 a.m.), Type of ding 2 person, Resident e detailed justification for					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		OATE SURVEY OMPLETED
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N 126	began demanding dithrowing food/drinks verbally threating. R roomDate & Time Received from MD E (8:32 a.m.), Date & Administered Chemi Time: 0835 (8:35 a.m.) Thorazine/Benadryl (milligrams)/100mg, (Intermuscular)Redetailed justification cont (continued) to given IM chemical resafetyResident Be calmerRestraint ar MonitoringTime AN Observation/Behaviomet, no longer a dar Restraint], 10 [released An Emergency Safe Orders dated 9/12/2 "Restrain resident for (continued) bx (behavioral by throwing verbally threatening a.m.), Give Resident 100mg X (times) one behavioral Dyscontro (continued) combation A Nursing Progress a.m., documented, "because she got a hof a cold tray for bre that a staff member	at) agitated over breakfast fferent food. She then began at Nursing shoving staff, & escorted to timeout Chemical Restraint Order Date: 9/12/2020 Time 0832 Fime Nurse Actually cal Restraint Date: 9/12/2020 m.), Medication Administered: Dosage: 100mg Route: IM sident Behavior: Please give for Chemical Restraint: Restraint per MD order for havior at Time of Release Restraint per MD order for havior at Time of Release Restraint per MD order for havior at Time of Release Restraint per MD order for havior at Time of Release Restraint per MD order for havior at Time of Release Restraint per MD order for havior at Time of Release Restraint per MD order for havior at Time of Release Restraint per MD order for havior at Time of Release Restraint per MD order for havior at Time of Release Restraint per	N 1:	26		

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N 126	and peers milk into the the opening into the with the open to yell and three members. The reside across the dayroom. process with the reside pushed the staff members white resident continued to be aggreemembers. The reside per [Doctor] order at the resident continued agmembers while restration order for dyscontrol at resident was released 0835" An order for the physical documented at 8:30 at restraint was documented at 8:30 at restraint. Documentation placed in the physical minute after receiving restraint and the cheral administered at 8:35 being placed in the physical for the chemical restriction was placed in a Restraint and Seclusidocumented under the Code, that Exit Criterion of the chamber of the code, that Exit Criterion of the chamber at the code, that Exit Criterion of the chamber at the code, that Exit Criterion of the chamber at the code, that Exit Criterion of the chamber at the code, that Exit Criterion of the chamber at the code, that Exit Criterion of the chamber at the code, that Exit Criterion of the chamber at the code, that Exit Criterion of the chamber at the code, that Exit Criterion of the chamber at the code of the chamber at the code of the chamber at the cha	sident poured her Silk milk he nurse's station through window, The resident eaten nurses and staff ent began to throw objects A staff member went to dent but the refused and her. The resident essive towards staff ent was restrained for safety 0833 (8:33 a.m.) The higgression towards staff hined. The resident was raint per Dr's (Doctor's) to 0835 (8:35 a.m.) The d from the restraint at ical restraint was a.m., an order for a chemical ented obtained at 8:32 a.m., order for the physical hitton indicated the client was I restraint at 8:33 a.m., one of the order for the chemical mical restraint was a.m., two minutes after hysical restraint. The order aint was received before the hybyical restraint. The	N 1	26			
	interventions for de-e client's Master Treatn	scalation listed on the nent Plan Review had been ng placed in the physical					

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N 126	attempt to allow time use of less restrictive administration of a ch. b. An Emergency Sar Progress Note dated "Date & (and) Time 9/19/2020 Time: 0910 Removed from Restra 0915 (9:15 a.m.), Dat Order Received from 9/19/2020 Time: 0906 Restraint Standing 2 Please give justification was part of residents punch, kick, hit and [vrestrained for safety Restraint Order Received 19/19/2020 Time: 090 Nurse Actually Admin Date: 9/19/2020 Time: 090 Nurse Actually Admin Date: 9/19/2020 Time Medication Administe Dosage: 100/100 Rou (Intermuscular)Residetailed justification for Continue aggressive pushing staff and threat Time of Release: Committed to MonitoringTime AM. Observation/Behavior talk"	hemical restraint was vas no documentation of the for the client to calm or the interventions before the emical restraint. fety Intervention Justification 9/19/20 documented, Placed in Restraint Date 0 (9:10 a.m.), Date & Time aint Date 9/19/2020 Time: e & Time Order Restraint MD (Doctor) Date: 6 (9:06 a.m.), Type of Derson, Resident Behavior: on for restraint: Resident attacking staff, started to word illegible] staff, was Date & Time Chemical ived from MD Date: 18 (9:08 a.m.), Date & Time istered Chemical Restraint 19:0915 (9:15 a.m.), red: Thorazine/Benadryl, ute: IM dent Behavior: Please give or Chemical Restraint 19:0915 (Restraint 19:0915 (Rest	N 1	, , , , , , , , , , , , , , , , , , ,		
	Order dated 9/19/20, physical restraint was order for Thorazine/B	documented an order for a given at 9:06 a.m., and an enadryl was documented as two minutes after the order				

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for the A Nui a.m., other screat pushi restration of a control of a control of Restration of Restrat	rsing Progress Nodocumented, "Foresidents, start aming at staff, puting several staff aint for safety as PRN (as needed grams) administor's orders" mentation indication restraint was the client was cathe chemical restraint was the chemical restraint progress as no document Plan Revive being placed in each emical restraint in Emergency Safess Note dated mented, "Date and in Restraint Date: 9/19/2020 Testraint Used Stavior: Please give	Acte dated 9/19/20 at 9:10 Resident was on the unit with ed going after staff, unching, kicking, hitting and members. Resident was per Dr's (Doctor's) orders) Thorazine/Benadry 100 mg ered IM (intermuscular) as ated the order for the as received two minutes placed in a physical restraint Im/quiet/willing to talk at the straint was administered. The entation interventions for on the client's Master ew had been attempted in the physical restraint or straint was administered. The entation of the attempt to ent to calm or the use of less ins before the administration	N	126			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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N 126	continued the aggres continued aggression safetyDate & Time Received from MD Date (5:05 p.m.), Date & T Administered Chemic Time: 1712 (5:12 p.m. Zypexa Dosage: 20 n (intermuscular), Residued in the continued physical agrestrained. R kicked agiven a chemical for strime of Release: Cal MonitoringTime AM Observation/Behavior [Calm/Quiet/Willing to no longer a danger] An Emergency Safety Orders dated 9/19/20 Restrain resident for aggressionDate: 9/2 p.m.) Give Resident 2 (times) one dose now Dyscontrol" An ord was received two mir physical restraint was restraint was docume 5:12 p.m. Documentation indicated administration of the release from the physical on the client's Materials.	sioff the fire sprinkler, R sion toward staff, R I, R restrained for Chemical Restraint Order ate: 9/19/2020 Time: 1705 ime Nurse Actually sal Restraint Date: 9/19/2020 I.), Medication Administered: ing (milligrams) Route: IM dent Behavior: Please give or Chemical Restraint ggression towards staff while a nurse. R kicked a door. R safetyResident Behavior at mRestraint & Seclusion /PM 1712, r Code 14 o talk] 15 [Exit Criterion met, " // Intervention Physician's I, documented, "Time: 1703, up to 30 minutes for physical 19/2020 Time: 1705 (5:05 Zyprexa 20 mg (milligrams) x or for increased behavioral er for a chemical restraint nutes after an order for a sereceived. A chemical ented as administered at	N ·	26			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG	(×	(3) DATE SURVEY COMPLETED
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N 126	restraint was administ documentation of the client to calm or	tered. There was no attempt to allow time for the use of less restrictive he administration of a Ifety Intervention Justification 9/27/20, documented, Actually Placed in Restraint e: 1250 (12:50 p.m.), Date & Restraint Date: 9/27/2020 m.) Date & Time Restraint DM (Doctor) 9/27/2020 nding 2 person Resident e detailed justification for gression towards staff ty R (Resident) was kicking ning nearby staff R threw a se's station onto computer. R ained for safetyDate & aint Order Received from Time: 1252 (12:52 p.m.) ctually Administered pate: 9/27/2020 Time: 1254 ion Administered: Dosage 100/100, Route: IM ident Behavior: Please give or Chemical Restraint ggression towards staff by kicked staff and grabbed at reatening staff members. R chemical given for navior at Time of Release:	N 1	26		
	Orders, dated 9/27/20 (12:50 p.m.) Restrain	0, documented, "Time:1250 resident for up to 30				

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N 126	pushing staff, throwing stationTime: 1252 (Thorazine/Benadry) wincrease behavioral Expensive themical restraint was an order for a physical Theoremical restraint p.m. A Nursing Progress Normal p.m. documented, " for safety when she president was restrained order at 1250 (12:50 given a chemical rest [Doctor] order at 1250 was released from the p.m.)" Documentation indicate the time of release and the time of the decident's Master Treatment attempted before being restraint or before a conditional to administered. There the attempt to allow the use of less restrict administration of a chemical restraint or before a conditional to a chemical restraint or before a conditional to allow the use of less restrict administration of a chemical restraint or before a conditional to a chemical restraint or before	aggression As evidenced by g water into the nurse's 12:52 p.m.) Give Resident (times) one dose now for Dyscontrol" An order for a serceived two minutes after al restraint was received. It was administered at 12:54 Note dated 9/27/20 at 12:50 The resident was restrained bushed staff members. The ed for safety per [Doctor] p.m.)The resident was raint for dyscontrol per 14 (12:54 p.m.). The resident erestraint a 1254 (12:54 atted the client was calm at and administration of the here was no documentation scalation listed on the next Plan Review had been not placed in the physical chemical restraint was was no documentation of me for the client to calm or tive interventions before the nemical restraint. Initted on 3/23/20 and had and Trauma and Stressor Other Specified Disruptive, ted Disorder.	N -	126			

AND DI AN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION (A. BUILDING			(X3) DATE SURVEY COMPLETED	
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N 126	escalation: Being tou space, What are som difficult for the resider upset? Being touched space. Are there par cause the resident to 3/24/2020 Being Touchaving Personal Spatecomes upset or is someone else, what is effective? Date Identithe Nurse's Station, Writing in a journal, L. Cloth, Other: Reading Listening to Music. Feword be necessary: Other: Talking to som a. An Emergency Sate Progress Note dated "Date & (and) Time Date: 9/13/2020 Time Time Removed from Time: 1338 (1:38 p.m. Order Received from 9/13/2020 Time: 1334 Restraint Used Stand Behavior: Please give restraint While in day upset & began bustin staff stood between a shoves staff. Restraint Chemical Restraint C	ched, not having personal the things that make it more int when they are already d, not having personal ticular triggers that will escalate? Date Identified: ched, Loud Noise, Not ice, Yelling. If resident fin danger of hurting self or interventions have been tified: 3/24/2020 Sitting by falking to Another Resident, ying Down with Cold Face g, Art, Calling a Friend, freference in the event this Date Identified: 3/24/2020 feone" Infety Intervention Justification 9/13/20 documented, Actually Placed in Restraint e: 1335 (1:35 p.m.), Date & Restraint Date: 9/13/2020 fin) Date & Time Restraint	N.	26			
	Restraint Date: 9/13/2 Medication Administe mg (milligrams) Rout	Administered Chemical 2020 Time: 1338 (1:38 p.m.), ered: Thorazine Dosage: 50 e: IM ident Behavior at Time of					

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703	10/02/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
N 126	Observation/Behavio Criterion met, no long Criterion met, no long An Emergency Safet Order dated 9/13/20 (1:34 p.m.) Restrain for assaultive bx (being destruction Time: 1:3 Resident Thorazine Sincreased behavioral chemical restraint was the order for a physic The chemical restraint minutes after the clie restraint. Nursing Progress No p.m., documented, ". MD order at 1335 (1: resident shoved and to de-escalate by sta and resident given TI IM (intermuscular) X (related to) behaviora p.m.). Resident released continued to monitor. Documentation indicate exit criterion was me restraint was administered serventions for de-ection is Master Treatmattempted before being restraint or before a cadministered. There	traint & Seclusion I/PM 1338 (1:38 p.m.) or Code 11 [quiet] 15 [Exit ger a threat" y Intervention Physician's documented, " Time: 1334 resident for up to 30 minutes havior)/property 336 (1:36 p.m.) Give 50 mg x one dose now for Dyscontrol" An order for a last received two minutes after cal restraint was received. In the was administered three in the was placed in a physical ste, dated 9/13/20 at 1:35 Restrained for safety per 35 p.m.). During restraint, hit staff despite all attempts if and nurse. MD notified horazine 50 mg (milligrams) (times) one dose now r/t all dyscontrol at 1338 (1:38 lased from restraint and"	N 12	6		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		04L117	B. WING		C 10/02/2020	
NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			2	STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703	1 10/02/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	O BE COMPLETION	
N 126	Continued From pag	e 12 ctive interventions before the	N 126			
	administration of a cl	nemical restraint.				
	diagnoses Disruptive	nitted on 6/29/20 and had Mood Dysregulation on Deficit Hyperactivity Presentation.				
	documented, "Are will cause the resider Identified: 6/29/2020 Time of Day, Loud N Not Having Personal When being touched asks the person to no irritated if they don't I afternoon";tries to gwhen he doesn't hav becomes upset or is someone else, what effective? Date Iden Timeout in Quit Roor Resident, Talking wit Journal, Deep Breath (Television), Pacing I	Being Touched, Particular oise, Having Control/Input, Space, Yelling. Describe: and doesn't want to be, he of touch him, but will become isten; "More agitated in the get away from everybody e personal spaceIf resident in danger of hurting self or interventions have been tified: 6/29/20 Voluntary m, Talking to Another h Male Staff, Writing in hing/Relaxation, Watching TV Halls, Talking with Female				
	Progress Note dated & (and) Time Actually 9/15/2020 Time: 211 Removed from Restr 2121 (9:21 p.m.), Da Received from MD (I Time: 2116 (9:16 p.m Standing 2 person, F give detailed justifica	afety Intervention Justification 9/15/20, documented, "Date y Placed in Restraint Date: 5 (9:15 p.m.), Date & Time raint Date: 9/15/2020 Time te & Time Restraint Order Doctor) Date: 9/15/2020 n.), Type of Restraint Used Resident Behavior: Please tion for the restraint R at west unit exit door into the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B. WING _			1	0 2/2020
	ROVIDER OR SUPPLIER	ER, INC		2805 E 2	ADDRESS, CITY, STATE, ZIP CODE ZION RD TEVILLE, AR 72703	1 10/	02/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 126	(with) staff upon verb Restrained for safety Restrained for safety Restraint Order Rece 9/15/2020 Time: 2120 Nurse Actually Admir Date 9/15/2020 Time Behavior at Time of F ControlRestraint & AM/PM 2121 (9:21 p Code 15 [Exit Criteric danger]" An Emergency Safety Orders dated 9/15/20 (9:16 p.m.), Restrain minutes for eloping/a 2120 (9:21 p.m.) Give Zyprexa10/Benadryl for increased behavior A Nursing Progress N p.m., documented, ". resident and verbally inside, resident becaus with staff and restrain at 2115 (9:15 p.m.) given Zypexa 10 mg IM (Intermuscular) X (related to) behaviora p.m.). Resident releamonitoring by staff cochemical restraint was minutes after an order received. The chemical administered 6 minut was initiated.	ame physically aggressive cal request to return to unitDate & Time Chemical sived from MD Date: 0 (9:20 p.m.), Date & Time histered Chemical Restraint: 2121 (9:21 p.m.)Resident Release: Calm/In Seclusion MonitoringTime m.), Observation/Behavior on met, no longer a y Intervention Physician's documented, "Time 2116 resident for up to 30 ggression to staffTime: e Resident 100 x (times) one dose now oral Dyscontrol" Note dated 9/15/20 at 9:15When staff followed redirected resident to come me physically aggressive hed for Safety per MD order MD notified and resident (milligram)/Benadryl 100mg (times) 1 dose now r/t ald dyscontrol at 2121 (9:21 ased from restraint and ontinued" An order for a sereceived at 9:20 p.m., four er for a physical restraint was	N A	26			

AND DUAN OF CODDECTION		PLE CONSTRUCTION G		TE SURVEY MPLETED		
		04L117	B. WING			C 0/03/3030
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		0/02/2020
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
N 126	of the administration There was no docum de-escalation, listed Treatment Plan Rev before being placed before a chemical restrictive intervention of a chemical restrictive intervention of a chemical restrictive intervention of a chemical restrain b. An Emergency Sa Progress Note dated "Date & (and) Time Date: 9/20/2020 Time Time Removed from Time: 0845 (8:45 a.r. Order Received from Restraint Used Stan Behavior. Please girestraint: At breakfast cafeteria exit door, cand refused to come to area where he rerigate in an attempt to shoving staff when set Restraint Order Received 9/20/2020 Time: 084 Nurse Actually Administered Thoraz mg (milligrams)/100 (Intermuscular)Re Release: Calm, Res MonitoringTime All	longer a danger at the time of the chemical restraint. Inentation interventions for on the client's Master few, had been attempted in the physical restraint or istraint was administered. Inentation of the attempt to ent to calm or the use of less ons before the administration int. Infety Intervention Justification of 19/20/20 documented, and Actually Placed In Restraint in the e. 0842 (8:42 a.m.), Date & Restraint Date 9/20/2020 in.), Date & Time Restraint in MD (Doctor), Type of ding 2 person, Resident in MD (Doctor), Type of ding 2 person, Resident in MD (Doctor), Type of ding 2 person, Resident in MD (Doctor), Type of ding 2 person, Resident in MD (Doctor), Type of ding 2 person, Resident in MD (Doctor), Type of ding 2 person, Resident in MD (Doctor), Type of ding 2 person, Resident in MD (Doctor), Type of ding 2 person, Resident in MD (Doctor), Type of ding 2 person, Resident in MD (Doctor), Type of ding 2 person, Resident in MC (Resident) broke out of limbed on to the awnings, and the detailed justification for the interest of the model	N 1:	26		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	, ,	(X3) DATE SURVEY COMPLETED		
		04L117	B. WING _			C 10/02/2020	
	NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP COD 2805 E ZION RD FAYETTEVILLE, AR 72703	E	10/02/2020	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE	
N 126	Continued From pag		N 1	26			
	Order dated 9/20/20 (8:36 a.m.), Restrain minutes for Assualti evidenced by Physic hitting and shoving	cal aggression toward staff, .Time: 0842 (8:42 a.m.) Give 100/Benadryl 100 x (times)					
	a.m., documented, 'MD (Doctor) order a restraint, resident coaggressionMD not Thorazine 100 mg (IM (Intermuscular) reduscontrol per MD (a.m.). Released frof or a chemical restraint was received restraint was not initisame time the chemical received. The chemical restraint was not initisame time the chemical restraint was not initisame time the chemical restraint was not initisame time the chemical received.	minutes after the physical					
	restraint, documents calm, exit criterion hanger. There was interventions for declient's Master Treat attempted before be restraint or before a administered. There	Iministration of the chemical ation indicated the client was ad been met, was no longer a no documentation escalation, listed on the timent Plan Review, had been sing placed in the physical chemical restraint was e was no documentation of time for the client to calm or					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		04L117	B. WING		C 10/02/2020	
	NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703	10/02/2020	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION	
N 126	c. An Emergency S Note dated 9/23/20 Time Actually Place Time: 1255 (12:55 p from Restraint Date p.m.) Date & Time F MD (Doctor) Date 9, p.m.), Type of Restr Resident Behavior: justification for restr (Resident) stepped the fence in area C. block R, the R bega Restraint Order Rec 9/23/2020 Time: 12: Nurse Actually Adm Date: 9/23/2020 Tim Medication Administ Dosage: 10 mg(milli (Intermuscular)Re Release: CalmRe Monitoring:Time A Observation/Behavi met, no longer a dat An Emergency Safe Orders dated 9/23/2 (12:54 p.m.), Restra minutes for assualti evidenced by R (Re staff in an attempt to aggressive c (with) 1256 (12:56 p.m.), (12:256 p.m.)	dictive interventions before the chemical restraint. afety Justification Progress documented, "Date & (and) d in Restraint Date: 9/23/2020 c.m.), Date & Time Removed (23/2020 Time: 1258 (12:58 Restraint Order Received from (23/2020 Time: 1254 (12:54 aint Used Standing 2 person, Please give detailed aint: During transition, R out of line and ran towards When staff attempted to in hitting at/pushing staff. yDate & Time Chemical Restraint Date: 56 (12:56 p.m.), Date & Time Chemical Restraint Date: 258 (12:58 p.m.), Date & Time Chemical Restraint Date: 259 (12:58 p.m.), Date & Time Chemical Restraint Date: 259 (12:58 p.m.), Date: 159 (12:58 p.	N 126			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l \	PLE CONSTRUCTION G	1, ,	(X3) DATE SURVEY COMPLETED C 10/02/2020	
		04L117	B. WING				
NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC				STREET ADDRESS, CITY, STATE, ZIP CO 2805 E ZION RD FAYETTEVILLE, AR 72703		10/02/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
N 126	p.m., documented, "MD order at 1255 (1 obtained at 1258 (12 Zyprexa 10 mg (milli (Intermuscular) X (tir to) behavioral dysco chemical restraint wan order for a physica however the physica until two minutes betwas administered. Documentation on the Intervention Justificate the client was calm, danger at the time the administered. There interventions for decilent's Master Treat attempted before be restraint or before a administered. There the attempt to allow the use of less restriadministration of a current to the control of	Note dated 9/23/20 at 12:55Restrained for safety per 2:55 p.m.)new order 2:58 p.m.) to give resident grams)/Benadryl 100 mg IM mes) 1 dose now r/t (related ntrol" An order for a as received two minutes after cal restraint was received, all restraint was not initiated fore the chemical restraint The Emergency Safety ation Progress Note indicated exit criterion met, no longer a the chemical restraint was a was no documentation the escalation, listed on the ment Plan Review, had been ting placed in the physical chemical restraint was a was no documentation of time for the client to calm or ctive interventions before the themical restraint. The entitle of the safety and the safe	N 1:		Y)		
	The Master Treatme documented, "Wha it more difficult for the already upset? Talking.						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		04L117	B. WING			C 10/02/2020		
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP COD 2805 E ZION RD FAYETTEVILLE, AR 72703	E	10/02/2020		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE		
N 126	resident becomes up self or someone else been effective? Date Writing in Journal, Do Watching TV (televis Exercise, Drawing, L	set or is in danger of hurting the what interventions have the Identified: 8/12/2020, the Breathing/Relaxation, tion), Calling a Friend, tistening to Music"	N 1	26				
	"Date & (and) Time Date: 9/19/2020 Time Time Removed from Time: 0925 (9:25 a.n Order Received from 9/19/2020 Time: 091 Restraint Used Stand Behavior: Please giv restraint Physical age members and proper threatened staff, R a sprinklers, R hit staff safetyDate & Time Received from MD D (9:22 a.m.), Date & T Administered Chemic 9/19/2020 Time: 092 Administered: Thora:	8 (9:18 a.m.), Type of ding 2 person, Resident e detailed justification for gression towards staff ty R (Resident) push staff, ttempted to set off fire members, R restrained for Chemical Restraint Order late: 9/19/2020 Time: 0922 Time Nurse Actually cal Restraint: Date: 5 (9:25 a.m.), Medication zine/Benadryl, Dosage: ermuscular)Resident						
	Orders dated 9/19/20 (9:18 a.m.), Restrain minutes for physical nurses, hitting and properties, of the 0922 (9:22 a.m.) Giv Thorazine/Benadryl vincreased behavioral	aggression towards staff ushing staff nursesTime:						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B. WING				02/2020
	ROVIDER OR SUPPLIER	ER, INC	•	2	TREET ADDRESS, CITY, STATE, ZIP CODE 805 E ZION RD AYETTEVILLE, AR 72703		<u> </u>
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	RRECTIVE ACTION SHOULD BE ERENCED TO THE APPROPRIATE	
N 126	Continued From page	e 19	N	126			
	The chemical restrain	al restraint was received. It was administered five Int was physically restrained.					
	the client was calm at restraint was administed on the client's Meview had been attered in the physical restraint was administed ocumentation of the client to calm or the uninterventions before the chemical restraint.	ion Progress Note indicated the time the chemical tered. There was no entions for de-escalation Master Treatment Plan empted before being placed into the before a chemical tered. There was no attempt to allow time for the se of less restrictive					
	Related Disorder.	d Trauma and Stressor					
	more difficult for the realready upset? Some touching them or yelli triggers that will cause Date Identified: 8/14/2 uniform, Loud Noise, having personal space becomes upset or is is someone else, what is effective? Date Ident Timeout in Quite Rood Drawing, Listening to event this would become	t are things that make it esident when they are eone getting close to them, ng. Are there particular e the resident to escalate? 13: Being touched, People in Having Control/Input, Not e, Yelling,If resident n danger of hurting self or nterventions have been ified: 8/14/20, Voluntary m, Writing in Journal, Music. Preference in the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		04L117	B. WING _			C 10/02/2020	
	NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CO 2805 E ZION RD FAYETTEVILLE, AR 72703	DDE	10/02/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF (X (EACH CORRECTIVE ACTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
N 126	Continued From pag	e 20	N ·	126			
	Note dated 9/11/20 of Time Actually Placed 09/11/2020 Time: 14 Removed from Restrict 1430 (2:30 p.m.), Date Received from MD (Itime: 1422 (2:22 p.m.) Standing 2 person, Figive detailed justification was very aggressive hitting, punching statistically safetyDate & Time Received from MD Etc. (2:27 p.m.), Date & Time Received from MD Etc. (2:27 p.m.), Date & Time Received from MD Etc. (2:27 p.m.), Date & Time Received from MD Etc. (2:27 p.m.), Date & Time Received from MD Etc. (2:27 p.m.), Date & Time Received from MD Etc. (2:27 p.m.), Restrain Grand (milligrams)/50 m (intermuscular)Restrain Mobservation/Behavior [Calm/Quiet/Willing to Calm/Quiet/Willing to Calm/Quiet/Wi	25 (2:25 p.m.), Date & Time raint Date 09/11/2020 Time: ate & Time Restraint Order Doctor) Date 09/11/2020 m.), Type of Restraint Used Resident Behavior: Please ation for restraint: Resident with peer and staff pushing, ff, was restrained for Chemical Restraint Order Date 09/11/2020 Time: 1427 Time Nurse Actually cal Restraint Date: 30 (2:30 p.m.), Medication zine/Benadryl, Dosage: 100 ng, Route: IM sident Behavior at Time of straint & Seclusion M/PM 1430 (2:30 p.m.), or Code: 14					
	A Physician's Order p.m., documented, ". 50 mg IM Aggressive chemical restraint wathe initiation of the p	Sheet, dated 9/11/20 at 2:20Thorazine 100 mg Benadryl e Behavior" An order for a as received two minutes after hysical restraint and was nutes after the initiation of the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		04L117	B. WING		C 10/02/2020	
	NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703	10/02/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
N 126	Continued From pag	e 21	N 12	76		
	quiet, willing to talk a restraint was administ documentation intervised on the client's Review had been att in the physical restraint was administ documentation of the client to calm or the client	e attempt to allow time for the use of less restrictive the administration of a affety Intervention Justification 9/18/20 documented, e Actually Placed in Restraint e: 2104 (9:04 p.m.), Date & Restraint Date: 9/18/2020 n.), Date & Time restraint MD Date: 9/18/2020 Time: Dee of Restraint Used Resident Behavior: Please tion for restraint: After no elopement and physical esident) attempted to attack a & Time Chemical Restraint MD (Doctor) Date: 6 (9:06 p.m.), Date & Time nistered Chemical Restraint e: 2107 (9:07 p.m.), Pered: Zyprexa/Benadryl, grams)/100 mg, Route IM sident Behavior at Time of traint & Seclusion M/PM: 2107 (9:07 p.m.) or Code 15 [Exit Criterion				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		04L117	B. WING			C 10/02/2020	
	ROVIDER OR SUPPLIER	ER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703	•	10/02/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
N 126	Hour From Initiation Intervention) Event reaction to the intervention behavior: R (Resider laughing-bragging at An Emergency Safet Orders dated 9/18/20 (9:03 p.m.), Restrain minutes for assaultive videnced by attemp 2106 (9:06 p.m.) Giv 10/Benadryl 100 x (tincreased behavioral chemical restraint was the order for a physic chemical restraint was minutes after the initial Documentation on the Justification Progress was calm, exit criteria accepted the shot an laughing-bragging at administration of the was no documentation de-escalation listed of Treatment Plan Revi	Of ESI (Emergency Safety 2. Describe the resident ention and the resident's nt) accepted shots, almost rout it" y Intervention Physician's documented, "Time: 2103 resident for up to 30 e bx (behavior), As ting to attack staffTime: e Resident Zyprexa mes) one dose now for Dyscontrol" An order for a received 3 minutes after cal restraint was received. A resident as administered three reation of a physical restraint. The Emergency Safety s Note indicated the client rout it at the time of the chemical restraint. There on interventions for on the client's Master rew had been attempted	N 1:	,			
	before a chemical re There was no docum allow time for the clie restrictive interventio of a chemical restrain c. An Emergency Sa Progress Note dated & (and) Time Actually	in the physical restraint or straint was administered. Hentation of the attempt to ent to calm or the use of less inside before the administration int. In a fety Intervention Justification 19/19/20 documented, "Date by Placed in Restraint Date: 8 (9:08 a.m.), Date & Time					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		04L117	B. WING		C 10/02/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	10/02/2020
PINEY RID	OGE TREATMENT CENTE	ER, INC		2805 E ZION RD FAYETTEVILLE, AR 72703	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
N 126	0910 (9:10 a.m.), Dat Received from MD (E Time: 0900 (9:00 a.m. Standing 2 person, R give detailed justificat aggression towards & R (Resident) pushing staff, threatening staft towards staff and prosafetyDate & Time: Received from MD (E Time: 0905 (9:05 a.m. Actually Administered: 9/19/2020 Time: 0910 Administered: Thoraz 100/100Resident B Calm" An Emergency Safety Orders dated 9/19/20 (9:00 a.m.) Restrain r for physical aggression Give Resident Thoraz Benadryl 100 mg x (tincreased behavioral chemical restraint was an order for a physical placed in the physical the order for the physical the order for the physical the chemical restraint was an order for the physical the chemical restraint was an order for the physical the chemical restraint was an odocum de-escalation listed of Treatment Plan Reviews before being placed in before a chemical restraint was no docum de-escalation listed of Treatment Plan Reviews before being placed in before a chemical restraint was no docum de-escalation listed of Treatment Plan Reviews before a chemical restraint was no docum de-escalation listed of Treatment Plan Reviews before a chemical restraint was no docum de-escalation listed of Treatment Plan Reviews before a chemical restraint was no docum de-escalation listed of Treatment Plan Reviews before a chemical restraint was no docum de-escalation listed of Treatment Plan Reviews before a chemical restraint was not docum de-escalation listed of Treatment Plan Reviews before a chemical restraint was not docum de-escalation listed of Treatment Plan Reviews before a chemical restraint was not docum de-escalation listed of Treatment Plan Reviews before a chemical restraint was not docum de-escalation listed of Treatment Plan Reviews before a chemical restraint was not docum de-escalation listed of Treatment Plan Reviews before a chemical restraint was not docum de-escalation listed of Treatment Plan Reviews before a chemical restraint was not	aint Date: 9/19/2020 Time: te & Time Restraint Order boctor) Date: 9/19/2020 a.). Type of Restraint Used esident Behavior: Please tion for restraint: Physical taff members and property. staff, punching staff, kicking f. Continued aggression perty. R restrained for Chemical Restraint Order boctor) Date: 9/19/2020 a.), Date & Time Nurse I Chemical Restraint Date of (9:10 a.m.), Medication tine/Benadryl Dosage: ehavior at Time of Release: A Intervention Physician's documented, "Time 0900 resident for up to 30 minutes onTime: 0905 (9:05 a.m.), stine 100 mg (milligrams) mes) one dose now for Dyscontrol" An order for a se received five minutes after al restraint. The client was a restraint three minutes after ficial restraint was received traint was administered two sical restraint was initiated.	N 12	26	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		04L117	B. WING			C 10/02/2020		
	NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		10/02/2020		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
N 126	restrictive intervent of a chemical restra 6. Client #6 had dia Stress Disorder, un Dysregulation, Con Deficit Hyperactivity. The Master Treatm documented,"If residanger of hurting sinterventions have Timeout in Quiet Reexercise where the a. An Emergency Sform documented," Placed in Restraint Date & Time Remove 9/13/2020 Time: 160 Order Received fro 9/13/2020 Time: 160 Restraint Order Reey/13/2020 Time: 160 Administered Chemitime: 1618 Date & Administered Chemitime: 1620 Medica Benadryl Dosage: Route Intramusculatime of release: Cal Behavior Code: 15. Corresponding behavior code: Cal Behavior Code: Cal Behavior Code: Time: 1610 Medical Benadryl Dosage: The server of the form document of the fo	ient to calm or the use of less ions before the administration aint. Ignoses of Posttraumatic specified, Disruptive Mood abined Type, and Attention of Disorder, Combined Type.	N 1:	26				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B. WING _				02/2020	
	NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			2805	EET ADDRESS, CITY, STATE, ZIP CODE 5 E ZION RD 'ETTEVILLE, AR 72703	1 101	02/2020	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
N 126	Order's form docume 1615 Restrain resider assaultive behavior (k Resident (R) attempti bust through unit doo (c) staff upon restrain Date 9/13/2020 Time 10 / Benadryl 100 X c behavioral dyscontrol documented between restraint was obtained the chemical restraint A Nursing Progress N 9/13/2020 1617 While upset with this resider free time tote because "flicked a hornet" at the a different unit and through unit doors to stood in front of the uredirect, the resident aggressive with the n safety per Medical Do During restraint, reside kick staff to get to the attempts to de-escala notified and resident (mg/Benadryl 100 mg behavioral dyscontrol b. An Emergency Saf Progress Note docum Placed in Restraint D	Intervention Physician's nted, "Date: 9/13/2020 Time nt for up to 30 minutes for ex). As evidenced by any to attack peer/ trying to r/ physical aggression with ts. Release when calm 1618 Give resident Zyprexa and dose now for increased." There was only 3 minutes the time the order for the d and the time the order for was obtained. Tote documented," To on the unit, a peer became nt and kicked the resident's at the resident had allegedly his resident. Peer was taken this resident began busting get to the peer. When nurse nit door and attempted to became physically curse and restrained for a totor (MD) order at 1617. The ent continued to shove and peer and refused all te by staff and nurses. MD given Zyprexa 10	N	126				
		Date & Time Restraint						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B. WING _			l	C 02/2020
	NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			2805 E	TADDRESS, CITY, STATE, ZIP CODE ZION RD TEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
N 126	Order Received from 1857 Date & Time Received from MD D Date & Time Nurse A Chemical Restraint E Medication Administe bendryl Dosage: 10 r Resident Behavior at cooperative." There is documented from the placed in a restraint a obtained for a chemical An Emergency Safet Orders documented, Restrain resident for aggression/ property evidenced by assault endangering peers Resident 10 mg Zypr X one dose now for in Dyscontrol." There is documented between restraint and the order A Nursing Progress in 9/27/2020 1840 Resimits staff. Resident the peers Resident charestrained for safety received at 1857. Resident appeared to scream and break from the progress of the peers and the peers are the peers and the	AMD Date: 9/27/2020 Time: Chemical Restraint Order Pate: 9/27/2020 Time: 1858 Actually Administered Date: 9/27/2020 Time 1904 Pared: 10 mg Zyprexa/ 100 mg Pag/10 mg Route IM It time of Release: calm/Were only 2 minutes Patime the resident was Pand the time an order was Parallel Time of Release: calm/Were only 2 minutes Pate time the resident was Pand the time an order was Parallel Time of Release: calm/Were only 2 minutes Pand the time an order was Pand the time an order was Pand the time an order was Pand the time and pate 1857 Pand 1858 Give Pand 1858 Give Pand 1858 Give Pand 1858 Pa	N -	126			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	, , ,	(X3) DATE SURVEY COMPLETED	
	04L117		B. WING _		1	C 0/02/2020	
NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC				STREET ADDRESS, CITY, STATE, ZIP CO 2805 E ZION RD FAYETTEVILLE, AR 72703	<u> </u>	0/02/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
N 126	Continued From pag Dysregulation Disord Stressor Related Dis Anxiety Disorder. The Master Treatmed documented,"If resid danger of hurting sel interventions have be timeout in quiet room talking to another res writing in journal, dee down with cold face of watching TV, pacing and listening to musi on the form. a. An Emergency Sa Progress Note docur Placed in Restraint D 803 #2 0854 Date 8 Restraint Date 9/13/2 Date & Time Restrain Date: 9/13/2020 Tim Time Actually Placed	de 27 Iter, Unspecified Trauma and order, and Unspecified Int Plan Review ent becomes upset or is in for someone else, what een effective?" Voluntary in, sitting by nurse's station, sident, talking with male staff, ep breathing/ relaxation, lying cloth, wrapping in a blanket, the halls, exercise, drawing, in the way of the way	N 1	DEFICIENCY			
	Date & Time Seclusic Date: 9/13/2020 Time Chemical Restraint Country Date: 9/13/2020 Time Actually Administered 9/13/2020 Time: 0850 Time of Release: Caste Behavior Code 14, 1 corresponding behave the form documented given, of 14 as "Calnas" Exit Criterion me	Date: 9/13/2020 Time: 0827 on Order Received from MD e: 0807 Date & Time Order Received from MD e: 0853 Date & Time Nurse of Chemical Restraint Date: 6 Resident Behavior at Im 0856 Observation/5." The form documented the vior at 0856, the same time of the chemical restraint was n/Quiet/Willing to talk and 15 t, no longer a danger." The mented when the resident					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B. WING _			C 10/02/2020	
	ROVIDER OR SUPPLIER	ER, INC		STREET ADDRESS, CITY, STATE, 2805 E ZION RD FAYETTEVILLE, AR 72703	ZIP CODE	10.02.202	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ED BY FULL PREFIX (EACI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
N 126	an order was obtained An Emergency Safety Orders for documented 0853 Give Resident 2 dose now for increase There was no order of second restraint. A Nursing Progress No803 The resident was walked over to a peet ground. The resident neck and attempted to members stepped be resident refused atter The resident continued the peer. The resident per [Doctor] order at the continued aggression The resident was plan Dr's order. The reside released from seclusi resident again be eso towards staff membe onto chairs in the day down. When staff me resident, he slapped, members. After nume the resident's behavio try to hit and kick staff was restrained for sa The resident became members while restra attempts to calm dow chemical restraint per	aint for Time #2 and the time of for a chemical restraint. Intervention Physician ed,"Date 9/13/2020 Time Zyprexa/ Benadryl X one ed behavioral Dyscontrol." observed on the form for a lote documented,"9/13/2020 as in the cafeteria and rand pushed him to the slapped the peer across the ookick the peer. Staff tween the residents. The mpts to redirect behavior. ed to be aggressive towards at was restrained for safety 2803. The resident towards staff members. Ced in seclusion at 0806 per ent became calm and was on at 0827. At 0850, the calated and aggressive rs. The resident climbed room and refused to come mbers approached the kicked and hit the staff erous attempts to redirect for, the resident continued to f members. The resident refused in The resident refused in The resident was given a Dr.'s order at 0856 for The resident was given	N 1				

		' '		(X3) DATE SURVEY COMPLETED	
	04L117	B. WING _			C 10/02/2020
NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CO 2805 E ZION RD FAYETTEVILLE, AR 72703	ODE	10/02/2020
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	X (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
intramuscular injection released from the restrained. b. An Emergency Sar Progress Note documed in Restrained in Restrained State of Placed Time Removed from Date & Time Restrained State of Placed State of Placed Time Restrained State of Placed Time Stat	fety Intervention Justification mented, "Date & Time Actually 1/20/2020 Time 1130 Date & Restraint 9/20/2020 at 1134 and Order Received from MD 0 Date & Time Chemical eived from MD Date: I Date & Time Nurse Actually cal Restraint 9/20/2020 1134 ered: Zyprexa/ Benadryl graded Restraint 9/20/2020 1134 ered: Zyprexa/ Benadryl graded Restraint Was given, of There was only one minute in the time the client was early entered to the time an order was cal restraint. Ty Intervention Physician's inted, "Date 9/20/2020 Time int for up to 30 minutes for dyscontrol Date 9/20/2020 dident Zyprexa 10 mg/ intervention Physician's inted of the corresponding intervention of the discontrol of the d	N.	126		
	CORRECTION ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag intramuscular injectic released from the rest of the res	CORRECTION Dentification Number: O4L117 ROVIDER OR SUPPLIER DETERMENT CENTER, INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 29 intramuscular injection. The resident was released from the restraint at 0856." b. An Emergency Safety Intervention Justification Progress Note documented, "Date & Time Actually Placed in Restraint 9/20/2020 Time 1130 Date & Time Removed from Restraint 9/20/2020 at 1134 Date & Time Restraint Order Received from MD 9/20/2020 Time: 1130 Date & Time Chemical Restraint Order Received from MD Date: 9/20/2020 Time: 1131 Date & Time Nurse Actually Administered Chemical Restraint 9/20/2020 1134 Medication Administered: Zyprexa/ Benadryl Dosage 10 mg/ 50 mg Route IMResident Behavior at Time of Release: R calmObservation/ Behavioral Code 1134 12." The form documented the corresponding behavior at 1134, the same time the form documented the chemical restraint was given, of 12 as "Sad/Crying." There was only one minute documented between the time the client was placed in a restraint and the time an order was obtained for a chemical restraint. An Emergency Safety Intervention Physician's Orders form documented, "Date 9/20/2020 Time 1130 Restrain resident for up to 30 minutes for continued (cont) bx dyscontrol Date 9/20/2020 Time 1131 Give Resident Zyprexa 10 mg/ Benadryl 50 mg X one dose now for increased behavioral Dyscontrol." There was only one minute documented between the time for the order for the restraint and the order for the	A BUILDI ROVIDER OR SUPPLIER OGE TREATMENT CENTER, INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 29 intramuscular injection. The resident was released from the restraint at 0856." b. An Emergency Safety Intervention Justification Progress Note documented, "Date & Time Actually Placed in Restraint 9/20/2020 Time 1130 Date & Time Removed from Restraint 9/20/2020 at 1134 Date & Time Restraint Order Received from MD 9/20/2020 Time: 1130 Date & Time Chemical Restraint Order Received from MD Date: 9/20/2020 Time: 1130 Date & Time Nurse Actually Administered Chemical Restraint 9/20/2020 1134 Medication Administered: Zyprexa/ Benadryl Dosage 10 mg/ 50 mg Route IMResident Behavior at Time of Release: R calm Observation/ Behavioral Code 1134 12." The form documented the corresponding behavior at 1134, the same time the form documented the chemical restraint was given, of 12 as "Sad/Crying." There was only one minute documented between the time the client was placed in a restraint and the time an order was obtained for a chemical restraint. An Emergency Safety Intervention Physician's Orders form documented, "Date 9/20/2020 Time 1131 Give Resident Zyprexa 10 mg/ Benadryl 50 mg X one dose now for increased behavioral Dyscontrol." There was only one minute documented between the time for the order for the restraint and the order for the chemical restraint. c. An Emergency Safety Intervention Justification Progress Note documented, "Date & Time Actually Placed in Restraint 9/23/2020 Time 1845 Date &	ROUDER OR SUPPLIER OGET TREATMENT CENTER, INC SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 29 intramuscular injection. The resident was released from the restraint at 0856." b. An Emergency Safety Intervention Justification Progress Note documented, "Date & Time Chemical Restraint Order Received from MD 9/20/2020 Time 1130 Date & Time Chemical Restraint Order Received from MD 9/20/2020 Time 1130. Date & Time Chemical Restraint Order Received from MD 9/20/2020 Time 1130 Date & Time Chemical Restraint Order Received from MD 9/20/2020 Time 1130 Date & Time Chemical Restraint Order Received from MD 9/20/2020 Time 1130 Date & Time Chemical Restraint Order Received from MD 9/20/2020 Time 1130 Date & Time Chemical Restraint Order Received from MD 9/20/2020 Time 1130 Date & Time Chemical Restraint Order Received from MD 9/20/2020 Time 1130 Date & Time Order Resident Behavior at Time of Release: R calmObservation/ Behavioral Code 1134 12." The form documented the comical restraint was given, of 12 as "Sad/Crying." There was only one minute documented the chemical restraint was placed in a restraint and the time an order was obtained for a chemical restraint was placed in a restraint and the time an order was obtained for a chemical restraint was placed in a restraint and the order for the order for the restraint and the order for the order for the restraint and the order for the order for the restraint and the order for the order for the restraint and the order for the order for the restraint and the order for the order for the restraint of a the Time Actually Placed in Restraint 9/23/20/20 Time 145 Date & Time Actually Placed in Restraint 9/23/20/20 Time 145 Date & Time Actually Placed in Restraint 9/23/20/20 Time 145 Date & Time Actually Placed in Restraint 9/23/20/20 Time 145 Date & Time Actually	A BUILDING O4L117 A BUILDING B WING STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD SUMMARY STATEMENT OF DEPOISIONS (EACH DEPOISION OF DEPOISIONS) (EACH DEPOISION OF DEPOISIONS)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04L117	B. WING		C 10/02/2020
NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			2	TREET ADDRESS, CITY, STATE, ZIP CODE 805 E ZION RD AYETTEVILLE, AR 72703	10/02/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
N 126	& Time Chemical Re MD Date: 9/23/2020 Nurse Actually Admir 9/23/2020 1848 Med Zyprexa/ Benadryl D IMResident Behavic CalmObservation/ The form documented behavior at 1848, th documented the che 15 as "Exit Criterion There was only one the time the client was the time an order was restraint. An Emergency Safet Orders form docume Restrain resident for minutes Date 9/23/Zyprexa/ Benadryl 10 increased behavioral minutes documented for the restraint and the restraint. A Nursing Progress I 9/23/2020 1845 This walls in the dayroom and walking on the control Resident then came poured an entire bott When the staff intervithe bottle of soap fro began slapping and ran in to a peer's roo	me Restraint Order /23/2020 Time: 1844 Date straint Order Received from Time 1846 Date & Time nistered Chemical Restraint lication Administered: osge: 10 mg/ 100 mg Route for at Time of Release: Behavior Code 1848 15." and the corresponding the same time the form mical restraint was given, of met, no longer a danger." minute documented between the splaced in a restraint and the sobtained for a chemical and the corresponding the same time the form mical restraint was given, of met, no longer a danger." minute documented between the splaced in a restraint and the sobtained for a chemical and the solution of the side of the solution of the side of the solution of the side of the order the order for the chemical	N 126		

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER:		E) MULTIPLE CONSTRUCTION BUILDING		
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	NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, 2 2805 E ZION RD FAYETTEVILLE, AR 72703	ZIP CODE	10/02/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH CORRECTIVE CROSS-REFERENCED			
N 126	when redirecting resipeer's bed. Restrained 1845. Resident contists aff during the restratempts to de-escale order obtained to give Benadryl 100 mg IM behavioral dyscontrol. 8. Client #7 had diag Desegregation Disordand Stressor Disordas exualized behavioral dyscontrol. Attention-Deficit/Hyp Disorder, Unspecified. The Master Treatment resident becomes upself or someone else been effective?" Sittit Talking to Another Reflexation, Calling a Music were the interversion. a. An Emergency Sa Progress Note docur Placed in Restraint 9 Time Removed from Time: 1648 Date & Treatment form. Time: 1648 Date & Treatment from the Chemical Restraint 9/14/2020 Time 1648 Ypres/ Beady Dosag IBMResident Behalter in the Resident	ching, and kicking at staff dent out from under the ed for safety per MD order at nued to shove, fight, and kick aint and refused all staff ate. MD notified and new e resident Zyprexa 10 mg/X1 dose now related to (r/t) I at 1848." noses of Disruptive Mood der, Other Specific Trauma er (complex trauma, e), and eractivity Int Plan documented, "If eset or is in danger of hurting, what interventions have ng by the Nurse's Station, esident, Deep Breathing/friend, and Listening to ventions checked on the fety Intervention Justification mented, "Date & Time Actually /14/2020 Time:1645 Date & Restraint Date: 9/14/2020 ime Restraint Order ate 9/14/2020 from 1645 Date & Time Nurse do Chemical Restraint Date: 8 Medication Administered: e: 10/100 Route vior at Time of Release:	N A	126			
	Time: 1648 Date & T Received from MD D Time Chemical Restr MD 9/14/2020 Time Actually Administered 9/14/2020 Time 1648 Ypres/ Beady Dosag IBMResident Beha	ime Restraint Order late 9/14/2020 1643 Date & raint Order Received from 1645 Date & Time Nurse d Chemical Restraint Date: 3 Medication Administered: e: 10/100 Route					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B. WING _			C 10/02/2020
	NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, 2805 E ZION RD FAYETTEVILLE, AR 72703	ZIP CODE	10/02/2020
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTIO		E ACTION SHOULD BE O TO THE APPROPRIATE	(X5) COMPLETION DATE
N 126	14 as "Calm/Quiet/W"Exit Criterion met, n same time was docu was placed in a restr was obtained for a clean control of the con	d the corresponding e same time the form mical restraint was given, of filling to talk" and of 15 as o longer a danger." The mented when the resident aint and the time an order nemical restraint. y Intervention Physician's nted,"Date: 9/14/2020 Time: nt for up to 30 minutes for destructionDate: Resident Ypres 10 mg/ e dose now for increased ol." There was only 2 minutes order for a restraint and the	N ·	126		
	down. Resident restr continued to fight sta staff. Resident unabl Zyprexa IM X 1 now now ordered by the p 1648 for behavioral of b. An Emergency Sa Note documented, "D in Restraint Date: 9/1 Time Removed from Time 0830 Date & Ti	ained for safety and ff AEB hitting and kicking e to de-escalate and 10 mg and 100 mg Benadryl IM X 1 bhysician and administered at				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B. WING				02/2020
	ROVIDER OR SUPPLIER			2	STREET ADDRESS, CITY, STATE, ZIP CODE 805 E ZION RD FAYETTEVILLE, AR 72703	1 10/	02/2020
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		I	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE
N 126	Date 9/19/2020 Time Actually Administered 9/19/2020 Time: 0830 Thorazine/ Benadryl Route: IMResident Release: R calm 08 Code 15." The form of corresponding behave the form documented given, of 15 as "Exit of danger." An Emergency Safety Orders form documen 0810 Restrain resident cont. unsafe bx Data resident Thorazine 50 one dose now for incomplyscontrol." There was time the restraint was chemical restraint of the Master Treatment documented, "If resided danger of hurting self interventions have be Another Resident, Tathe Halls, Talking with Friend, Exercise, Drawere the interventions a. An Emergency Saf Progress Note documented in Restraint D	order Received from MD 0817 Date & Time Nurse I Chemical Restraint Date: Desage: 50mg/100 mg Behavior at Time of 30 Observation/ Behavior documented the ior at 0830, the same time the chemical restraint was Criterion met, no longer a Intervention Physician's inted,"Date 9/19/2020 Time: int for up to 30 minutes for ive 9/19.2020 0817 Give imag/ Benadryl 100 mg X reased behavioral as only 7 minutes from the is ordered until the time the is ordered. agnosis of Unspecified Related Disorder.	N	126			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		04L117	B. WING		C 10/02/2020
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703	10/02/2020
(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 CROSS-REFERENCED TO THE APPROPRICIENCY)) BE COMPLETION
N 126	Order Received fro 1058Date & Time Received from MD Date & Time Nurse Chemical Restraint Medication Administ Dosage: 100 mg/ 1 Time of Release: C Behavior Code 14, corresponding behavior the form document given, of 14 as "Calm 15 as "Exit Criterior There was only 1 m documented that the	02 Date & Time Restraint m MD 9/20/2020 Time: c Chemical Restraint Order Date: 9/20/2020 Time: 1101 Actually Administered Date:9/20/2020 Time 11:02 stered: Thorazine/ Benadryl 00 mgResident Behavior at falm1102 Observation/ 15." The form documented the avior at 1102, the same time ed the chemical restraint was m/ Quiet/ willing to talk" and of m met, no longer a danger." ninute between the time it was the client was placed in the me an order for a chemical	N 12	6	
	Orders form docum 1058 Restrain resic property damage/ p 9/20/2020 Time: 11 100/ Benadryl 100 behavioral Dyscont documented from the restraint was obtain chemical restraint v A Nursing Progress 1100 Resident the unit doors and refuse Restrained for safe During restraint, resident despite and resident given	ety Intervention Physician's nented, "Date: 9/20/2020 Time: dent for up to 30 minutes for obysical aggression Date: 01 Give Resident Thorazine X one dose now for increased crol." There was only 3 minutes the time the order for a ned and the order for a was obtained. S Note documented, "9/20/1010 en began busting through the sed all redirects by staff. ty per MD order at 1100. Sident continued to escalate staff. Resident refused to e all staff attempts. MD notified Thorazine 100 mg/ Benadryl e now r/t behavioral dyscontrol			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		04L117	B. WING				C / 02/2020	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703			02/2020	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG			BE.	(X5) COMPLETION DATE	
N 126	per MD order at 1102 10. Client #13 had dia Trauma and Stressor Intellectual Disability, The Master Treatmer "If resident becomes hurting self or someo have been effective?' Resident, Lying Down Calling a friend, and cards, playing video gchecked on the form. a. An Emergency Saf Progress Note docum Placed in Restraint "Date & Time Remove 9/3/2020 Time: 1820 Order Received from MD Date & Time Nurse A Chemical Restraint D Medication Administe Dosage: 10 mg/ 50 m Behavior at Time of Fitred 1820 Observa 15." The form docum behavior at 1820, the documented the cher 11 as Quiet, of 14 as' and of 15 as "Exit Cri danger." There was cotime it was document client was placed in the same content of the same content of the same color to the same c	agnoses of Unspecified Related Disorder and Mild. At Plan Review documented, upset or is in danger of ne else, what interventions Talking to Another n with Cold Face Cloth, Other: chew gum, play games were interventions Tety Intervention Justification nented, Date & Time Actually Date: 9/3/2020 Time: 1815 and from Restraint Date: Date & Time Restraint MD Date: 9/3/2020 Time: Chemical Restraint Order ate: 9/3/2020 Time 1818 ctually Administered ate 9/3/2020 Time: 1820 red: Zyprexa/ Benadryl ag Route: IMResident Release: Calm and getting tion/ Behavior Code 11, 14, ented the corresponding	N ·	126				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B. WING				02/2020
NAME OF PI	ROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE	1	<u></u>
PINEY RID	OGE TREATMENT CENTE	ER, INC			05 E ZION RD YETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
N 126	Orders form documer 1813 Restrain resider property damage D Give Resident Zyprex one dose now for incr Dyscontrol." There was obtained and the chemical restraint wa 11. On 10/1/20 at 11: Social Worker #1 was escalation in behavior She stated, "Remove isolate the Kido who i process with the Kido what do you need at the the tender of the conformable, connect processing." The Social Processing."	r Intervention Physicians nted, "Date: 9/3/2020 Time nt for up to 30 minutes for ate: 9/3/2020 Time 1818 at 10 mg/ Benadryl 50 mg X reased behavioral as only five minutes the time the restraint order time the order for the	N	1126	DEPICIENCY)		
	emergency, as a last child's safety." The Sthis a physical restrainshould never put our they are a danger to the and then that should stelling them, you need hey Kido if you can't going to have to come What happens after you shat happens after you with them, such as if go', then I would say calm down? If the Kidshould get involved the	r be used except in a dire resort and used for the ocial Worker was asked, is off? She stated, "Yes, we hands on anybody unless heirselves, someone else of announced such as did to calm down example, get you to calm, we are eand help you calm down." ou have to restrain them? continue to have a dialogue they say 'let me go, let me alright if I let you go will you do could not calm nursing the nursing would assess it's seclusion or chemical					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B. WING				02/2020
NAME OF PI	ROVIDER OR SUPPLIER	V-1111		S1	TREET ADDRESS, CITY, STATE, ZIP CODE	10/	02/2020
PINEY RID	GE TREATMENT CENTE	ER, INC			805 E ZION RD AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 126	should a chemical result in with the thought personal be the last, last 12. On 10/1/20 at 11: asked, when should a used? She stated, "In or other people, that stresort." Therapist #1. Professional was ask restraint be given with client being physically "Absolutely not, at the minutes. I would define because three minutes reset and begin to call (Crisis Prevention Into being done, but it is hot feel like they are in the strength of the strengt	I Worker was asked, when straint be used? She stated, process of it shouldn't. That st, last resort." 28 a.m., Therapist #1 was a chemical restraint be mminent danger to the child should be used as a last, a Mental Health ed, should a chemical nin three minutes of the restrained? She stated, every short end five nitely say that is too soon, es doesn't give them time to lam downWe have CPI ervention) training that is neavy on restraints and I do neavy on de-escalation." 8 a.m., the DON (Director of when the Doctor signs a that done? She stated, a week and some come in just depends. They don't "The DON was asked do the kids when they sign the They are seeing them a DON was asked, how do se seen? She stated, "If the like if someone gets hurt of are just restrained and not don't necessarily see those asked, when do they? She stated, "When they atment Plan review. All the	N	126			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		04L117	B. WING _			C 10/02/2020		
	ROVIDER OR SUPPLIER	ER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		10/02/2023		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETION DATE		
N 126	MTPRs they go over infractions, activities are any adjustments Doctor, therapist, nu to the meeting, it's all They sit in front of th how are you doing, heads (medications), change." The DON they done? She stat twenty-one days and twenty-eight days." are done about once "Yes." The DON was frequent chemical reabout once a month? 14. The facility Policy Intervention, receive	time for them to have call the restraints, any medications to see if there that need to be done. The rse and the children come in I over telemed right now. e computer, the doctor asks now do you fee about your is there anything we need to was asked, how often are red, "[State] is every I every other state is The DON was asked, they a month? She stated, s asked, if the child is having straints, they address that	N '	,				
	seclusionIII. Definit The administration of medication only by the or approved physicial adjunct to any prevional Chemical restraint is resolve an emergency severe out of control psychosis which is lift resident, or other resumedications are to be or approved physicial possible doses nece and/or agitation exhi- intended goal shall no	erapeutic use of restraint and tions: A. Chemical Restraint: of a one-time psychotropic one order of a staff physician on extender to act as an ously prescribed treatment. One a crisis intervention used to be safety situation to contain behavior, exacerbation of skely to cause harm to the sidents, or staff. Such the prescribed by the physician on extender in the lowest sary to reduce anxiety bited by the resident. The						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		04L117	B. WING			C 0/02/2020		
NAME OF P	ROVIDER OR SUPPLIER	0.2	 	STREET ADDRESS, CITY, STATE, ZIP CODE		0/02/2020		
				2805 E ZION RD	•			
PINEY RID	GE TREATMENT CENT	ER, INC		FAYETTEVILLE, AR 72703				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
N 126	for staff. It shall be usessessment of the Property (Registered Nurse), to could be potentially not resident. The intended injury to the resident and to allow the resident and to allow the residence appropriate way needsIV. Procedure Seclusion Justification seclusion, chemical reaction a clinical assessment physician, approved a clinical qualified RN (the use of emergency Alternative approached redirection, separation with another staff me movement to a quiete tried firstB. Physical Orders:6. All less resultilized to prevent the restraint, or chemical such as: a. emphasis	ot be used as a convenience tilized when, by the hysician and the RN he use of physical force hore traumatic to the ed goal should be to prevent or other residents or staff lent the ability to process ys to meet his or her specific e: A. Physical Restraint and n: Prior to the use of estraint, or physical restraint t is conducted by the ohysician extender, or Registered Nurse) trained in y safety interventions. es, such as verbal n from stimulus, processing mber, and encouraging er environment should be al Restraint and Seclusion estrictive interventions e use of seclusion, physical restraint will be documented	N 1					
	c. Discussion of prob with staff. d. Separat and/or feeding into the behavior. e. Emphase own choicesE. Noti to Clinical Director and Registered Nurse muland Clinical Director occurrences of seclusivithin a (12) hour per emergency safety site.	lem in a one-on-one meeting ion from person contributing e aggression or escalating is on responsibility for one's fication of Registered Nurse and Medical Director: 1. The lest notify the Medical Director if there are two (2) or more sion or physical restraint riod to evaluate the uations and take actions as I. Physical Restraint and						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		04L117	B. WING				02/2020
	ROVIDER OR SUPPLIER	ER, INC	•	2	TREET ADDRESS, CITY, STATE, ZIP CODE 805 E ZION RD TAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
N 126	or designee will revier restraint, physical restraint, physical restraint, physical restraint will investigate un patterns. 2. As part of Whole meetings, the and Infection Control use of physical restraint and Infection Control use of physical restraint and seclusion appropriate and adequated As part of the Commit the Performance Impropriate and and/or pattowards elimination or restraint" ORDERS FOR USE of SECLUSION CFR(s): 483.358(e) Each order for restraint (1) Be limited to not the emergency safety (2) Under no circur residents ages 18 to ages 9 to 17; or 19. This ELEMENT is not Based on record revifailed to ensure there of restraint and/or second restraint a	s: 1. The Director of Nursing w each use of chemical traint, and/or seclusion daily nusual or unwarranted of the Committee of the Safety, Risk Management, Committee will review the int and seclusion each in which to create a social tent which limits physical in use to clinically uately justified situations. 3. Ittee of the Whole meetings, rovement Committee shall by Work Groups to address terns of use and work if seclusion and physical of RESTRAINT OR The or seclusion must: I longer than the duration of the situation; and instances exceed 4 hours for 21; 2 hours for residents under age of the the duration of the situation of		126			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		04L117	B. WING _			C 10/02/2020	
	ROVIDER OR SUPPLIER	ER, INC		STREET ADDRESS, CITY, STATE, ZIP COI 2805 E ZION RD FAYETTEVILLE, AR 72703	DE	10/02/2020	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETION DATE	
N 144	Continued From pag	e 41	N 1	44			
	Dysregulation Disord	noses of Disruptive Mood der, Unspecified Trauma and sorder, and Unspecified					
	the cafeteria and wa pushed him to the graph the peer across the rather peer. Staff members across the residents. The resident redirect behavior. The aggressive towards restrained for safety The resident continual members. The resident at 0806 per Dr's order calm and was released to 0850, the resident aggressive towards aclimbed onto chairs to come down. When the resident, he slap members. After number the resident's behaving to hit and kick staff.	ss Note 020 0803 The resident was in lked over to a peer and round. The resident slapped neck and attempted to kick pers stepped between the ent refused attempts to ne resident continued to be the peer. The resident was per [Doctor] order at 0803. ed aggression towards staff ent was placed in seclusion er. The resident became need from seclusion at 0827. It again be escalated and staff members. The resident in the dayroom and refused in staff members approached ped, kicked and hit the staff erous attempts to redirect ior, the resident continued to off members. The resident afety per Dr.'s order at 0853."					
	Progress Note document Placed in Restraint I 0803 #2 0854 Date & Restraint Date 9/13/2 Date & Time Restrain Date: 9/13/2020 Time & Time Actually Place	afety Intervention Justification mented,"Date & Time Actually Date: 9/13/2020 Time: #1 & Time Removed from 2020 Time: #1 0806 #2 0856 int Order Received from MD ie: #1 0805 #2 0853 Date and in Seclusion Date:					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		04L117	B. WING _			C 10/02/2020
	ROVIDER OR SUPPLIER	ER, INC		STREET ADDRESS, CITY, STATE 2805 E ZION RD FAYETTEVILLE, AR 72703	, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIA CIENCY)	
N 144	Date & Time Seclusic Date: 9/13/2020 Time c. An Emergency Sat Orders form dated 9/9/13/20 Time: 0805 F minutes for physical a order expired at 0835 not obtained for the r. d. On 9/28/20, during was no documentation a second restraint for e. On 9/30/20 at 1:35 asked, is there a sep and chemical restraint	Date: 9/13/2020 Time: 0827 on Order Received from MD e: 0807" Tety Intervention Physicians 13/20 documented, "Date: Restrain resident for up to 30 aggression" This physician 5. A new physician order was estraint use at 0854. I clinical record review, there on of a Physician's Order for	N ·	144		





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 HUMANSERVICES.ARKANSAS.GOV

November 2, 2020

Bradley McDaris, Administrator Piney Ridge Treatment Center, Inc 2805 E Zion Rd Fayetteville, AR 72703

Dear Mr. McDaris:

On October 2, 2020, we conducted a Complaint Investigation 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 November 01, 2020.

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 at (501) 320-3963.

Sincerely,

Amanda M Smith, RN Supervisor DPSQA/Office of Long Term Care Survey & Certification Section

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APOC 2/2020

PRINTED: 10/16/2020 FORM APPROVED

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	OMB NO. 0938-039		
THE PLANT	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		(X3) DAT	TE SURVEY MPLETED	
		04L117	B. WING			С	
	PROVIDER OR SUPPLIER DGE TREATMENT CENT	TER, INC		STREET ADDRESS, CITY, STATE, ZIP COD 2805 E ZION RD FAYETTEVILLE, AR 72703		0/02/2020	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID				
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N 000	Initial Comments Note: The CMS-256	7 (Statement of Deficiencies)	N 00	Submission of this plan of con admission by the facility that the true or that the hospital existing	he citations ara		
	is an official, legal do remain unchanged ex correction, correction	cument. All information must cept for entering the plan of dates, and the signature		Corrective Action: N100 and I	N126		
	office (RO) for referra Office (RO) for referra Inspector General (Ol information is inadver	G) for possible fraud. If tently changed by the State Survey Agency (SA)		Upon receipt of the state of deficiencies, the facility leadership, consisting of the CEO, Medical Director, Director of Nursing and Director of PI/Risk Management reviewed the deficiencies and began to immediately develop a plan of correction. The Director of Nursing reviewed the requirements of staff providing		11/1/2020	
	Subpart G - Conditior Psychiatric Residentia	l Treatment Center		and documenting attempts to a time to calm or the use of less interventions prior to the use of restraints to ensure that staff at these documentation requirem	Illow the client restrictive f chemical re aware that		
N 100 L	Complaint # AR00025 deficiencies cited at N JSE OF RESTRAINT CFR(s): 483.354	540 was substantiated with 100, N126, and N144. AND SECLUSION	N 100	place prior to administration of restraint. The Director of Nursir resident records who were invo- chemical restraint and there we outcomes.	a chemical ng reviewed 10 lived in the		
o F Ir	of Restraint and Seclus Residential Treatment Opatient Psychietric Se	Facilities Providing ervices for Individuals		Education:			
T	Inder Age Twenty One his CONDITION is no Complaint # AR00025 r in part with these find	ot met as evidenced by: 540 was substantiated all		The Director of Nursing provide the Restraint and Seclusion Pol Management and documentatio requirements to all Nurses, which	icy and Milieu n		
of ev	iled to meet the requir	and interview, the facility rements of the Condition ection of Residents, as r's failure to meet the at N126. The facility				,	

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

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: O2DW11

Facility ID: 3016

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B. WING			101	02/2020
NAME OF B	ROVIDER OR SUPPLIER		L		FREET ADDRESS, CITY, STATE, ZIP CODE	10/	3212020
	OGE TREATMENT CENTE	ER, INC		2805 E ZÍON RD FAYETTEVILLE, AR 72703			
040.15	CHAMAOV CT	ATEMENT OF DEFICIENCIES	1 ,5	•	PROVIDER'S PLAN OF CORRECTION		~6
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF	PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACTI TAG CROSS-REFERENCED TO T DEFICIENCE			(X5) COMPLETION DATE
N 100	failed to ensure a che administered without attempt to allow time use of less restrictive administration of a ch (Client #1, #3, #4, #5, #13) sampled resident chemical restraints. It potential to affect 93 fd documented on a list Records Director on stindings are: The facility failed to en was not administered the attempt to allow tithe use of less restricts.	mical restraint was not documentation of the for the client to calm or the interventions before the emical restraint for 10 #6, #7, #8, #9, #11 and its who were involved in This failed practice had the	N	100	Ensuring staff attempt to allow a calm down and offer less restriction interventions to clients prior to administering a chemical restrain. Staff documenting all attempts of allowing a client to calm down an use of less restrictive intervention medical record. Auditing and Monitoring: The Director of Nursing/Designee complete random at 20 inpatient records monthly, using the Seclusion and Restraint Audit Tool to violate to administering a chemical restraint. Staff attempt to offer less restrictions prior to administering chemical restraint.	ve t. d the s in the of dits of erify: alm mical	
	(Client #1, #3, #4, #5,	#6, #7, #8, #9, #11 and			 Staff documents all attempts while 		
N 126	#13) sampled clients. PROTECTION OF RE	ESIDENTS	N 126		a client to calm down and the use restrictive interventions	of less	
	•				The Director of Nursing, and Nurse Supervisors are responsible for addres any compliance concerns directly with indicated employee to include on the s retraining and/or progressive disciplina action.	the pot	
	Complaint # AR0002 or in part with these fi Based on record revie failed to ensure a che administered without attempt to allow time	ew and interview, the facility mical restraint was not	, , , , , , , , , , , , , , , , , , , ,		The Director of Nursing aggregates, ar and reports all results from these chart monthly, along with a plan of correction indicator scoring below 90%, to Risk/P monthly, along with a plan of correction indicator scoring below 90%, to the PI Committee.	audits for any I	

O-111	O I OIL BILDIOAKE &	MEDICAID SEKVICES				NAID IAC	. 0930-0391	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1. /	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B. WING			10/0	;)2/2020	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	10/0	2/2020	
				Į	305 E ZION RD			
PINEY RIE	OGE TREATMENT CENT	ER, INC			AYETTEVILLE, AR 72703			
	O) HILLARDY OT	ATTUENT OF DEFINITION						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE	
N 126	administration of a cf (Client #1, #3, #4, #5 #13) of 13 sampled c had the potential to a documented on a list	e 2 nemical restraint for 10 nemical restraint for 10 nemical restraint for 10 nemical restraint for 10 nemical field practice nect 93 facility clients as provided by the Medical nemical field field field field field nemical field field field field nemical field field field field field nemical field field field field field nemical field field field field field field field nemical field f	N	126	The Risk/Pl Director reports data result with a plan of correction for any indicate scoring below 90% monthly to the Performance Improvement Committee. Responsible Person: Director of Nursir CEO N 144:	or [
	1. Client #4 was admitted on 5/26/20 and had diagnoses Posttraumatic Stress Disorder. A Master Treatment Plan Review dated 9/1/20 documented, "What are some things that make it more difficult for the resident when they are already upset? Yelling, loud noise, not having personal space. Are there particular triggers that will cause the resident to escalate? Date Identified: 5/27/2020 Loud Noise, Not having personal spaceIf resident becomes upset or is in danger of hurting self or someone else, what interventions have been effective? Date Identified: 5/27/2020 Voluntary Timeout in Quite Room, Sitting by the Nurse's Station, Talking to Another Resident, Talking with Male Staff, Writing in Journal, Deep Breathing/Relaxation, Other: Shuffling Cards, Watching TV (television), Talking with Female Staff, Calling a Friend, Drawing, Listening to Music"				Corrective Action: The Director of Nursing reviewed Emer Safety Intervention Policy and the requirements that each order for restrains seclusion must: (1) Be limited to no longer than the durative emergency safety situation; and (2) Under no circumstances exceed 4 if for residents ages 18 to 21; 2 hours for residents 9 tp 17; or 1 hour for resident age 9. Education: The Director of Nursing and Nurse Supervisors provided training on the Emergency Safety Interventions Policy documentation requirements related to orders for seclusion and/or restraint to Nurses which included: • Ensuring a clinically qualified Register Nurse/Licensed Practical Nurse obtains order from a physician for all episodes	int or ation of nours ts under and active all ared s an of	11/1/2020	
	9/12/2020 Time: 083 Removed From Rest 0835 (8:35 a.m.), Da Received from MD (N 9/12/2020 Time: 083 Restraint Used: Stan	Placed in Restraint Date: 3 (8:33 a.m.), Date & Time raint: Date 9/12/2020 Time: te & Time Restraint Order Medical Doctor) Date: 0 (8:30 a.m.), Type of ding 2 person, Resident e detailed justification for			seclusion and/or restraint at the time of initiation of an emergency safety intervor immediately after, not to exceed 60 minutes. • Ensuring RNs/LPN immediately contained in the containing physician in order to receive for instructions if an emergency safety situation of the continues pear the time limits of the order.	ention act the jurther uation		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			ŀ			(
		04L117	B. WING_			10/0	02/2020
	ROVIDER OR SUPPLIER DIGE TREATMENT CENTE	ER, INC		28	REET ADDRESS, CITY, STATE, ZIP CODE 105 E ZION RD AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 126	began demanding diff throwing food/drinks a verbally threating. Re roomDate & Time (Received from MD Date & Time (Reseived from MD Date & Time: 0835 (8:35 a.m.), Date & Time: 0835 (8:35 a.m.) Thorazine/Benadryl Date (milligrams)/100mg, Federalled justification for (continued) to be given IM chemical reseafetyResident BehcalmerRestraint and MonitoringTime AM Observation/Behavior met, no longer a dang Restraint], 10 [released An Emergency Safety Orders dated 9/12/20 "Restrain resident for (continued) bx (behave videnced by Unrowing verbally threatening a.m.), Give Resident 100mg X (times) one behavioral Dyscontro (continued) combative A Nursing Progress Marm., documented, "The because she got a hoof a cold tray for breat that a staff member of the staff member o	agitated over breakfast ferent food. She then began at Nursing shoving staff, & escorted to timeout chemical Restraint Order rate: 9/12/2020 Time 0832 ime Nurse Actually all Restraint Date: 9/12/2020 .), Medication Administered: 005age: 100mg Route: IM ident Behavior: Please give or Chemical Restraint: Restraint per MD order for ravior at Time of Release per Policies at Time of Release per Polic	N 1	26	Auditing and Monitoring: The Director of Nursing, Nurse Supervand designated staff complete random of 20 inpatient records monthly, using Seclusion and Restraint Audit Tool to very event of seclusion and/or restrational contains an active order. The Director of Nursing or designated individual aggregates, analyzes and reall results from these chart audits and Leadership Rounds monthly, along with of correction for any indicator scoring by 90%, to the Risk/PI Director. The Risk/PI Director reports QAPI daresults along with a plan of correction findicator scoring below 90% monthly. Responsible Person: Director of Nursing CEO	audits he erify: aint f ports h a plan elow ta or any	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDI	NG_		1	
		04L117	B. WING			(
NAME OF S	2014252 02 01221452	042117	15, 11,110		TREET ADDRESS, CITY, STATE, ZIP CODE	1 10/-	02/2020
NAME OF P	ROVIDER OR SUPPLIER				805 E ZION RD		
PINEY RIC	GE TREATMENT CENT	ER, INC					
				<u> </u>	AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
N 126	and peers milk into the the opening into the threw food through the began to yell and thr members. The resid across the dayroom, process with the residual pushed the staff mer continued to be aggreembers. The residual per [Doctor] order at resident continued a members while restricted order for dyscontrol of the per process.	sident poured her Silk milk ne nurse's station through window, The resident also ne opening. The resident eaten nurses and staff ent began to throw objects A staff member went to dent but the refused and nber. The resident	N	126			
	restraint was document two minutes after the restraint. Document placed in the physical minute after receiving restraint and the che administered at 8:35 being placed in the professional placed in the professional placed in Restraint and Seclus documented under the Code, that Exit Criter longer a danger at the was administered. To interventions for decilent's Master Treat	a.m., an order for a chemical ented obtained at 8:32 a.m., e order for the physical ation indicated the client was al restraint at 8:33 a.m., one g the order for the chemical					

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
		04L117	B. WING				C 10/02/2020	
	ROVIDER OR SUPPLIER DIGE TREATMENT CEN	TER, INC	· · · · · · · · · · · · · · · · · · ·	2805 E 2	ADDRESS, CITY, STATE, ZIP CODE ZION RD TEVILLE, AR 72703			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
N 126	restraint or before a administered. There attempt to allow time use of less restrictive administration of a b. An Emergency & Progress Note date "Date & (and) Time 9/19/2020 Time: 09 Removed from Resceived from 9/19/2020 Time: 09 Restraint Standing Please give justification was part of residen punch, kick, hit and restrained for safety Restraint Order Recolled From Nurse Actually Administration Dosage: 100/100 Find Medication Administration Dosage: 100/100 Find Medication Administration of Release MonitoringTime A Observation/Behavitalk" An Emergency Saf Order dated 9/19/2 physical restraint worder for Thorazine	a chemical restraint was a was no documentation of the e for the client to calm or the re interventions before the chemical restraint. Safety Intervention Justification of 9/19/20 documented, he Placed in Restraint Date 10 (9:10 a.m.), Date & Time traint Date 9/19/2020 Time: hate & Time Order Restraint m MD (Doctor) Date: 106 (9:06 a.m.), Type of 12 person, Resident Behavior: hat attacking staff, started to 12 person, Resident Behavior: hat attacking staff, started to 13 person with the started to 14 person multiple staff, was 15 person with the started Chemical Chemical Chemical Restraint here: 15 person with staff, kicking, hereateningResident Behavior: 15 calmRestraint & Seclusion 15 person was not calmRestr	N	126				

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		04L117	B. WING_	1-2-14-1] 1	C 0/02/2020		
	ROVIDER OR SUPPLIER	ER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
N 126	a.m., documented, "Fother residents, starts screaming at staff, pupushing several staff restraint for safety as and PRN (as needed (milligrams) administ per Dr's orders" Documentation indicachemical restraint was before the client was and the client was and the client was and the client was and the client was no documented to before being placed before a chemical restraint Plan Revibefore being placed before a chemical restrictive intervention of a chemical restraint of a chemical restraint of a chemical restraint [5:00 p.m.), Date & Treatment Plan Restraint Date: 9/19/Date & Time Restraint (Doctor) 9/19/2020 Testraint 9/19/2020 Testr	aint was received. Note dated 9/19/20 at 9:10 Resident was on the unit with ed going after staff, unching, kicking, hitting and members. Resident was per Dr's (Doctor's) orders) Thorazine/Benadry 100 mg ered IM (intermuscular) as ated the order for the as received two minutes placed in a physical restraint alm/quiet/willing to talk at the straint was administered. The entation interventions for the client's Master ew had been attempted in the physical restraint or straint was administered. The entation of the attempt to ent to calm or the use of less ins before the administration int. afety Intervention Justification 19/19/20 at 5:00 p.m., as (and) Time Actually of the entation of the ITOO Time Removed from ITOO Time Removed from MD Time 1703 (5:03 p.m.), Type	N 1					
	Behavior: Please giv restraint Physical ag	anding 2 person, Resident e detailed justification for gression towards staff and t) pushed staff, punched						

CENTERS FOR MEDICARE & MEDICAID SERVICES

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04 L11 7	B. WING	_		С	
		04C117	B. WING			10/	02/2020
	ROVIDER OR SUPPLIER DGE TREATMENT CENTE	ER, INC	:	21	TREET ADDRESS, CITY, STATE, ZIP CODE 805 E ZION RD AYETTEVILLE, AR 72703		\
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 126	staff, R attempt to set continued the aggress continued aggression safetyDate & Time (Seceived from MD Date). Date & Time (Seceived from MD Date). Date & Time (Time: 1712 (5:12 p.m. Zypexa Dosage: 20 m (Intermuscular), Residetailed justification for Continued physical agrestrained. R kicked a given a chemical for s Time of Release: Calm MonitoringTime AM/Observation/Behavior [Calm/Quiet/Willing to no longer a danger] An Emergency Safety Orders dated 9/19/20, Restrain resident for aggressionDate: 9/1 p.m.) Give Resident Z (times) one dose now Dyscontrol" An ordewas received two min physical restraint was restraint was restraint was documentation indica calm/quiet/willing to ta administration of the crelease from the physical control interventiated on the client's M	off the fire sprinkler, R sion toward staff, R , R restrained for Chemical Restraint Order ate: 9/19/2020 Time: 1705 me Nurse Actually al Restraint Date: 9/19/2020 .), Medication Administered: ag (milligrams) Route: IM lent Behavior: Please give or Chemical Restraint agression towards staff while a nurse. R kicked a door. R afetyResident Behavior at mRestraint & Seclusion APM 1712, Code 14 talk] 15 [Exit Criterion met, Intervention Physician's a documented, "Time: 1703, ap to 30 minutes for physical ap/2020 Time: 1705 (5:05 Cyprexa 20 mg (milligrams) x for Increased behavloral are for a chemical restraint ates after an order for a received. A chemical inted as administered at ted the client was alk at the time of the chemical restraint. There was no entions for de-escalation	N	126			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04L117	B. WING			10/0	2/2020
NAME OF PR	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
DIAIRY DID	OF TOE 1 THE 1 T OF 1 T	ED 11/0		2	2805 E ZION RD		
PINEYRIL	GE TREATMENT CENT	ER, INC		Į	FAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
N 126	Continued From page	e 8	N	126			
	restraint was adminis documentation of the client to calm or the u	attempt to allow time for the					
	d. An Emergency Sa Progress Note dated "Date & (and) Time Date: 9/27/2020 Time Time Removed from Time: 1254 (12:54 p. Order Received from Type of Restraint Sta Behavior: Please giv restraint: Physical agmembers and proper the door and threated cup of water into nurpushed staff. R restr. Time Chemical Restraint In Chemical Restraint In Chemical Restraint In (12:54 p.m.) Medical Thorazine/Benadryl, (Intermuscular)Restraint In Continued physical amember R (Resident staff members. R the continued dyscontrol safetyResident Be Calm"	Date: 9/27/2020 Time: 1254 tion Administered: Dosage 100/100, Roule. IM sident Behavior: Please give for Chemical Restraint aggression towards staff t) kicked staff and grabbed at reatening staff members. R I. Chemical given for havior at Time of Release:					
	Orders, dated 9/27/2	20, documented, "Time:1250 n resident for up to 30					

OLITICI	OT ON MEDICANE &	MILDIONID SEKVICES				OND M	<i>J.</i> 0930-039 I
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		04L117	B. WING			l .	C (02/2020
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	107	UZIZUZU
					805 E ZION RD		
PINEY RIL	OGE TREATMENT CENT	ER, INC			AYETTEVILLE, AR 72703		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	GI	l	PROVIDER'S PLAN OF CORRECTION		~~
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
N 126	Continued From page	a 9	N	126			
	• -	aggression As evidenced by					
		g water into the nurse's					
		12:52 p.m.) Give Resident					
		(times) one dose now for	-				
		Dyscontrol" An order for a					
	chemical restraint wa	s received two minutes after					
		al restraint was received.					
	The chemical restrain	t was administered at 12:54					
!	p.m.		ļ				
	A Nursing Progress N	lote dated 9/27/20 at 12:50					
		The resident was restrained					
		ushed staff members. The					
	•	ed for safety per [Doctor]					
	order at 1250 (12:50	p.m.)The resident was					
		raint for dyscontrol per					
		(12:54 p.m.). The resident					
	was released from the p.m.)"	e restraint a 1254 (12:54					
	p.m.j						
:	Documentation indica	ted the client was calm at					
		d administration of the					
		nere was no documentation					
	interventions for de-e						
		nent Plan Review had been					
		ng placed in the physical					
	restraint or before a o	was no documentation of					
		me for the client to calm or					
	•	tive interventions before the					
	administration of a ch						
	2 Client #5 was side	ittod on 3/23/20					
		itted on 3/23/20 and had d Trauma and Stressor					
		Other Specified Disruptive,					
ļ	Impulse Control Relat						
}	A Master Treatment 5	lan Review dated 9/1/20					
	documented, "Trigg						

AND DUAN OF CODDECTION IDENTIFICATION NUMBER-		(X2) MULT A. BUILDI			(X3) DATE SURVEY COMPLETED		
		04L117	B. WING_	B. WNG			C 10/02/2020
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREE	ET ADDRESS, CITY, STATE, ZIP CODE		TOTOLILORD
,,,,,,,				2805 E	ZION RD		
PINEY RIE	DGE TREATMENT C	ENTER, INC		FAYE	TTEVILLE, AR 72703		
(X4) ID	SLIMMAR	Y STATEMENT OF DEFICIENCIES	ID ID		PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFIC	ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	`	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	COMPLETION DATE
N 126	Continued From	page 10	N -	126			AA-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	escalation: Being	touched, not having personal					
		some things that make it more					****
	, .	sident when they are already		- 1			1
	upset? Being tou	ched, not having personal					ŀ
		particular triggers that will					
		nt to escalate? Date Identified:					[
		Touched, Loud Noise, Not					
	-	Space, Yelling, If resident					ļ
	,	r is in danger of hurting self or		ĺ			
		hat interventions have been					
	II.	dentified: 3/24/2020 Sitting by					
		on, Talking to Another Resident, al, Lying Down with Cold Face					
		ading, Art, Calling a Friend,					
	1	c. Preference in the event this					
	, –	ary: Date Identified: 3/24/2020					
	Other: Talking to						
	a. An Emergeno	y Safety Intervention Justification					
		ated 9/13/20 documented,					
	, ,	Time Actually Placed in Restraint		l			
		Time: 1335 (1:35 p.m.), Date &	ĺ				
	1	rom Restraint Date: 9/13/2020					
i	L ·	p.m.) Date & Time Restraint					-
	III III	from MD (Doctor) Date:					
		1334 (1:34 p.m.), Type of					
		standing 2 person, Resident give detailed justification for		ļ			
,	3	dayroom R (Resident) became		1			
		usting through unit door. When					
	1 -	en door & R, R began hitting &					
	1	strained for safetyDate & Time					
	l .	int Order Received from MD					
ĺ		Time: 1336 (1:36 p.m.), Date &					
1		ally Administered Chemical					
	Restraint Date: 9	9/13/2020 Time: 1338 (1:38 p.m.),	1				İ
		nistered: Thorazine Dosage: 50					
	mg (milligrams)						
I	(Internuscular)	Resident Behavior at Time of					

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	! ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04L117	B. WING			C 10/02/2020	
NAME OF PI	ROVIDER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE	101	JUL EULU
PINEY RIDGE TREATMENT CENTER, INC		ER, INC			995 E ZION RD AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 126	An Emergency Safety Order dated 9/13/20 of (1:34 p.m.) Restrain of assaultive bx (beh destructionTime: 13 Resident Thorazine 5 increased behavioral chemical restraint was the order for a physic The chemical restraint minutes after the clien restraint. Nursing Progress Not p.m., documented, " MD order at 1335 (1:3 resident shoved and to de-escalate by staff and resident given The IM (intermuscular) X (related to) behavioral p.m.). Resident released continued to monitor. Documentation indicate exit criterion was met restraint was administer eased. There was interventions for de-eclient's Master Treatmattempted before beingestraint or before a cadministered. There	raint & Seclusion /PM 1338 (1:38 p.m.) **Code 11 [quiet] 15 [Exit ter a threat" / Intervention Physician's documented, "Time: 1334 esident for up to 30 minutes avior)/property (36 (1:36 p.m.) Give 0 mg x one dose now for Dyscontrol" An order for a s received two minutes after al restraint was received. It was administered three at was placed in a physical ite, dated 9/13/20 at 1:35 .Restrained for safety per 35 p.m.). During restraint, hit staff despite all attempts if and nurse. MD notified torazine 50 mg (milligrams) (times) one dose now r/t di dyscontrol at 1338 (1:38 used from restraint and" atted the client was quiet and at the time the chemical tered and client was no documentation scalation tisted on the ment Plan Review had been ng placed in the physical	N	126			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		04L117	B. WING		1	C	
		046117		REET ADDRESS, CITY, STATE, ZIP CODE	j TUI	02/2020	
NAME OF P	ROVIDER OR SUPPLIER						
PINEY RIC	GE TREATMENT CENT	ER, INC	1	05 E ZION RD YETTEVILLE, AR 72703			
/V 4) 1D	TR VOLUME IS	ATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF CORRECTION)N	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
N 126	Continued From page	∍ 12	N 126				
	the use of less restric administration of a ch	tive interventions before the nemical restraint.					
	diagnoses Disruptive	n Deficit Hyperactivity				The state of the s	
	documented, "Are will cause the resider Identified: 6/29/2020 Time of Day, Loud N Not Having Personal When being touched asks the person to no irritated if they don't lafternoon";tries to when he doesn't hav becomes upset or is someone else, what effective? Date Iden Timeout in Quit Roor Resident, Talking wit Journal, Deep Breatl	Being Touched, Particular oise, Having Control/Input, Space, Yelling. Describe: and doesn't want to be, he of touch him, but will become isten; "More agitated in the get away from everybody e personal spaceIf resident in danger of hurting self or interventions have been tiffied: 6/29/20 Voluntary m, Talking to Another In Male Staff, Writing in hing/Relaxation, Watching TV Halls, Talking with Female					
	Progress Note dated & (and) Time Actuall 9/15/2020 Time: 211 Removed from Rest 2121 (9:21 p.m.), Da Received from MD (Time: 2116 (9:16 p.m Standing 2 person, F give detailed justifica	afety Intervention Justification I 9/15/20, documented, "Date y Placed in Restraint Date: 5 (9:15 p.m.), Date & Time raint Date: 9/15/2020 Time Ite & Time Restraint Order Doctor) Date: 9/15/2020 In.), Type of Restraint Used Resident Behavior: Please Interval of the restraint R It west unit exit door into the					

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
	04L117	B. WING			C 10/02/2020	
NAME OF PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD		10/02/2020	
PINEY RIDGE TREATMENT CEN	ITER, INC		FAYETTEVILLE, AR 72703			
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
(with) staff upon verification (with) staff and restraint (ecame physically aggressive c rbal request to return to unit. tyDate & Time Chemical ceived from MD Date: 20 (9:20 p.m.), Date & Time inistered Chemical Restraint ne: 2121 (9:21 p.m.)Resident Release: Calm/In Seclusion MonitoringTime p.m.), Observation/Behavior rion met, no longer a sety Intervention Physician's 20 documented, "Time 2116 n resident for up to 30 (aggression to staffTime: reversident of 100 x (times) one dose now vioral Dyscontrol" Note dated 9/15/20 at 9:15 "When staff followed by redirected resident to come name physically aggressive nined for Safety per MD orderMD notified and resident g (milligram)/Benadryl 100mg X (times) 1 dose now r/t ral dyscontrol at 2121 (9:21 peased from restraint and continued" An order for a received at 9:20 p.m., four der for a physical restraint was	И	126			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
						0	;
		04L117	B. WING			10/02/2020	
NAME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
				2	805 E ZION RD		Ì
PINEY RIC	GE TREATMENT CENTE	ER, INC		F	AYETTEVILLE, AR 72703		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	GI	1	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
N 126	Continued From page	e 14	N.	126			
		longer a danger at the time			THE PARTY OF THE P		
		of the chemical restraint.					
		entation interventions for					
	de-escalation, listed of						1
		ew, had been attempted					
	l .	n the physical restraint or					
	before a chemical res	straint was administered.					
	1	entation of the attempt to	ł.		distribution of the state of th		
	allow time for the clie	nt to calm or the use of less					
	1	ns before the administration					
	of a chemical restrair	t.					
	b. An Emergency Sat	fety Intervention Justification					
		9/20/20 documented,					
		Actually Placed In Restraint					
		e: 0842 (8:42 a.m.), Date &					
		Restraint Date 9/20/2020					
		a.), Date & Time Restraint			action of the state of the stat	:	
		MD (Doctor), Type of			,		
		ling 2 person, Resident	- [
		re detailed justification for t, R (Resident) broke out of	-				
	ì	inbed on to the awnings,					
		down. R walked on awning					
		noved himself & ran for the					
		elope. K began hitting &					
		aff blocked R from gate.					
	_	Date & Time Chemical					
	Restraint Order Rece						
	9/20/2020 Time: 084	0 (8:40 a.m.), Date & Time					
	Nurse Actually Admir	nistered Chemical Restraint					1
	Date: 9/20/2020 Time						1
		ine/Benadryl Dosage: 100					
	mg (milligrams)/100 i						
	1 '	ident Behavior at Time of					
	Release: Calm, Rest						
		N/PM 0845 (8:45 a.m.),					
	i .	r Code 15 [Exit Criterion					
	met, no longer a dan	gerj"					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		041447	B. WING		-	С	
		04L117	B. WING			10/	02/2020
	ROVIDER OR SUPPLIER DGE TREATMENT CENTE	ER, INC		2	STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 126	Continued From page	e 15 / Intervention Physician's	N	126		:	
	Order dated 9/20/20 of (8:36 a.m.), Restrain minutes for Assualtive evidenced by Physica hitting and shoving	documented, "Time: 0836 Resident for up to 30 box (behavior) As al aggression toward staff, Time: 0842 (8:42 a.m.) Give 00/Benadryl 100 x (times)					
	Nursing Progress Not a.m., documented, " MD (Doctor) order at restraint, resident con aggressionMD notif Thorazine 100 mg (m IM (Intermuscular) no dyscontrol per MD (D a.m.). Released from for a chemical restrain a.m., six minutes afte restraint was received restraint was not initit same time the chemic received. The chemic	cal restraint was inutes after the physical					
	restraint, documentaticalm, exit criterion had danger. There was no interventions for decient's Master Treatmattempted before being restraint or before a cadministered. There	scalation, listed on the nent Plan Review, had been ng placed in the physical					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04L117	B. WING			10/0	2/2020
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	ST	FREET ADDRESS, CITY, STATE, ZIP CODE	1	
				28	805 E ZION RD		
PINEY RIDGE TREATMENT CENTER, INC		=R, INC		F/	AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
N 126	Continued From page the use of less restrict administration of a characteristic continuation of the characteristic continuation of th	e 16 ctive interventions before the lemical restraint. fety Justification Progress ocumented, "Date & (and) in Restraint Date: 9/23/2020 m.), Date & Time Removed 9/23/2020 Time: 1258 (12:58 estraint Order Received from 23/2020 Time: 1254 (12:54 int Used Standing 2 person, elease give detailed int: During transition, R ut of line and ran towards When staff attempted to hitting at/pushing staffDate & Time Chemical elived from MD Date: 6 (12:56 p.m.), Date & Time histered Chemical Restraint e: 1258 (12:58 p.m.), ered: Zyprexa/Benadryl grams)/100 mg, Route: IM sident Behavior at Time of traint & Seclusion M/PM 1258 (12:58 p.m.), or Code 15 [Exit Criterion		126			
	(12:54 p.m.), Restrai minutes for assualtiv evidenced by R (Res staff in an attempt to aggressive c (with) s 1256 (12:56 p.m.), G	n resident for up to 30	a de clas y may de conservantes de conservante				
	increased behaviora						

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		041.447	D LAMAGO	_		С	
		04L117	B. WING			10/	02/2020
	ROVIDER OR SUPPLIER DGE TREATMENT CENTE	ER, INC		2	TREET ADDRESS, CITY, STATE, ZIP CODE 805 E ZION RD AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 126		e 17 lote dated 9/23/20 at 12:55 Restrained for safety per	N	126			
	MD order at 1255 (12 obtained at 1258 (12: Zyprexa 10 mg (millig						
	to) behavioral dyscon chemical restraint was an order for a physical	trol" An order for a s received two minutes after Il restraint was received,					
		restraint was not initiated ore the chemical restraint					
		e Emergency Safety ion Progress Note indicated xit criterion met, no longer a	And the state of t				
	administered. There	e chemical restraint was was no documentation scalation, listed on the					
	client's Master Treatmattempted before beir	nent Plan Review, had been ng placed in the physical	**************************************				
		nemical restraint was was no documentation of me for the client to calm or					
	the use of less restric administration of a ch	live interventions before the emical restraint.					
	diagnoses Disruptive Disorder, Unspecified Stressor-Related Disc	Trauma and order, and Other Personal					
	documented, "What it more difficult for the	t Plan Review dated 9/3/20 are some things that make resident when they are g to her. Give her time to					

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	(×	(X3) DATE SURVEY COMPLETED	
		04L117	B, WING			C 10/02/2020	
		044,117	15,77,10	077-427-4000-017-4-27-17-1	<u> </u>	10/02/2020	
	ROVIDER OR SUPPLIER GE TREATMENT CENTI	ER, INC		STREET ADDRESS, CITY, STATE, 2805 E ZION RD FAYETTEVILLE, AR 72703	ZIP GODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUIL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAI X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION BE CLUOHS HOUDS TO THE APPROPRIATE CYONER	(X5) COMPLETION DATE	
	Continued From page resident becomes up self or someone else been effective? Date Writing in Journal, De Watching TV (televisies Exercise, Drawing, La. An Emergency Se Progress Note dated "Date & (and) Time Date: 9/19/2020 Time Time Removed from Time: 0925 (9:25 a.m.) Order Received from 9/19/2020 Time: 091 Restraint Used Stand Behavior: Please giv restraint Physical agreembers and proper threatened staff, Ra sprinklers, Rhit staff safetyDate & Time Received from MD D (9:22 a.m.), Date & Time Received from MD D (9:22 a.m.), Date & Time Received from MD D (9:20 a.m.), Date & Time Received from MD D (9:20 a.m.), Date & Time Received from MD D (9:20 a.m.), Date & Time Received from MD D (9:21 a.m.), Date & Time Of I Manual Reservation	set or is in danger of hurting, what interventions have a Identified: 8/12/2020, seep Breathing/Relaxation, ion), Calling a Friend, istening to Music" Intervention Justification 9/19/20 documented, a Actually Placed in Restraint at 1920 (9:20 a.m.), Date & Restraint Date: 9/19/2020 a.m.), Date & Time Restraint at 1920 (Doctor) Date: 8 (9:18 a.m.), Type of ding 2 person, Resident at 1920 (Pression towards staff ty R (Resident) push staff, tempted to set off fire members, R restrained for Chemical Restraint Order Date: 9/19/2020 Time: 0922 Time Nurse Actually cal Restraint: Date: 5 (9:25 a.m.), Medication zine/Benadryl, Dosage: ermuscular)Resident					
	0922 (9:22 a.m.) Giv Thorazine/Benadryl increased behaviora	ushing staff nursesTime: re Resident x (times) one dose now for I Dyscontrol" An order for a as received four minutes after					

CENTERS FOR MEDICARE & MEDICAID SERVICES

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B, WING				02/2020	
	ROVIDER OR SUPPLIER DIEGE TREATMENT CENTE	ER, INC		28	IREET ADDRESS, CITY, STATE, ZIP CODE 805 E ZION RD AYETTEVILLE, AR 72703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
N 126	The chemical restrain minutes after the client minutes after the client Documentation on the Intervention Justification the client was calm at restraint was administed on the client's Markey had been atterned in the physical restraint was administed ocumentation of the client to calm or the uninterventions before the chemical restraint. 5. Client #1 was administed commentation of the client to calm or the uninterventions before the chemical restraint. 5. Client #1 was administed administration of the client documentation. A Master Treatment Procumented, " What more difficult for the realroady upset? Some touching them or yelling triggers that will cause Date Identified: 8/14/1 uniform, Loud Noise, having personal space becomes upset or is in someone else, what in effective? Date Identification or yelling the commentation of the commentation of the procument of the procume	al restraint was received. It was administered five It was physically restrained. It was no entions for de-escalation It was read to be a chemical It was no entions for de-escalation It was no entions for a chemical It was no entioned to be a chemical It was no entioned to element of a chemical It was no entioned to element of a chemical It was no entioned to element of a chemical It was no entire to element of a chemical It was no entire to escalate? It was no en	N	126				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i			(X3) DATE S	.ETED
		04L117	B. WING			10/0	2/2020
NAME OF P	ROVIDER OR SUPPLIER	1		\$T	REET ADDRESS, CITY, STATE, ZIP CODE		
		110		28	05 E ZION RD		
PINEY RIE	OGE TREATMENT CENT	ER, INC		FA	AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
N 126	Continued From page	e 20	N	126			
	Note dated 9/11/20 d Time Actually Placed 09/11/2020 Time: 14: Removed from Restr 1430 (2:30 p.m.), Da Received from MD (I Time: 1422 (2:22 p.m.) Standing 2 person, F give detailed justifica was very aggressive hitting, punching staf safetyDate & Time Received from MD D (2:27 p.m.), Date & Time Received from MD D (2:27 p.m.), Date & Time Received from MD D (2:27 p.m.), Date & Time Received from MD D (2:27 p.m.), Restrain g (milligrams)/50 m (intermuscular)Res MonitoringTime Al Observation/Behavic [Calm/Quiet/Willing t An Emergency Safet Orders dated 9/11/20 (2:22 p.m.), Restrain minutes for being ag As evidenced by ste running into doors b A Physician's Order p.m., documented, " 50 mg IM Aggressive chemical restraint w the initiation of the p	25 (2:25 p.m.), Date & Time aint Date 09/11/2020 Time: te & Time Restraint Order Doctor) Date 09/11/2020 n.), Type of Restraint Used Resident Behavior: Please tion for restraint: Resident with peer and staff pushing of the with		The state of the s			

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04L117	B. WING				C 02/2020
NAME OF P	ROVIDER OR SUPPLIER	<u></u>			STREET ADDRESS, CITY, STATE, ZIP CODE		
				١,	2805 E ZION RD		
PINEY RID	OGE TREATMENT CENTE	ĒR, INC		1	FAYETTEVILLE, AR 72703		
	CULBRADYOT	ATELIENT OF OFFICIOUS		<u> </u>			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
N 126	Continued From page	⊋21	N	126	and accounts about		
	Documentation indica quiet, willing to talk at restraint was administ documentation interverselisted on the client's Meview had been attered in the physical restraint was administ documentation of the client to calm or the usinterventions before the chemical restraint. b. An Emergency Saft Progress Note dated 9 "Date & (and) Time. Date: 9/18/2020 Time Time Removed from Fime: 2107 (9:07 p.m. Order Received from 2103 (9:03 p.m.), Type Standing 2 person, Regive detailed justification repeatedly threatening liarrin to peers, R (Restoff momborDate & Stoff mombor	ated the client was calm, at the time the chemical tered. There was no entions for de-escalation Master Treatment Plan empted before being placed into the before a chemical tered. There was no attempt to allow time for the se of less restrictive the administration of a fety Intervention Justification 9/18/20 documented, Actually Placed in Restraint 2104 (9:04 p.m.), Date & Restraint Date: 9/18/2020 Time: the of Restraint Used the seident Behavior: Please ion for restraint: After gelopement and physical sident) attempted to attack a de Time Chemical Restraint	IX.	120			
	Nurse Actually Admini	6 (9:06 p.m.), Date & Time istered Chemical Restraint					
	Date: 9/18/2020 Time						
		red: Zyprexa/Benadryl,					
]		rams)/100 mg, Route IM					
Ī		ident Behavior at Time of	-				
	Release: CalmRestr						
		I/PM: 2107 (9:07 p.m.)					
		Code 15 [Exit Criterion			}		
	met, no longer a dang Assessment With RN	jerFace to Face (Registered Nurse) One					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C	
		04L117	B. WING				02/2020
	NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			281	REET ADDRESS, CITY, STATE, ZIP CODE 05 E ZION RD YETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE.
N 126	Hour From Initiation of Intervention) Event reaction to the intervention behavior: R (Resident laughing-bragging at An Emergency Safet Orders dated 9/18/20 (9:03 p.m.), Restrain minutes for assaultive videnced by attemp 2106 (9:06 p.m.) Giv 10/Benadryl 100 x (tincreased behavioral chemical restraint was the order for a physic chemical restraint was minutes after the initial Documentation on the Justification Progres was calm, exit criteriacepted the shot ar laughing-bragging at administration of the was no documentation of the digneration of the client was no documentation of a chemical restrait of a chemical restrait of a chemical restrait	Of ESI (Emergency Safety 2. Describe the resident ention and the resident's at) accepted shots, almost bout it" y Intervention Physician's 0 documented, "Time: 2103 resident for up to 30 e bx (behavior), As ting to attack staffTime: e Resident Zyprexa mes) one dose now for i Dyscontrol" An order for a as received 3 minutes after cal restraint was received. A as administered three iation of a physical restraint. The Emergency Safety s Note indicated the client on met, no longer a danger, and was "almost bout it" at the time of the chemical restraint. There on interventions for on the client's Master iew had been attempted in the physical restraint or estraint was administered. Inentation of the attempt to ent to calm or the use of less ons before the administration	N	126			
	Progress Note dated & (and) Time Actual	afety Intervention Justification i 9/19/20 documented, "Date ly Placed in Restraint Date: 08 (9:08 a.m.), Date & Time					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		04L117	B. WNG_	B, WING		C 10/02/2020	
	ROVIDER OR SUPPLIER DIEGE TREATMENT CENTE	ER, INC		STREET ADDRESS, CITY, STATE, ZIP CO 2805 E ZION RD FAYETTEVILLE, AR 72703	DE	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIA		(X5) COMPLETION DATE
N 126	Removed from Restra 0910 (9:10 a.m.), Dat Received from MD (D Time: 0900 (9:00 a.m.) give detailed justificat aggression towards s R (Resident) pushing staff, threatening staff towards staff and proyafetyDate & Time (Received from MD (D Time: 0905 (9:05 a.m.) Actually Administered 9/19/2020 Time: 0910 Administered: Thoraz 100/100 Resident Broadministered: Thoraz 100/100 a.m.) Restrain refor physical aggressic Give Resident Thoraz 100/100 mg x (tipic reased behavioral chemical restraint was an order for a physical placed in the physical the order for the physical the physical the order for the physical the physical the physical the physical the	aint Date: 9/19/2020 Time: e & Time Restraint Order loctor) Date: 9/19/2020 .). Type of Restraint Used esident Behavior: Please ion for restraint: Physical taff members and property. staff, punching staff, kicking f. Continued aggression perty. R restrained for Chemical Restraint Order loctor) Date: 9/19/2020 .), Date & Time Nurse Chemical Restraint Date 0 (9:10 a.m.), Medication ine/Benadryl Dosage: ehavior at Time of Release: Intervention Physician's documented, " Time 0900 esident for up to 30 minutes on Time: 0905 (9:05 a.m.), tine 100 mg (milligrams) mes) one dose now for Dyscontrol" An order for a s received five minutes after al restraint. The client was restraint three minutes after ical restraint was received raint was administered two sical restraint was initiated. entation interventions for	N				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
						С	
		04L117	B. WING			0/02/2020	
NAME OF P	ROVIDER OR SUPPLIER		Į	STREET ADDRESS, CITY, STATE, ZIP CODE			
DIMEN DIE	OF THE ATMENT CENT	ED INC	,	2805 E ZION RD		ļ	
PINETRIE	GE TREATMENT CENT	er, inc	***************************************	FAYETTEVILLE, AR 72703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(XS) COMPLETION DATE	
N 126	Continued From pag	e 24	N 12	26			
	, -	ent to calm or the use of less					
		ns before the administration					
	of a chemical restrain					ļ	
	_, _, _, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	noses of Posttraumatic					
	-	pecified, Disruptive Mood	Ì	Į			
		oined Type, and Attention					
		Disorder, Combined Type.					
			things of the state of the stat				
	The Master Treatme		l				
	,	lent becomes upset or is in					
		f or someone else, what					
	§ .	een effective." Voluntary					
)	om, Pacing the Halls, and	İ				
	exercise where the i	nterventions marked.					
	a An Emergency Sa	afety Intervention Justification	}				
		ate and (&) Time Actually					
	I .	Date: 9/13/2020 Time: 1617					
	1	ed from Restraint Date:					
	9/13/2020 Time: 162	20 Date & Time Restraint					
	Order Received fron	n Medical Doctor (MD) Date:					
	9/13/2020 Time 161	5 Date & Time Chemical	1				
	Restraint Order Rec	eived from MD Date					
		8 Date & Time Nurse Actually	Ļ				
	T	ical Restraint Date: 9/13/2020					
	Time 1618 Date & T	•				- 1	
		ical Restraint Date: 9/13/2020					
	1	ion Administered: Zyprexa/		-			
		0 milligrams (mg)/ 100 mg					
	3	r (IM) Resident behavior at		ļ			
	1	m 1620 Observation/ The form documented the					
	-0.1					ļ	
1		vior of 15 documented in the ior Code at 1620, the same					
İ	•	nented the chemical restraint					
		rion met, no longer a danger."					
1		minute documented between					
		t was placed in a restraint and		**			
		as obtained for a chemical					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B. WNG				C 02/2020
NAME OF P	ROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, STATE, ZIP CODE	10/	UZIZUZU
PINEY RID	OGE TREATMENT CENTE	ER, INC			805 E ZION RD CAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 126	Continued From page restraint. An Emergency Safety Order's form document 1615 Restrain resider assaultive behavior (b. Resident (R) attempti bust through unit door (c) staff upon restraint Date 9/13/2020 Time 10 / Benadryl 100 X obehavioral dyscontrol documented between restraint was obtained the chemical restraint A Nursing Progress N 9/13/2020 1617 While upset with this resider free time tote because "flicked a hornet" at the total different unit and through unit doors to stood in front of the unredirect, the resident laggressive with the nesafety per Medical Do During restraint, resid kick staff to get to the	Intervention Physician's need, "Date: 9/13/2020 Time at for up to 30 minutes for exit for up to 30 minutes for exit for up to 30 minutes for exit for up to 30 minutes for exit for up to 30 minutes for exit for exit for up to 30 minutes to 1/2 physical aggression with the state of the exit for exit for exit for exit for the exit for the exit for the exit for the exit for		126	DEFICIENCY)	NC.	
	b. An Emergency Safe Progress Note docum Placed in Restraint Da Date & Time Remove	per MD order at 1620." ety Intervention Justification lented,"Date & Time Actually ate: 9/27/2020 Time: 1856 d from Restraint Date: Date & Time Restraint		;			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		04L117	8. WING_			C 0/02/2020		
NAME OF P	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	······································	010212020		
PINEY RII	DGE TREATMENT CE	NTER, INC	1	2805 E ZION RD FAYETTEVILLE, AR 72703				
(X4) 1D PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
N 126	Order Received from 1857 Date & Tim Received from ME Date & Time Restrain Medication Adminibendryl Dosage: 1 Resident Behavior cooperative." Their documented from placed in a restrain obtained for a che An Emergency Sa Orders documente Restrain resident aggression/ prope evidenced by assendangering peer Resident 10 mg Z X one dose now for Dyscontrol." Their documented between the treatment and the company of the treatment of the same strain and the company of the treatment of the same strained for safer received at 1857. Toom to remove the Resident appeares scream and breal 10 mg Zyprexa IM now received from Administered at 1	om MD Date: 9/27/2020 Time: the Chemical Restraint Order to Date: 9/27/2020 Time: 1858 to Actually Administered at Date: 9/27/2020 Time 1904 stered: 10 mg Zyprexa/ 100 mg 0 mg/10 mg Route IM at time of Release: calm/ the were only 2 minutes the time the resident was mical restraint. If the time an order was mical restraint. If the yintervention Physician's the determinant of the minutes for the destruction / self harm as the aulting staff, destroying bed, is Date 9/27/2020 Time 1857 for up to 30 minutes for the destruction / self harm as the aulting staff, destroying bed, is Date 9/27/2020 1858 Give the syrexa IM / 100 mg Benadryl IM for increased behavioral the was only one minute the order for the chemical restraint. In Self the Commented, the seldent and peers in dayroom and began to verbally antagonize charged at staff and was the staff and was the staff and was the seldent escorted to quiet im from area with peers. The seldent the defendent of the chemical for for the free from restraint. Order for the seldent and Benadryl 100 mg in on call MD ay 1858.	N 1	126				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. BUILDIN			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		04L117	B. WING_			1	C 10/02/2020	
NAME OF PI	ROVIDER OR SUPPLIER			8.	TREET ADDRESS, CITY, STATE, ZIP CODE			
PINEY RIC	OGE TREATMENT CENTE	ER, INC			805 E ZION RD AYETTEVILLE, AR 72703			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
N 126	Continued From page	÷ 27	N.	126				
		er, Unspecified Trauma and order, and Unspecified						
	danger of hurting self interventions have be timeout in quiet room, talking to another resi writing in journal, deep down with cold face c watching TV, pacing t	t Plan Review ont becomes upset or is in or someone else, what en effective?" Voluntary sitting by nurse's station, dent, talking with male staff, p breathing/ relaxation, lying loth, wrapping in a blanket, he halls, exercise, drawing, were interventions checked		100 mm m m m m m m m m m m m m m m m m m				
	Progress Note docum Placed in Restraint Da 0803 #2 0854 Date & Restraint Date 9/13/20 Date & Time Restrain Date: 9/13/2020 Time Time Actually Placed 9/13/2020 Time: 0806 Placed in Seclusion D Date & Time Seclusion Date: 9/13/2020 Time Chemical Restraint O Date: 9/13/2020 Time Actually Administered 9/13/2020 Time: 0856 Time of Release: Calin Behavior Code 14, 15 corresponding behavi the form documented given, of 14 as "Calinas "Exit Criterion met,	020 Time; #1 0806 #2 0856 t Order Received from MD :: #1 0805 #2 0853 Date & in Seclusion Date; b Date & Time Actually cate: 9/13/2020 Time; 0827 in Order Recelved from MD						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		04L117	B. WING		400	02/2020		
NAME OF P	ROVIDER OR SUPPLIER	V72177		STREET ADDRESS, CITY, STATE, ZIP CO	<u></u>	UZIZUZU		
HAME OF F	NOVIDEN ON OUR PERM			2805 E ZION RD	-			
PINEY RID	GE TREATMENT CE	NTER, INC	FAYETTEVILLE, AR 72703					
				•				
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
N 126	Continued From p	age 28	N 12	26				
	•	estraint for Time #2 and the time		1				
	,	lined for a chemical restraint.						
	An Emergency Sa	ifety Intervention Physician						
		ented,"Date 9/13/2020 Time	l					
•	0853 Give Reside	nt Zyprexa/ Benadryl X one	***					
	dose now for incre	eased behavioral Dyscontrol."	1					
	There was no ord	er observed on the form for a						
	second restraint.					<u> </u>		
	A Nursing Progres	ss Note documented,"9/13/2020		i i				
		t was in the cafeteria and						
	walked over to a	peer and pushed him to the						
	•	ent slapped the peer across the						
		ed to kick the peer. Staff						
	members stepped	between the residents. The	Ì					
	resident refused a	attempts to redirect behavior.						
	The resident cont	inued to be aggressive towards		3 				
		ident was restrained for safety						
	f '	at 0803. The resident						
		sion towards staff members.						
		placed in seclusion at 0806 per						
	1	sident became calm and was						
		clusion at 0827. At 0850, the	-	*				
		escalated and aggressive						
		nbers. The resident climbed	months and the second					
		dayroom and refused to come members approached the	***************************************	L				
		nembers approached the bed, kicked and hit the staff						
		umerous attempts to redirect		1				
	1	navior, the resident continued to						
		staff members. The resident						
	1 *	r safety per Dr.'s order at 0853.						
	1	ame aggressive towards staff						
		estrained. The resident refused						
	I.	down. The resident was given a		ļ				
	1 7	t per Dr.'s order at 0856 for						
Ì		ntrol. The resident was given						
	Zyprexa 10 mg a	nd Benadryl 50 mg via						

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				_		(
		04L117	B. WING			10/	02/2020
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
DINEY DIE	OC TOCATRICUT OCNIT	ED INC		2	2805 E ZION RD		
PINETRIL	GE TREATMENT CENTE	er, inc		F	AYETTEVILLE, AR 72703		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFI		(EACH CORRECTIVE ACTION SHOULD 8 CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE
IAG	THE OBSTORT OF T	SO DEATH THO BY CHIEATON	IAG		DEFICIENCY)		
					1		
N 126	Continued From page	29	N.	126			
	intramuscular injection				1		
	released from the res				1		
		ety Intervention Justification					
		ented,"Date & Time Actually					
		20/2020 Time 1130 Date &					
		Restraint 9/20/2020 at 1134 t Order Received from MD					
), , ,Date & Time Chemical					į
	Restraint Order Rece						ĺ
		Date & Time Nurse Actually					
		al Restraint 9/20/2020 1134			}		
	Medication Administe	red: Zyprexa/ Benadryl			4		
	Dosage 10 mg/ 50 mg				TOTAL PARTY OF THE		
	Behavior at Time of R						
		lehavioral Code 1134 12."			**************************************		
;	The form documented	· -					
	behavior at 1134, the	e same time the form nical restraint was given, of					
		here was only one minute	1				•
		the time the client was]		
		ind the time an order was					
	obtained for a chemic				1		
		/ Intervention Physician's					
		nted,"Date 9/20/2020 Time nt for up to 30 minutes for					
		yscontrol Date 9/20/2020					
	Time 1131 Give Resid						
İ		e dose now for increased					
;		I." There was only one					
		etween the time for the					
	order for the restraint	and the order for the					
;	chemical restraint.						
	o An Engage	atribanantan besteration					
		ety Intervention Justification rented,"Date & Time Actually					
		/23/2020 Time 1845 Date &					
		Restraint Date 9/23/2020					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDI				.	
		04L117	B. WING		A ANNA PARA PROPERTY AND A STATE OF THE STAT		02/2020	
	ROVIDER OR SUPPLIER DGE TREATMENT CEN	ITER, INC		280	EET ADDRESS, CITY, STATE, ZIP CODE 5 E ZION RD /ETTEVILLE, AR 72703			
				FAI				
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	8E	(X5) COMPLETION DATE	
N 126	Time 1848 Date & Received from MD & Time Chemical F MD Date: 9/23/202 Nurse Actually Adn 9/23/2020 1848 Mc Zyprexa/ Benadryl IMResident Benadryl The form document behavior at 1848, documented the cl 15 as "Exit Criterio	age 30 Time Restraint Order 9/23/2020 Time: 1844 Date Restraint Order Received from 0 Time 1846 Date & Time ninistered Chemical Restraint edication Administered: Dosge: 10 mg/ 100 mg Route avior at Time of Release: n/ Behavior Code 1848 15." Ited the corresponding the same time the form nemical restraint was given, of n met, no longer a danger." e minute documented between	N	126			*	
	the time the client	e minute documented between was placed in a restraint and vas obtained for a chemical						
	Orders form docun Restrain resident f minutes Date 9/2 Zyprexa/ Benadryl increased behavio minutes document	fety Intervention Physician's mented, "Date 9/23/2020 1844 or up to 30 minutes for up to 30 23/1010 1846 Give Resident 100 X one dose now for ral control." There was only 2 ed between the time the order d the order for the chemical		And the second s				
	9/23/2020 1845 The walls in the dayroot and walking on the Resident then campoured an entire by When the staff into the bottle of soap began slapping and ran in to a peer's results.	s Note documented," his resident began to climb the om, sitting in the water fountain, e chairs during hygiene time. he out of the dayroom and ottle of soap on the carpet. ervened and attempted to take from resident, the resident then d punching staff. Resident then oom and went went under a htervened and resident then						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		04L117	B. WING			1	C 10/02/2020	
	ROVIDER OR SUPPLIER DGE TREATMENT CENTI	ER, INC	•	STREET ADDRESS, CITY, STATE, Z 2805 E ZION RD FAYETTEVILLE, AR 72703	IP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD B TO THE APPROPRIA		(X5) COMPLETION DATE	
N 126	when redirecting resipeer's bed. Restraine 1845. Resident continuation of the restraine order obtained to give Benadryl 100 mg IM behavioral dyscontrol 8. Client #7 had diagnosegregation Disorder of the Master Treatmer resident becomes upself or someone else, been effective?" Sittinualized behavioral dyscontrol of the Master Treatmer resident becomes upself or someone else, been effective?" Sittinualized behavioral diagnosed of the Master Treatmer resident becomes upself or someone else, been effective?" Sittinualized of Another Real Relaxation, Calling a Music were the interviorm. a. An Emergency Saturd of the Removed from Time: 1648 Date & Time Removed from Time: 1648 Date & Time Chemical Restraint 9/14/2020 Time 1648 Ypres/ Beady Dosage IBMResident Behavioral restraint seriors of the progress of the polytalization of the polytalization of the period o	ching, and kicking at staff dent out from under the def for safety per MD order at nued to shove, fight, and kick int and refused all staff ate. MD notified and new a resident Zyprexa 10 mg/ X1 dose now related to (r/t) at 1848." Inoses of Disruptive Mood der, Other Specific Trauma r (complex trauma,), and eractivity In Plan documented, "If set or is in danger of hurting what interventions have no by the Nurse's Station, esident, Deep Breathing/friend, and Listening to rentions checked on the fiety Intervention Justification mented, "Date & Time Actually (14/2020 Time:1645 Date & Restraint Date: 9/14/2020 me Restraint Order ate 9/14/2020 1643 Date & aint Order Received from 1645 Date & Time Nurse if Chemical Restraint Date: Medication Administered:	N	126				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		04L117	B. WING		C 10/02/2020
	ROVIDER OR SUPPLIER DGE TREATMENT CE	NTER, INC	2	TREET ADDRESS, CITY, STATE, ZIP CODE 805 E ZION RD PAYETTEVILLE, AR 72703	
(X4) ID PREFIX TAG	(EACH DEFICE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
N 126	The form docume behavior at 1648, documented the control of the co	nted the corresponding the same time the form hemical restraint was given, of t/Willing to talk" and of 15 as t, no longer a danger." The notemented when the resident estraint and the time an order a chemical restraint. afety Intervention Physician's mented,"Date: 9/14/2020 Time: hident for up to 30 minutes for erry destructionDate: live Resident Ypres 10 mg/ one dose now for increased introl." There was only 2 minutes he order for a restraint and the	N 126		
	1645 Resident in Resident became pushing and show peer. Staff attempresident and peer apart the wall and down. Resident of the continued to fight staff. Resident or Zyprexa IM X 1 n now ordered by the 1648 for behavior b. An Emergency Note documented in Restraint Date Time Removed from 0830 Date of the continued to the things of the continued for the things of the continued for the conti	annex building with staff. upset with a peer and began ing against staff to get to the oted to stand in between Resident then began to pull I pull wires and an exit sign estrained for safety and staff AEB hitting and kicking table to de-escalate and 10 mg ow and 100 mg Benadryl IM X 1 the physician and administered at			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04L117	B. WING			•	
NAME OF F	ROVIDER OR SUPPLIER	VILII	15.11.110		STREET ADDRESS, CITY, STATE, ZIP CODE	10/	02/2020
PINEY RII	OGE TREATMENT CENTE	ER, INC		•	2805 E ZION RD FAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHOULD		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 126	Chemical Restraint O Date 9/19/2020 Time Actually Administered 9/19/2020 Time: 0830 Thorazine/ Benadryl I Route: IMResident I Release: R calm 08 Code 15." The form of corresponding behavior the form documented given, of 15 as "Exit Codanger." An Emergency Safety Orders form documen 0810 Restrain resident Cont. unsafe bx Date resident Thorazine 50 one dose now for increduced processor of the Master Treatment of the Master Treatment documented, "If reside danger of hurting self interventions have been Another Resident, Tal the Halls, Talking with Friend, Exercise, Drawwere the interventions a. An Emergency Safety Progress Note documented of the commented rder Received from MD 0817 Date & Time Nurse Chemical Restraint Date: Medication Administered: Dosage: 50mg/100 mg Behavior at Time of 30 Observation/ Behavior locumented the or at 0830, the same time the chemical restraint was criterion met, no longer a Intervention Physician's ted,"Date 9/19/2020 Time: of for up to 30 minutes for e 9/19.2020 0817 Give mg/ Benadryl 100 mg X eased behavioral as only 7 minutes from the ordered until the time the ordered. agnosis of Unspecified Related Disorder. t.Plan Review nt becomes upset or is in or someone else, what en effective?" Talking to king with Male Staff, Pacing Female Staff, Calling a ving, and Listening to Music checked on the form. ety Intervention Justification ented,"Date & Time Actually ate: 9/20/2020 Time: 1100	2	126				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER:	(X2) MUL' A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04L117	B. WING		_	10/0)2/2020
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10.0	7212020
PINEY RID	GE TREATMENT CENTE	ER, INC			805 E ZION RD AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
N 126	Order Received from 1058Date & Time Order Received from MD Date & Time Nurse A Chemical Restraint D Medication Administe Dosage: 100 mg/ 100 Time of Release: Call Behavior Code 14, 15 corresponding behave the form documented given, of 14 as "Calm/ 15 as "Exit Criterion or There was only 1 mindocumented that the restraint and the time restraint was obtained An Emergency Safety Orders form documented 1058 Restrain resides property damage/ phy 9/20/2020 Time: 110-100/ Benadryl 100 X behavioral Dyscontrod documented from the restraint was obtained chemical restraint was obtained chemical restraint was obtained chemical restraint was obtained chemical restraint was obtained chemical restraint was obtained chemical restraint was Restrained for safety Restrained for safety	2 Date & Time Restraint MD 9/20/2020 Time: Chemical Restraint Order ate: 9/20/2020 Time: 1101 ctually Administered ate: 9/20/2020 Time 11:02 ate: 9/20/2020 Time 11:02 ate: 9/20/2020 Time 11:02 ate: 9/20/2020 Time 11:02 ate: 9/20/2020 Time 11:02 ate: 9/20/2020 Time 11:02 ate: 102 at	X	126	DETIGENOT)		
	and began shoving s de-escalate despite a and resident given Ti	taff. Resident refused to all staff attempts. MD notified horazine 100 mg/ Benadryl now r/t behavioral dyscontrol					***************************************

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04L117	B. WING			1011	02/2020
NAME OF P	ROVIDER OR SUPPLIER	O-ICIT(1		STREET ADDRESS, CITY, STATE, ZIP CODE	10/0	1212020
	OGE TREATMENT CENTE	ER, INC		2	805 E ZION RD FAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
N 126	Trauma and Stressor Intellectual Disability, The Master Treatmen "If resident becomes in hurting self or someon have been effective?" Resident, Lying Down Calling a friend, and Cards, playing video of checked on the form. a. An Emergency Saf Progress Note docum Placed in Restraint "Date & Time Remove 9/3/2020 Time: 1820 Order Received from MD Date & Time Nurse All Chemical Restraint Deate & Time Nurse All Chemical Restraint Deate & Time Nurse All Chemical Restraint Deate & Time of Received from documental Time of Received from documental time of Received from documental time of Received from documental from the chemical Restraint Deate & Time of Received from documental from documental from the chemical	ignoses of Unspecified Related Disorder and Mild. It Plan Review documented, upset or is in danger of the else, what interventions It Talking to Another the with Cold Face Cloth, Other: chew gum, play pames were interventions Tety Intervention Justification thented, Date & Time Actually Otate: 9/3/2020 Time: 1815 of from Restraint Date: Date & Time Restraint MD Date: 9/3/2020 Time: Chemical Restraint Order tate: 9/3/2020 Time: 1818 ctually Administered tate: 9/3/2020 Time: 1820 tred: Zyprexa/ Benadryl g Route: IMRosidont telease: Calm and getting tion/ Behavior Code 11, 14, tented the corresponding	N	126			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/16/2020 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING_ C B. WING 04L117 10/02/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2805 F ZION RD PINEY RIDGE TREATMENT CENTER, INC **FAYETTEVILLE, AR 72703** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY N 126 Continued From page 36 N 126 An Emergency Safety Intervention Physicians Orders form documented, "Date: 9/3/2020 Time 1813 Restrain resident for up to 30 minutes for property damage... Date: 9/3/2020 Time 1818 Give Resident Zyprexa 10 mg/ Benadryl 50 mg X one dose now for increased behavioral Dyscontrol," There was only five minutes documented between the time the restraint order was obtained and the time the order for the chemical restraint was obtained. 11. On 10/1/20 at 11:02 a.m., Licensed Clinical Social Worker #1 was asked, when a client has escalation in behavior, what should the staff do? She stated, "Remove clients from situation, try to isolate the Kido who is acting up, have the staff process with the Kido, which includes things like what do you need at this moment, offer to see if therapist is available. If not find a staff they feel conformable, connected with to help with that processing." The Social Worker was asked. when should a restraint be used? She stated, "A restraint should never be used except in a dire emergency, as a last resort and used for the child's safety." The Social Worker was asked, is this a physical restraint? She stated, "Yes, we should never put our hands on anybody unless they are a danger to theirselves, someone else and then that should be announced such as telling them, you need to calm down example, hey Kido if you can't get you to calm, we are going to have to come and help you calm down." What happens after you have to restrain them? She stated, "I would continue to have a dialogue with them, such as if they say 'let me go, let me go', then I would say alright if I let you go will you calm down? If the Kido could not calm nursing should get involved then nursing would assess the next step whether it's seclusion or chemical

	PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	04L117	B. WING				3210000	
NAME OF PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	10/	02/2020	
PINEY RIDGE TREATMENT CENTER, IN	ic .		2805 E ZION RD FAYETTEVILLE, AR 72703				
PREFIX (EACH DEFICIENCY MUST	DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVATION TAG CROSS-REFERENCE			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(XS) COMPLETION DATE	
N 126 Continued From page 37 restraint." The Social Workshould a chemical restraint "I'm with the thought proceshould be the last, last, last 12. On 10/1/20 at 11:28 a.r. asked, when should a chemical resort." Therapist #1, a Memore people, that should resort." Therapist #1, a Memore people, that should resort." Therapist #1, a Memore people, that should resort." Therapist #1, a Memore people, that should resort." Therapist #1, a Memore people, that should resort." Therapist #1, a Memore people, that should resort." Therapist #1, a Memore people, that should resort." Therapist #1, a Memore people, that should resort." Therapist #1, a Memore people, that should resort. I would definitely because three minutes does rest and begin to calm does (Crisis Prevention Intervention being done, but it is heavy not feel like they are heavy not feel like they are heavy 13. On 10/6/20 at 9:38 a.m. Nursing) was asked, when restroint order how is that of "They come in once a weel three times a week, it just to come in immediately." The they, the Doctors, see the lorder? She stated, "They at they are seen. If they are just they are seen. If they are just a consult, like if they are seen. If they are just a consult, like if they are seen. If they are just a consult, like if they are seen. If they are just a consult, like if they are seen. If they are just a consult, like if they are seen. If they are just a consult, like if they are seen. If they are just a consult, like if they are seen. If they are just a consult, like if they are seen. If they are just a consult, like if they are seen. If they are just a consult, like if they are seen. If they are just a consult, like if they are seen. If they are just a consult, like if they are seen. If they are just a consult, like if they are seen. If they are just a consult, like if they are seen. If they are just a consult, like if they are seen. If they are just a consult a consult a consult a consult a consult a consult a consult a consult a consult a consult a consult a consult a con	the used? She stated, as of it shouldn't. That it resort." Im., Therapist #1 was mical restraint be ent danger to the child did be used as a last ental Health hould a chemical ree minutes of the rained? She stated, short end five say that is too soon, esn't give them time to wnWe have CPI tion) training that is on restraints and I do on de-escalation." In, the DON (Director of the Doctor signs a done? She stated, k and some come in depends. They don't be DON was asked do kids when they sign the are seeing them I was asked, how do no? She stated, "if the someone gets hurt ust restrained and not necessarily see those did they don't see those did they don't see those did when do they e stated, "When they at Plan review. All the	N	126				

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED				
						C	
		04L117	B. WING			2/2020	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	S	FREET ADDRESS, CITY, STATE, ZIP CODE		
BILLEY DV	OF THE LTHELT OF LET	TO INC		28	805 E ZION RD		
PINEY RIL	GE TREATMENT CENT	:R, INC		F/	AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG				x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
N 126	Reviews). When it's MTPRs they go over infractions, activities, are any adjustments. Doctor, therapist, nur to the meeting, it's all They sit in front of the how are you doing, he meds (medications), change." The DON v they done? She state twenty-one days and twenty-eight days." The about once "Yes." The DON was frequent chemical resubout once a month? 14. The facility Policy Intervention, received Director on 9/28/20 a "1. Purpose: To proimplementing the the seclusionIII. Definiting the administration of medication only by the or approved physicia adjunct to any previous Chemical restraint is resolve an emergency severe out of control psychosis which is like resident, or other resmedications are to be or approved physicia possible doses necestive.	all the restraints, any medications to see if there that need to be done. The se and the children come in over telemed right now. computer, the doctor asks ow do you fee about your is there anything we need to vas asked, how often are ed, "[State] is every every other state is The DON was asked, they a month? She stated, asked, if the child is having straints, they address that She stated, "Yes." on Emergency Safety if from the Medical Records to 10:05 a.m., documented, vide Guidelines for rapeutic use of restraint and tions. A. Chemical Restraint: a one-time psychotropic the order of a staff physician on extender to act as an usly prescribed treatment. a crisis intervention used to they safety situation to contain behavior, exacerbation of tely to cause harm to the	N N	126			
	intended goal shall n						

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FUR MEDICARE &	MEDICAID SEKVICES				CIVID NO	<i>i.</i> 0930-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		04L117	B, WING				02/2020	
MAME OF D	ROVIDER OR SUPPLIER		J		TREET ADDRESS, CITY, STATE, ZIP CODE	1 101	UZ/ZUZU	
TO WILL OF T	NOTICE ON CONTENT			ł				
PINEY RIE	GE TREATMENT CENTE	ER, INC			805 E ZION RD			
		· · · · · · · · · · · · · · · · · · ·		F	AYETTEVILLE, AR 72703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
N 126	Continued From page	. 30	,	400				
14 120	,		l N	126	**************************************	ļ		
		ot be used as a convenience						
	for staff. It shall be ut	- •						
	assessment of the Ph	-			4			
		he use of physical force	1		1			
	could be potentially m	ed goal should be to prevent						
		or other residents or staff						
		ent the ability to process						
		s to meet his or her specific						
		e: A. Physical Restraint and						
	Seclusion Justification							
		estraint, or physical restraint						
	a clinical assessment	- •						
	physician, approved p	ohysician extender, or						
j		Registered Nurse) trained in						
	the use of emergency	safety interventions.						
	Alternative approache							
		n from stimulus, processing						
		mber, and encouraging						
	· ·	er environment should be						
		al Restraint and Seclusion	1					
	Orders:6. All less re							
		use of seclusion, physical						
		restraint will be documented						
	such as: a. emphasis							
		f anger with a staff member. em in a one-on-one meeting						
		ion from person contributing						
	The state of the s	e aggression or escalating						
	~	is on responsibility for one's						
		fication of Registered Nurse						
		d Medical Director: 1. The						
		st notify the Medical Director						
		f there are two (2) or more						
}		sion or physical restraint	-					
	within a (12) hour per							
		uations and take actions as						
		. Physical Restraint and						
	Seclusion Evaluation							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) IDENTIFICATION NUMBER: A. BI			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
				_		С с		
		04L117	B. WING_					
	ROVIDER OR SUPPLIER IGE TREATMENT CENTE	ER, INC		28	TREET ADDRESS, CITY, STATE, ZIP CODE 105 E ZION RD AYETTEVILLE, AR 72703			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
N 126	Improvement Activitie or designee will revier restraint, physical res and will investigate un patterns. 2. As part of Whole meetings, the and Infection Control use of physical restramonth to assess way and cultural environm restraint and seclusio appropriate and adec As part of the Committhe Performance Improvement and Infection of the Performance Improvement (a) The Committer Performance Improvement (b) The Committer Performance Improvement (c) Under Section (c) Under Improvement (c) Under no circuit residents ages 18 to	es: 1. The Director of Nursing we each use of chemical straint, and/or seclusion daily nusual or unwarranted of the Committee of the Safety, Risk Management, Committee will review the sint and seclusion each in which to create a social ment which limits physical in use to clinically quately justified situations. 3. Sittee of the Whole meetings, provement Committee shall rry Work Groups to address terms of use and work of seclusion and physical OF RESTRAINT OR		126				
	Based on record rev failed to ensure there of restraint and/or se (Client #3) of 13 sam	ot met as evidenced by: view and interview, the facility e was an active order for use eclusion procedure for one upled residents (Resident 1 - upled or secluded. The	444					

~-/41 to 1		INEDIO NO OCIVATOCO				CHILD IA	3.0000-0001
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY PLETED
							С
		04L117	B. WING			10	/02/2020
NAME OF P	ROVIDER OR SUPPLIER			[]	STREET ADDRESS, CITY, STATE, ZIP CODE		
PINEY RID	DGE TREATMENT CENTE	ER, INC		1	2805 E ZION RD		
					FAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE A DEFICIENCY)		DULD BE COMPLETION	
N 144	Continued From page	- 41	N	144	4		
	Dysregulation Disorde	noses of Disruptive Mood er, Unspecified Trauma and order, and Unspecified					
	the cafeteria and wall	20 0803 The resident was in sed over to a peer and					Annual plants in the control of the
		ound. The resident slapped eck and attempted to kick					
	the peer. Staff membe	ers stepped between the					
	residents. The resider	nt refused attempts to e resident continued to be					
		ne peer. The resident was					
	restrained for safety p	er [Doctor] order at 0803.					
		d aggression towards staff nt was placed in seclusion					
		r. The resident became					
		ed from seclusion at 0827.					
		again be escalated and					
		taff members. The resident	***************************************				
;		the dayroom and refused staff members approached	Ì				
		ed, kicked and hit the staff					
	·	rous attempts to redirect					
		or, the resident continued to					
		f members. The resident					
		ety per Dr.'s order at 0853."					
:	h An Emergency Sef	ety Intervention Justification					
		ented,"Date & Time Actually					
	· –	ate: 9/13/2020 Time: #1					
	0803 #2 0854 Date &						
	Restraint Date 9/13/2	020 Time: #1 0806 #2 0856					
•	Date & Time Restrain	t Order Received from MD	1				
	Date: 9/13/2020 Time	: #1 0805 #2 0853 Date					
:	& Time Actually Place						
	9/13/2020 Time: 0808	Date & Time Actually					}

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		04L117	B. WING		C /02/2020		
	ROVIDER OR SUPPLIER DGE TREATMENT CENTE	ER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		011020	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORREC X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
N 144	Placed in Seclusion I Date & Time Seclusion Date: 9/13/2020 Time c. An Emergency Saf Orders form dated 9/9/13/20 Time: 0805 F minutes for physical a order expired at 0835 not obtained for the red. On 9/28/20, during was no documentation a second restraint for e. On 9/30/20 at 1:35 asked, is there a separand chemical restraint	Date: 9/13/2020 Time: 0827 on Order Received from MD o: 0807" ety Intervention Physicians 13/20 documented, "Date: destrain resident for up to 30 aggression" This physician order was destraint use at 0854. clinical record review, there of a Physician's Order for	N				

	,	

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	Provider/Supplier 1	Provider/Supplier Name						
04L117	PINEY RIDGE 7	PINEY RIDGE TREATMENT CENTER, INC						
Type of Survey (select all that apply)	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 J K L	Recertification Sanctions/Hearing State License CHOW				
Extent of Survey (select all that apply) D	A Routine/Standard Survey (all pro B Extended Survey (HHA or Long C Partial Extended Survey (HHA) D Other Survey	11 /						

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)
Team Leader ID								
1. 30283	09/27/2020	10/02/2020	0.50	3.00	32.50	0.00	4.75	23.25
2. 21299	09/27/2020	09/29/2020	0.50	3.00	12.25	0.00	4.00	18.00
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours	1.50	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

FORM CMS-670 (12-91) EventID: O2DW11 Facility ID: 3016 Page





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 HUMANSERVICES.ARKANSAS.GOV

December 2, 2020

Bradley McDaris, Administrator Piney Ridge Treatment Center, Inc 2805 E Zion Rd Fayetteville, AR 72703

Dear Mr. McDaris:

During the Follow-Up/revisit survey conducted on November 23, 2020, your facility was found to be in compliance with program requirements. Your certification remains in effect unless terminated due to non-compliance with program requirements or voluntary withdrawal from the program. A CMS 2567 is enclosed, indicating your facility's compliance status. Please sign and date the 2567 and fax to Amanda M Smith at (501) 682-6159 or email to amanda.m.smith @dhs.arkansas.gov as soon as possible.

If you have any questions please contact your reviewer at 501-320-3963.

Sincerely,

RN Manager

DPSQA/Office of Long Term Care Survey and Certification Section

manda mesmill

ams

PRINTED: 12/02/2020 FORM APPROVED OMB NO. 0938-0391

` '		IDENTIFICATION NUMBER		TIPLE CONS	(X3) DATE SURVEY COMPLETED			
		04L117	B. WING				R-C 11/23/2020	
NAME OF P	ROVIDER OR SUPPLIER		1	STREET	ADDRESS, CITY, STATE, ZIP CODE	1 11/	23/2020	
				2805 E	ZION RD			
PINEY RIC	OGE TREATMENT CENT	ER, INC		FAYET	TEVILLE, AR 72703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{N 000}	Initial Comments		{N 0	00}				
	is an official, legal do remain unchanged excorrection, correction space. Any discrepar citation(s) will be reproffice (RO) for referral Inspector General (Oinformation is inadve provider/supplier, the should be notified im A revisit was conduct for all deficiencies cit deficiencies have been	erich (S) for possible fraud. If rently changed by the estate Survey Agency (SA) mediately. Ited on November 23, 2020 and on October 2, 2020. All en corrected, and no new found. The facility is in						
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.