



Division of Provider Services and Quality Assurance
Office of Long Term Care
PO Box 8059, Slot S404
Little Rock, AR 72203-8059
Fax: 501-682-6159



October 23, 2019

Adrienne Catalina, Administrator
Piney Ridge Treatment Center, Inc
2805 E Zion Rd
Fayetteville, AR 72703

Dear Ms. Catalina:

On October 11, 2019 a Complaint survey was conducted at your facility by the Office of Long Term Care to determine if your facility was in compliance with Federal requirements for Psychiatric Residential Treatment Facilities participating in the Medicaid (Title XIX) Program. This survey found that your facility had deficiencies requiring correction/substantial correction prior to a revisit as specified in the attached CMS-2567.

Plan of Correction

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

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

Your Plan of Correction must also include the following:

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

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

Informal Dispute Resolution

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

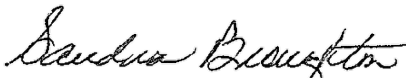
An incomplete informal dispute resolution procedure will not delay the effective date of any enforcement action. Informal dispute resolution in no way is to be construed as a formal evidentiary hearing. It is an informal administrative process to discuss the findings.

Please submit your request to:

Becky Bennett, Section Chief
Health Facility Services
Arkansas Department of Health
5800 West 10th Street, Suite 400
Little Rock, AR 72204
Fax (501) 661-2165

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

Sincerely,



Sandra Broughton, DHS Program Administrator
Office of Long Term Care
Survey & Certification Section

sgb

cc: DRA
file

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

PRINTED: 10/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2019
NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
N 000	Initial Comments Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. A Complaint investigation was conducted from 10/8/19 through 10/11/19. Complaint # AR00023618, was substantiated, all or in part, with deficiencies cited at N0131 and N0209. The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center	N 000			
N 131	PROTECTION OF RESIDENTS CFR(s): 483.356(a)(4) Restraint and seclusion must not be used simultaneously. This ELEMENT is not met as evidenced by: Complaint #AR00023618, was substantiated, all or in part, in these findings. Based on record review and interviews, the	N 131			

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

TITLE

(X6) DATE

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

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N 131	<p>Continued From page 1</p> <p>facility failed to ensure a chemical restraint and seclusion were not used simultaneously used to assure the safety of 9 of 9 (Resident #1, #2, #3, #4, #6, #7, #8, #9, and #10) case mix residents who were chemically restrained while in seclusion. The findings are:</p> <p>1. Resident #1 had diagnoses of Disruptive Mood Dysregulation Disorder, Posttraumatic Stress Disorder, Attention Deficit Hyperactivity Disorder and Reactive Attachment Disorder.</p> <p>a. Emergency Safety Intervention Justification Progress Note had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ...Date and Time Actually Placed in Restraint Date: 9/10/19 Time: 1225 [12:25 p.m.] Date & [and] Time Removed from Restraint Date: 9/10/19 Time: 1236 [12:36 p.m. Date & Time Restraint Order Received form MD [Medical Doctor] Date: 9/10/19 Time: 1225 [12:25 p.m.] ... Resident Behavior... Aggression toward staff, hitting, kicking, punching ...</p> <p>Seclusion ...Date and Time Actually Placed in Seclusion Date: 9/10/19 Time: 1236 [12:36 p.m.] Date & Time Removed from Restraint Date: 9/10/19 Time: 1300 [1:00 p.m.] Date & Time Restraint Order Received form MD Date: 9/10/19 Time: 1225 [12:25 p.m.] Resident Behavior... Secluded related to aggression for safety, until calm as evidenced by screaming, cussing, kicking staff and banging on quite room windows.</p> <p>Chemical Restraint Date & Time Restraint Order Received form MD Date: 9/10/19 Time: 1225 [12:25 p.m.] Date & Time Nurse Actually</p>	N 131			

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N 131	<p>Continued From page 2</p> <p>Administered Chemical Restraint Date: 9/10/19 Time: 1235 [12:35 p.m.]</p> <p>b. Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ...Date and Time Actually Placed in Restraint Date: 9/15/19 Time: 1400 [2:00 p.m.] Date & Time Removed from Restraint Date: 9/15/19 Time: 1420 [2:20 p.m.] Date & Time Restraint Order Received form MD Date: 9/15/19 Time: 1415 [2:15 p.m.]... Resident Behavior...Resident started punching staff as they were redirecting and trying to guide resident from the fence outside. Restrained for safety.</p> <p>Seclusion... Date and Time Actually Placed in Seclusion Date: 9/15/19 Time: 1420 [2:20 p.m.] Date & Time Removed from Seclusion Date: 9/15/19 Time: 1425 [2:25 p.m.] Date & Time Restraint Order Received form MD Date: 9/15/19 Time: 1415 [2:15 p.m.]. Resident Behavior...While in restraint resident was jerking his body around in attempt to throw staff off balance. Resident bit staff and attempted to kick staff. Secluded for safety.</p> <p>Chemical Restraint... Date & Time Restraint Order Received form MD Date: 9/15/19 Time: 1415 [2:25 p.m.]. Date & Time Nurse Actually Administered Chemical Restraint Date: 9/15/19 Time: 1420 [2:20 pm.] Medication administered: Zyprexa/Benadryl Dosage: 10 mg [Zyprexa]/50 mg [Benadryl] Route: IM ... Resident Behavior... While in seclusion resident behavior continued to escalate. Resident screaming, slams head against wall, kicks seclusion room door multiple</p>	N 131			

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N 131	<p>Continued From page 3</p> <p>times, punches wall. Chemical restraint administered for safety.</p> <p>The progress note was signed by the physician on 9/16/19.</p> <p>2. Resident #4 had diagnoses of Major Depressive Disorder, Oppositional Defiant Disorder, Autism Spectrum, and Child Neglect.</p> <p>a. Emergency Safety Intervention Justification Progress Note had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ...Date and Time Actually Placed in Restraint Date: 9/6/19 Time: 1240 [12:40 p.m.] Date & Time Removed from Restraint Date: 9/10/19 Time: 1245 [12:45 p.m.] Date & Time Restraint Order Received form MD Date: 9/6/19 Time: 1248 ...Resident Behavior ... Resident flipping filing cabinets, rolling in the carpet and tried to call 911 on teacher's phone, kicking staff when they redirected resident.</p> <p>Seclusion...Date and Time Actually Placed in Seclusion Date: 9/6/19 Time: 1245. Date & Time Removed from Restraint Date: 9/10/19 Time: 1300 [1:00 p.m.] Date & Time Restraint Order Received form MD Date: 9/10/19 Time: 1248. Resident Behavior...While in restraint resident continued to try and trip staff and spit on staff calling her a whore, slammed body into staff.</p> <p>Chemical Restraint...Date & Time Restraint Order Received form MD Date: 9/6/19 Time: 1248. Date & Time Nurse Actually Administered Chemical Restraint Date: 9/6/19 Time: 1252</p>	N 131			

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N 131	<p>Continued From page 4</p> <p>[12:52 p.m.]. Medication administered: Thorazine/Benadryl Dosage 100 mg/100 mg Route: IM ... Resident Behavior... Resident continued to throw objects at staff and threaten staff...</p> <p>The progress note was signed by the physician on 9/6/19 at 3:00 p.m.</p> <p>3. Resident #6 had diagnoses of Unspecified Trauma and Stressor related Disorder, Borderline Intellectual Functioning, and Physical Abuse.</p> <p>a. Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ...Date and Time Actually Placed in Restraint Date: 9/15/19 Time: 1546 (3:46 p.m.) Date & Time Removed from Restraint Date: 9/15/19 Time: 1555 [3:55 p.m.] Date & Time Restraint Order Received form MD Date: 9/15/10 Time: 1546... Resident Behavior... Resident was throwing cups on the unit which upset one of his peer to where resident tried to fight the peer but staff intervene and got hit by resident.</p> <p>Seclusion...Date and Time Actually Placed in Seclusion Date: 9/15/19 Time: 1555 Date & Time Removed from Seclusion Date: 9/15/19 Time: 1625 [4:25 p.m.] Date & Time Seclusion Order Received form MD Date: 9/15/19 Time: 1546... Resident Behavior...While in restraint resident was shoving his body against staff trying to break the restraint.</p> <p>Chemical Restraint ... Date & Time Restraint</p>	N 131			

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N 131	<p>Continued From page 5</p> <p>Order Received form MD Date: 9/15/19 Time: 1546 Date & Time Nurse Actually Administered Chemical Restraint Date: 9/15/19 Time: 1550 [3:50 p.m.] Medication Administered; Thorazine/Benadryl Dosage 50 mg/50 mg Route: IM ...Resident Behavior...While in time out room resident started banging his head into the wall over and over, refusing to regain control of his behavior ..."</p> <p>The progress note was signed by the physician on 9/20/19.</p> <p>b. Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ...Date and Time Actually Placed in Restraint Date: 9/19/19 Time: 1920 [7:20 p.m.] Date & Time Removed from Restraint Date: 9/19/19 Time: 1928 [7:28 p.m.] Date & Time Restraint Order Received form MD Date: 9/15/10 Time: 1925 [7:25 p.m.] ... Resident Behavior... Resident was in dayroom, horseplaying with peers. They were both antagonizing each other then both became very aggressive. Resident continued trying to fight peer and they had to be separated. Resident was restrained for his safety and others as he keep kicking peer.</p> <p>Seclusion...Date and Time Actually Placed in Seclusion Date: 9/19/19 Time: 1928 Date & Time Removed from Seclusion Date: 9/19/19 Time: 1945 [7:45 p.m.] Date & Time Restraint Order Received form MD Date: 9/19/19 Time: 1925 ... Resident Behavior... While resident was being restrained, he continue hitting and fighting,</p>	N 131			

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N 131	<p>Continued From page 6</p> <p>kicking staff and banging his head in the wall Secluded for his safety.</p> <p>Chemical Restraint...Date & Time Restraint Order Received form MD Date: 9/19/19 Time: 1925 Date & Time Nurse Actually Administered Chemical Restraint Date: 9/15/19 Time: 1927 [7:27 p.m.] Medication Administered" Zyprexa/Benadryl Dosage: 10mg/50 mg Route: IM ... Resident Behavior...While resident was still being restrained, he continued kicking, hitting staff and banging his head into the wall. An order to give IM received from MD (Medical Doctor) on call ..."</p> <p>c. Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ...Date and Time Actually Placed in Restraint Date: 9/21/19 Time: 2351 [11:51 p.m.] Date & Time Removed from Restraint Date: 9/22/19 Time: 0005 [12:05 a.m.] Date & Time Restraint Order Received form MD Date: 2/21/19 Time: 2356 [11:56 p.m.]... Resident Behavior...Resident in room screaming, climbing on bed and repeatedly finding items to harm self with. Resident became aggressive and began to attack any staff that tried to process or intervene.</p> <p>Seclusion ...Date and Time Actually Placed in Seclusion Date: 9/22/19 Time: 0005 Date & Time Removed from Seclusion Date: 9/22/19 Time: 0023 [12:23 a.m.] Date & Time Seclusion Order Received form MD Date: 9/21/19 Time: 2356. Resident Behavior...Resident beating own head, screaming trying to tie clothing around own neck,</p>	N 131		

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N 131	<p>Continued From page 7</p> <p>took all object resident could harm self with and allowed to calm in seclusion.</p> <p>Chemical Restraint...Date & Time Chemical Restraint Order Received form MD Date: 9/21/19 Time: 2356 Date &Time Nurse Actually Administered Chemical Restraint Date: 9/22/19 Time: 0001 [12:01 a.m.] Medication Administered: Thorazine/Benadryl Dosage: 100mg/100 mg Route: IM ...Resident Behavior... Resident began to hit and kick staff spitting and scratching at staff when they blocked his blows, kicking in restraint repeatedly. Bashing his own head on walls and floors ..."</p> <p>This progress note was signed by the physician on 9/22/19 at 10:00 a.m.</p> <p>4. Resident #7 had diagnoses of Unspecified Trauma and Stressor Related Disorder, Non-parental Child Sexual Abuse.</p> <p>Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>Restraint [#1] "...Date and Time Actually Placed in Restraint Date: 9/18/19 Time: 0820 [8:20 a.m.] Date & Time Removed from Restraint Date: 9/18/19 Time: 0823 [8:23 a.m.] Date & Time Restraint Order Received form MD Date: 9/18/19 Time: 0825 [8:25 a.m.] ... Resident Behavior... #1. Resident pounding fist and kicking windows and doors of nursing station. Refused verbal redirect."</p> <p>Restraint [#2] "...Date and Time Actually Placed in Restraint Date: 9/18/19 Time: 0900 [9:00 a.m.] Date & Time Removed from Restraint Date:</p>	N 131			

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N 131	<p>Continued From page 8</p> <p>9/18/19 Time: 0907 [9:07 a.m.] Date & Time Restraint Order Received form MD Date: 9/18/19 Time: 0903 [9:03 a.m.]... Resident Behavior...#2. Resident attacked peers and staff, punching, hitting and kicking.</p> <p>Seclusion...Date and Time Actually Placed in Seclusion Date: 9/18/19 Time: 0907 Date & Time Removed from Seclusion Date: 9/18/19 Time: 0937 [9:37 a.m.] Date & Time Seclusion Order Received form MD Date: 9/18/19 Time: 0903 ... Resident Behavior...Resident continued to push and pull against staff. Resident was secluded for safety following chemical restraint.</p> <p>Chemical Restraint...Date & Time Restraint Order Received form MD Date: 9/18/19 Time: 0905 [9:05 a.m.] Date & Time Nurse Actually Administered Chemical Restraint Date: 9/18/19 Time: 0903 Medication Administered: Zyprexa/Benadryl Dosage: 10 [mg]/50 [mg] Route: IM Resident Behavior... Resident unable to calm Attacked staff and peers when he re-escalated. Refused direction ..."</p> <p>This progress note was signed by the physician on 9/18/19 at 10:00 a.m.</p> <p>5. Resident #8 had diagnoses of Posttraumatic Stress Disorder, Chronic. Unspecified Disruptive, Impulse Control, Conduct Disorder and Attention Deficit Hyperactivity Disorder.</p> <p>a. Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p>	N 131			

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N 131	<p>Continued From page 9</p> <p>"Restraint ...Date and Time Actually Placed in Restraint Date: 9/28/19 Time: 1740 [5:40 p.m.] Date & Time Removed from Restraint Date: 9/28/19 Time: 1746 [5:46 p.m.] Date & Time Restraint Order Received form MD Date: 9/28/19 Time: 1745 [5:45 p.m.]... Resident Behavior... Resident was on the unit aggressively chasing one of his peers on the unit, attempting to choke this peer as staff tried to intervene and redirect resident to stop. He would cuss at the staff and continue on chasing peer threatening to choke his peer, he slapped staff and kicked peer. Restrained for safety.</p> <p>Seclusion ...Date and Time Actually Placed in Seclusion Date: 9/28/19 Time: 1746 Date & Time Removed from Seclusion Date: 9/28/19 Time: 1800 [6:00 p.m.]... Date & Time Seclusion Order Received form MD Date: 9/28/19 Time: 1745... Resident Behavior...When in restraint, resident started to cuss and kick the two staff that had him in CPI [Crisis Prevention Intervention] restraint then started to slam himself into staff refusing to stop. Secluded for safety.</p> <p>Chemical Restraint...Date & Time Chemical Restraint Order Received form MD Date: 9/28/19 Time: 1745 Date & Time Nurse Actually Administered Chemical Restraint Date: 9/28/19 Time: 1750 [5:50 p.m.] Medication Administered: Benadryl/Zyprexa Dosage: 50 mg/10mg Route IM/IM Resident Behavior...Continued to cuss and kick the two staff that had him in a restraint refusing to regain control over his emotions and body..."</p> <p>This progress note was signed by the physician on 9/28/19 at 7:00 p.m.</p>	N 131			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
N 131	Continued From page 10 b. Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint. "Restraint ...Date and Time Actually Placed in Restraint Date: 10/6/19 Time: 0809 [8:09 a.m.]Date & Time Removed from Restraint Date: 10/6/19 Time: 0813 [8:13 a.m.]Date & Time Restraint Order Received form MD Date: 10/6/19 Time: 0810 [8:10 a.m.]... Resident Behavior...Resident in bedroom, Physical aggression toward peer and staff members. Resident attempted to punch peer. Staff stepped between the residents. Resident proceeded to punch a nurse and two staff members. Restrained for safety. Seclusion...Date and Time Actually Placed in Seclusion Date: 10/6/19 Time: 0813 Date & Time Removed from Seclusion Date: 10/6/19 Time: 0840 [8:40 a.m.] Date & Time Seclusion Order Received form MD Date:10/6/19 Time: 0810... Resident Behavior... Continued physical aggression while restrained. Resident was kicking a staff member. Resident was kicking the doors. Secluded for safety. Chemical Restraint...Date & Time Restraint Order Received form MD Date: 10/6/19 Time: 0810 Date & Time Nurse Actually Administered Chemical Restraint Date: 10/6/19 Time: 0812 [8:12 a.m.] Medication Administered: Zyprexa 10 [mg]/Benadryl 50 [mg] Dosage: 10/50 Route: IM ...Resident Behavior...Continued aggression towards staff. Resident kicking the quite room door. Banging on the windows. Medicine given for safety."	N 131			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2019
NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		
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N 131	Continued From page 11 6. Resident #2 had diagnoses of Disruptive Mood Dysregulation Disorder, Other Specified Trauma and Stressor Related Disorder; Attention Deficit Hyperactivity Disorder, Combined Presentation; Child Sexual Abuse, Confirmed, Subsequent Encounter; academic or Educational Problem; and Encounter for Mental Health Services for Perpetrator of Non-parental Child sexual Abuse. Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint. "Restraint ... "Date & Time Actually Placed in Restraint Date: 9/21/19 Time: 1917 [7:17 p.m.] Date & Time Removed from Restraint Date: 9/21/19 Time:1925 [7:25 p.m.] Date & Time Restraint Order Received from MD Date: 9/21/19 Time 1918 [7:18 p.m.] . . Fist fighting c [with] a peer on the unit repeatedly, going back to threaten and fight, punch over and over again. Seclusion ... Date & Time Actually Placed in Seclusion Date 9/21/19 Time: 1925 Date & Time removed from Seclusion Date: 9/21/19 Time: 1940 [7:40 p.m.] Date & Time Seclusion Order Received from MD Date: 9/21/19 Time: 1918. Chemical Restraint ... Date & Time Chemical Restraint Order Received from MD Date: 9/21/19 Time: 1923 [7:23 p.m.] Date & Time Nurse	N 131			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2019
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N 131	<p>Continued From page 12</p> <p>Actually Administered Chemical Restraint Date: 9/21/19 Time: 1924 [7:24 p.m.] Medication Administered: Thorazine/Benadryl Dosage: 100 mg/100 [mg] Route: IM ... Resident Behavior ... [Resident] fighting with staff in restraint, shoving, kicking, biting and scratching in restraint ..."</p> <p>This progress note was signed by the physician on 9/22/19 at 10:00 a.m.</p> <p>7. Resident #3 had diagnoses of Disruptive Mood Dysregulation Disorder; Posttraumatic Stress Disorder; Attention Deficit Hyperactivity Disorder, Combined Presentation; Child Sexual Abuse, Suspected, Subsequent Encounter; and Child Neglect, Confirmed, Subsequent Encounter.</p> <p>Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ... Date & Time Actually Placed in Restraint Date: 9/22/19 Time 1110 [11:10 a.m.] Date & Time Removed from Restraint Date: 9/22/19 1119 [11:19 a.m.] Date & Time Restraint Order Received from MD Date: 9/22/19 Time:1109 [11:09 a.m.]. .R [Resident] took a pen from one of his staff and started hitting staff over and over as he was being redirected to give up the pen. R then threaten to stab staff with the pen. R was restrained for safety.</p> <p>Seclusion Date & Time Actually Placed in Seclusion Date 9/22/19 1120 [11:20 a.m.] Date & Time Removed from Seclusion 9/22/19 1145 [11:45 a.m.] Date & Time Seclusion Order Received from MD 9/22/19 1109 Resident Behavior ...While in a restraint R started kicking</p>	N 131			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2019
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N 131	<p>Continued From page 13</p> <p>staff and one nurse over and over threatening to kill them refusing to regain control of behavior.</p> <p>Chemical Restraint Date & Time Chemical Restraint Order Received from MD Date: 9/22/19 Time: 1120 Date & Time Nurse Actually Administered Chemical Restraint Date: 9/22/19 Time: 1119 [11:19 a.m.] Medication Administered: Zyprexa 10 [mg]/Benadryl Dosage 10/50 [mg] Route: IM ... Resident Behavior Continued to kick staff and nurse while threatening to kill staff not regaining control of emotions and behavior."</p> <p>8. Resident #9 had diagnoses of Autism Spectrum Disorder; Unspecified Trauma and Stressor Related Disorder; Encounter for Mental Health Services for Perpetrator of Non-parental Child Sexual Abuse; Child Sexual Abuse, Confirmed, Subsequent Encounter; and Child Physical Abuse, Confirmed, Subsequent Encounter.</p> <p>Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ... Date & Time Actually Placed in Restraint Date:9/29/19 Time: 1210 pm [12:10 p.m.] Date & Time Removed from Restraint Date: 9/29/19 Time: [unable to determine] Date & Time Restraint Ordered from MD 9/29/19 1216 pm [12:16 p.m.] ... Resident Behavior... R was upset with a peer because he felt that a peer poop his free time ball. So R threw his ball in his peers face which caused peer to try fight R but staff intervene and removed peer but R started punching staff in the face while trying to get to peer ...</p>	N 131			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2019
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N 131	<p>Continued From page 14</p> <p>Seclusion ... Date 9/29/19 Time 1221 [12:21 p.m.] Date and Time Removed from Seclusion 9/29/19 1250 [12:50 p.m.]. Date and Time seclusion Order Received from MD Date: 9/29/19 Time: 1216 ... Resident Behavior ...R was continuing to be aggressive with staff and yelling cussing and kicking at the time out room door ...</p> <p>Chemical Restraint ... Date & Time Chemical Restraint Order Received from MD Date: 9/29/19 Time 1216 Date & Time Nurse Actually Administered Chemical Restraint Date 9/29/19 Time 1221 [12:21 p.m.] Medication Administered: Zyprexa/ Benadryl Dosage: 10mg/50 mg Route IM/IM ... Resident Behavior ... Kicking door in time out room while cussing and threatening his peers. Refusing to regain control even as staff was trying to process him down."</p> <p>9. Resident #10 had diagnoses of Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder, Combined Presentation; Child Physical Abuse, Confirmed, Initial Encounter; Child Sexual Abuse, Suspected, Subsequent Encounter; and Intellectual Disability. Mild.</p> <p>Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ... Date & Time Actually Placed in Restraint Date: 9/22/19 Time: 1740 [5:40 p.m.] Date & Time Removed from Restraint Date: 9/22/19 Time: 1743 [5:43 p.m.] Date & Time Restraint Order Received from MD Date: 9/22/19 Time: 1735 [5:35 p.m.] ... Resident Behavior ...</p>	N 131			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2019
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N 131	<p>Continued From page 15</p> <p>Resident tried busted through west unit trying to get to outside, then went to seclusion room and turned to staff. Threatening et [and] positioning to stab them with a pencil. Resident placed in 2 person standing restraint after continued beating on door et window ...</p> <p>Seclusion ... Date & Time Actually Placed in Seclusion Date 9/22/19 Time #1 1730 [5:30 p.m.] /#2 1743 [5:43 p.m.]. Date & Time Removed from Seclusion 9/22/19 Time #1 1740 [5:40 p.m.] / #2 1810 [6:10 p.m.]. Date and Time Seclusion Order Received from MD Date: 9/22/19 Time: 1735 ... Resident Behavior ... Resident broke into laundry room several times. Angry. Posturing staff. Tried to bust out west outside door but then walked into seclusion room. Slammed door and started hitting window [with] fist. door then locked. #2 Resecluded following Thorazine 50 et Benadryl 100 mg IM for Dyscontrol for safety until calm.</p> <p>Chemical Restraint ... Date & Time Chemical Restraint Order Received from MD 9/22/19 1735 Date & Time Nurse Actually Administered Chemical Restraint Date 9/22/19 Time: 1743 [5:43 p.m.] Medication Administered: Thorazine/ Benadryl Dosage: 50/100 [mg] Route: IM ... Resident Behavior ...Continued aggression hitting et kicking seclusion room door et window. Threatening staff. Posturing."</p> <p>10. On 10/11/19 at 9:03 a.m., the Director of Nursing was asked, "What is your criteria for the use of a physical restraint, seclusion and chemical restraint?" She stated, "Imminent harm to self and others. I will just read you from the policy." She was asked, "Should a chemical restraint and seclusion be used simultaneously?" She stated, "No, they should not be used</p>	N 131			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2019
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N 131	Continued From page 16	N 131			
N 209	<p>FACILITY REPORTING CFR(s): 483.374(b)(3)</p> <p>Staff must document in the resident's record that the serious occurrence was reported to both the State Medicaid agency and the State designated Protection and Advocacy system, including the name of the person to whom the incident was reported. A copy of the report must be maintained in the resident's record, as well as in the incident and accident report logs kept by the facility.</p> <p>This ELEMENT is not met as evidenced by: Complaint #AR00023618, was substantiated, all or in part, in these findings.</p> <p>Based on record review and interview, the facility failed to ensure a serious occurrence report was maintained in the clinical record for easy reference for 2 of 2 (Residents #11 and #12) of case mix residents who had a serious occurrence report. The findings are:</p> <p>1. A Serious Injury Reporting Form documented, "8/9/19 - Resident [Resident #11] ... was outside playing with 10 other residents and two staff were monitoring them one resident ran to one fence and started climbing it. [Resident #11] then ran to another fence and climbed it. Staff requested [Resident #11] come down immediately and he turned around and started sliding down the fence to come down. [Resident #11's] left arm started to connect or catch on the fence link. He then jumped down, he was knocked to the ground when jumping and landed on his left arm. He</p>	N 209			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2019
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N 209	<p>Continued From page 17</p> <p>reported immediate pain. Nurses came to him and helped him inside where he was immediately seen by his PCP [Primary Care Physician] who was at the facility seeing routine patients. PCP MD [Medical Doctor] ordered 911 to be called as [Resident #11's] pain was extreme. [Resident #11] was brought via ambulance to [hospital] and treated for left elbow injury with effusion - an early fracture. Splint applied, order for Tylenol of Motrin for pain and appointment made for orthopedic MD for X-rays and cast." The form documented the Office of Long Term Care (OLTC) and Disability Rights of Arkansas (DRA) were notified by fax on 8/12/19 at 9:24 a.m.</p> <p>2. A Serious Injury Reporting Form documented, "9/10/19 - Resident [Resident #12] ...was playing outside during recreational time. Resident climbed part way up a fence and caught right hand on the top of fence. Resident came down and went to nurse's station immediately. Right and left hands washed thoroughly with soap and water. 1 x [by] 1/8 inch laceration present, gauze dressing applied for pressure. MD orders [Resident #12] to be taken to [hospital] for evaluation. 2 sutures placed on right hand that will be removed 9/20/19. Primary care physician follows up 9/11/19, orders over the counter triple antibiotic ointment." The form documented OLTC and DRA were notified by fax on 9/12/19 at 10:57 a.m.</p> <p>3. On 10/11/19 at 9:03 a.m., the Director of Nursing was asked if there was documentation in the resident's chart that notifications were made to the appropriate agencies. The Director of Nursing stated, "No. I just keep the fax and documentation in a file."</p>	N 209			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2019
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N 209	Continued From page 18 4. The Policy: Emergency Safety Interventions provided by the Director of Nursing on 10/10/19 at 9:11 a.m. documented, "Serious Injury Occurrence . . . This form is to be filed in the resident's medical record following the ESI (Emergency Safety Intervention) Justification form."	N 209		



Division of Provider Services and Quality Assurance
Office of Long Term Care
PO Box 8059, Slot S404
Little Rock, AR 72203-8059
Fax: 501-682-6159



November 7, 2019

Adrienne Catalina, Administrator
Piney Ridge Treatment Center, Inc
2805 E Zion Rd
Fayetteville, AR 72703

Dear Ms. Catalina:

On October 11, 2019, 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 06, 2019.

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)320-6182.

Sincerely,

Rodney Roper for
Sandra Broughton, Reviewer
Survey & Certification Section
Office of Long Term Care

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

APOC
11/07/2019
RR RR

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/11/2019
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NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703
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N 000	Initial Comments Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. A Complaint investigation was conducted from 10/8/19 through 10/11/19. Complaint # AR00023618, was substantiated, all or in part, with deficiencies cited at N0131 and N0209. The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center PROTECTION OF RESIDENTS CFR(s): 483.356(a)(4) Restraint and seclusion must not be used simultaneously. This ELEMENT is not met as evidenced by: Complaint #AR00023618, was substantiated, all or in part, in these findings. Based on record review and interviews, the	N 000	N131 PROTECTION OF RESIDENTS Step #1 Corrective Action: On, 10/23/2019, upon notification of deficient practice, the DON observed/checked (to verify no restraint or seclusion moving forward was administered simultaneously) to ensure chemical restraint and Seclusion is not used simultaneously to assure the safety of resident #1, #2, #3, #4, #6, #7, #8, #9, and #10. No additional negative findings were found. Step #2 Identification of others with the potential of being affected: On, 10/23/19, DON through Emergency safety intervention log and immediately identified 18 residents in the last 90 days who had the potential to be affected from the deficient practice by (Don reviewed each emergency safety intervention listed with chemical restraint and seclusion used simultaneously) DON observed/checked to ensure chemical restraint and seclusion is not used simultaneously in future to determine if those residents were affected. Any negative findings were corrected immediately.	11/06/19
N 131	PROTECTION OF RESIDENTS CFR(s): 483.356(a)(4) Restraint and seclusion must not be used simultaneously. This ELEMENT is not met as evidenced by: Complaint #AR00023618, was substantiated, all or in part, in these findings. Based on record review and interviews, the	N 131		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Brook White</i>	TITLE Director of Nursing	(X6) DATE 11/06/19
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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N 131	<p>Continued From page 1</p> <p>facility failed to ensure a chemical restraint and seclusion were not used simultaneously used to assure the safety of 9 of 9 (Resident #1, #2, #3, #4, #6, #7, #8, #9, and #10) case mix residents who were chemically restrained while in seclusion. The findings are:</p> <p>1. Resident #1 had diagnoses of Disruptive Mood Dysregulation Disorder, Posttraumatic Stress Disorder, Attention Deficit Hyperactivity Disorder and Reactive Attachment Disorder.</p> <p>a. Emergency Safety Intervention Justification Progress Note had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ...Date and Time Actually Placed in Restraint Date: 9/10/19 Time: 1225 [12:25 p.m.] Date & [and] Time Removed from Restraint Date: 9/10/19 Time: 1236 [12:36 p.m. Date & Time Restraint Order Received form MD [Medical Doctor] Date: 9/10/19 Time: 1225 [12:25 p.m.] ... Resident Behavior... Aggression toward staff, hitting, kicking, punching ...</p> <p>Seclusion ...Date and Time Actually Placed in Seclusion Date: 9/10/19 Time: 1236 [12:36 p.m.] Date & Time Removed from Restraint Date: 9/10/19 Time: 1300 [1:00 p.m.] Date & Time Restraint Order Received form MD Date: 9/10/19 Time: 1225 [12:25 p.m.] Resident Behavior... Secluded related to aggression for safety, until calm as evidenced by screaming, cussing, kicking staff and banging on quite room windows.</p> <p>Chemical Restraint Date & Time Restraint Order Received form MD Date: 9/10/19 Time: 1225 [12:25 p.m.] Date & Time Nurse Actually</p>	N 131	<p>Step #3</p> <p>To ensure deficient practice does not recur: On 10/16/2019, 11/06/2019, the DON/ Designee in-serviced nurses to ensure chemical restraint and seclusion is not used simultaneously. The Emergency Safety Intervention policy was also updated to ensure no seclusion or restraint is administered simultaneously. If nurse not present he or she has been or will be in-serviced prior to working next shift. The nursing department competency checklists were also updated to ensure competency monitoring.</p> <p>Step #4</p> <p>Monitoring: DON and administrative assistant to the DON will monitor to ensure chemical restraint and Seclusion is not used simultaneously by observation and documenting on emergency safety intervention checklist, each business day weekly for 8 weeks or until compliance is verified by OLTC. Any negative findings will be corrected immediately and DON notified.</p> <p>Completion Date: 11/06/2019</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/11/2019
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NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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N 131	<p>Continued From page 2</p> <p>Administered Chemical Restraint Date: 9/10/19 Time: 1235 [12:35 p.m.]</p> <p>b. Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ...Date and Time Actually Placed in Restraint Date: 9/15/19 Time: 1400 [2:00 p.m.] Date & Time Removed from Restraint Date: 9/15/19 Time: 1420 [2:20 p.m.] Date & Time Restraint Order Received form MD Date: 9/15/19 Time: 1415 [2:15 p.m.]... Resident Behavior...Resident started punching staff as they were redirecting and trying to guide resident from the fence outside. Restrained for safety.</p> <p>Seclusion... Date and Time Actually Placed in Seclusion Date: 9/15/19 Time: 1420 [2:20 p.m.] Date & Time Removed from Seclusion Date: 9/15/19 Time: 1425 [2:25 p.m.] Date & Time Restraint Order Received form MD Date: 9/15/19 Time: 1415 [2:15 p.m.]. Resident Behavior...While in restraint resident was jerking his body around in attempt to throw staff off balance. Resident bit staff and attempted to kick staff. Secluded for safety.</p> <p>Chemical Restraint... Date & Time Restraint Order Received form MD Date: 9/15/19 Time: 1415 [2:25 p.m.]. Date & Time Nurse Actually Administered Chemical Restraint Date: 9/15/19 Time: 1420 [2:20 pm.] Medication administered: Zyprexa/Benadryl Dosage: 10 mg [Zyprexa]/50 mg [Benadryl] Route: IM ... Resident Behavior... While in seclusion resident behavior continued to escalate. Resident screaming, slams head against wall, kicks seclusion room door multiple</p>	N 131		
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NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		
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N 131	<p>Continued From page 3</p> <p>times, punches wall. Chemical restraint administered for safety.</p> <p>The progress note was signed by the physician on 9/16/19.</p> <p>2. Resident #4 had diagnoses of Major Depressive Disorder, Oppositional Defiant Disorder, Autism Spectrum, and Child Neglect.</p> <p>a. Emergency Safety Intervention Justification Progress Note had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ...Date and Time Actually Placed in Restraint Date: 9/6/19 Time: 1240 [12:40 p.m.] Date & Time Removed from Restraint Date: 9/10/19 Time: 1245 [12:45 p.m.] Date & Time Restraint Order Received form MD Date: 9/6/19 Time: 1248 ...Resident Behavior ... Resident flipping filing cabinets, rolling in the carpet and tried to call 911 on teacher's phone, kicking staff when they redirected resident.</p> <p>Seclusion...Date and Time Actually Placed in Seclusion Date: 9/6/19 Time: 1245. Date & Time Removed from Restraint Date: 9/10/19 Time: 1300 [1:00 p.m.] Date & Time Restraint Order Received form MD Date: 9/10/19 Time: 1248. Resident Behavior...While in restraint resident continued to try and trip staff and spit on staff calling her a whore, slammed body into staff.</p> <p>Chemical Restraint...Date & Time Restraint Order Received form MD Date: 9/6/19 Time: 1248. Date & Time Nurse Actually Administered Chemical Restraint Date: 9/6/19 Time: 1252</p>	N 131			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2019
NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 131	<p>Continued From page 4</p> <p>[12:52 p.m.]. Medication administered: Thorazine/Benadryl Dosage 100 mg/100 mg Route: IM ... Resident Behavior... Resident continued to throw objects at staff and threaten staff...</p> <p>The progress note was signed by the physician on 9/6/19 at 3:00 p.m.</p> <p>3. Resident #6 had diagnoses of Unspecified Trauma and Stressor related Disorder, Borderline Intellectual Functioning, and Physical Abuse.</p> <p>a. Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ...Date and Time Actually Placed in Restraint Date: 9/15/19 Time: 1546 (3:46 p.m.) Date & Time Removed from Restraint Date: 9/15/19 Time: 1555 [3:55 p.m.] Date & Time Restraint Order Received form MD Date: 9/15/10 Time: 1546... Resident Behavior... Resident was throwing cups on the unit which upset one of his peer to where resident tried to fight the peer but staff intervene and got hit by resident.</p> <p>Seclusion...Date and Time Actually Placed in Seclusion Date: 9/15/19 Time: 1555 Date & Time Removed from Seclusion Date: 9/15/19 Time: 1625 [4:25 p.m.] Date & Time Seclusion Order Received form MD Date: 9/15/19 Time: 1546... Resident Behavior...While in restraint resident was shoving his body against staff trying to break the restraint.</p> <p>Chemical Restraint ... Date & Time Restraint</p>	N 131		

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NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		
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N 131	<p>Continued From page 5</p> <p>Order Received form MD Date: 9/15/19 Time: 1546 Date & Time Nurse Actually Administered Chemical Restraint Date: 9/15/19 Time: 1550 [3:50 p.m.] Medication Administered; Thorazine/Benadryl Dosage 50 mg/50 mg Route: IM ...Resident Behavior...While in time out room resident started banging his head into the wall over and over, refusing to regain control of his behavior ..."</p> <p>The progress note was signed by the physician on 9/20/19.</p> <p>b. Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ...Date and Time Actually Placed in Restraint Date: 9/19/19 Time: 1920 [7:20 p.m.] Date & Time Removed from Restraint Date: 9/19/19 Time: 1928 [7:28 p.m.] Date & Time Restraint Order Received form MD Date: 9/15/10 Time: 1925 [7:25 p.m.] ... Resident Behavior... Resident was in dayroom, horseplaying with peers. They were both antagonizing each other then both became very aggressive. Resident continued trying to fight peer and they had to be separated. Resident was restrained for his safety and others as he keep kicking peer.</p> <p>Seclusion...Date and Time Actually Placed in Seclusion Date: 9/19/19 Time: 1928 Date & Time Removed from Seclusion Date: 9/19/19 Time: 1945 [7:45 p.m.] Date & Time Restraint Order Received form MD Date: 9/19/19 Time: 1925 ... Resident Behavior... While resident was being restrained, he continue hitting and fighting,</p>	N 131			

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N 131	<p>Continued From page 6</p> <p>kicking staff and banging his head in the wall Secluded for his safety.</p> <p>Chemical Restraint...Date & Time Restraint Order Received form MD Date: 9/19/19 Time: 1925 Date & Time Nurse Actually Administered Chemical Restraint Date: 9/15/19 Time: 1927 [7:27 p.m.] Medication Administered" Zyprexa/Benadryl Dosage: 10mg/50 mg Route: IM ... Resident Behavior...While resident was still being restrained, he continued kicking, hitting staff and banging his head into the wall. An order to give IM received from MD (Medical Doctor) on call ..."</p> <p>c. Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ...Date and Time Actually Placed in Restraint Date: 9/21/19 Time: 2351 [11:51 p.m.] Date & Time Removed from Restraint Date: 9/22/19 Time: 0005 [12:05 a.m.] Date & Time Restraint Order Received form MD Date: 2/21/19 Time: 2356 [11:56 p.m.]... Resident Behavior...Resident in room screaming, climbing on bed and repeatedly finding items to harm self with. Resident became aggressive and began to attack any staff that tried to process or intervene.</p> <p>Seclusion ...Date and Time Actually Placed in Seclusion Date: 9/22/19 Time: 0005 Date & Time Removed from Seclusion Date: 9/22/19 Time: 0023 [12:23 a.m.] Date & Time Seclusion Order Received form MD Date: 9/21/19 Time: 2356. Resident Behavior...Resident beating own head, screaming trying to tie clothing around own neck,</p>	N 131			

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NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		
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N 131	<p>Continued From page 7</p> <p>took all object resident could harm self with and allowed to calm in seclusion.</p> <p>Chemical Restraint...Date & Time Chemical Restraint Order Received form MD Date: 9/21/19 Time: 2356 Date & Time Nurse Actually Administered Chemical Restraint Date: 9/22/19 Time: 0001 [12:01 a.m.] Medication Administered: Thorazine/Benadryl Dosage: 100mg/100 mg Route: IM ...Resident Behavior... Resident began to hit and kick staff spitting and scratching at staff when they blocked his blows, kicking in restraint repeatedly. Bashing his own head on walls and floors ..."</p> <p>This progress note was signed by the physician on 9/22/19 at 10:00 a.m.</p> <p>4. Resident #7 had diagnoses of Unspecified Trauma and Stressor Related Disorder, Non-parental Child Sexual Abuse.</p> <p>Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>Restraint [#1] "...Date and Time Actually Placed in Restraint Date: 9/18/19 Time: 0820 [8:20 a.m.] Date & Time Removed from Restraint Date: 9/18/19 Time: 0823 [8:23 a.m.] Date & Time Restraint Order Received form MD Date: 9/18/19 Time: 0825 [8:25 a.m.] ... Resident Behavior... #1. Resident pounding fist and kicking windows and doors of nursing station. Refused verbal redirect."</p> <p>Restraint [#2] "...Date and Time Actually Placed in Restraint Date: 9/18/19 Time: 0900 [9:00 a.m.] Date & Time Removed from Restraint Date:</p>	N 131			

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NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		
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N 131	<p>Continued From page 8</p> <p>9/18/19 Time: 0907 [9:07 a.m.] Date & Time Restraint Order Received form MD Date: 9/18/19 Time: 0903 [9:03 a.m.]... Resident Behavior...#2. Resident attacked peers and staff, punching, hitting and kicking.</p> <p>Seclusion...Date and Time Actually Placed in Seclusion Date: 9/18/19 Time: 0907 Date & Time Removed from Seclusion Date: 9/18/19 Time: 0937 [9:37 a.m.] Date & Time Seclusion Order Received form MD Date: 9/18/19 Time: 0903 ... Resident Behavior...Resident continued to push and pull against staff. Resident was secluded for safety following chemical restraint.</p> <p>Chemical Restraint...Date & Time Restraint Order Received form MD Date: 9/18/19 Time: 0905 [9:05 a.m.] Date & Time Nurse Actually Administered Chemical Restraint Date: 9/18/19 Time: 0903 Medication Administered: Zyprexa/Benadryl Dosage: 10 [mg]/50 [mg] Route: IM Resident Behavior... Resident unable to calm Attacked staff and peers when he re-escalated. Refused direction ..."</p> <p>This progress note was signed by the physician on 9/18/19 at 10:00 a.m.</p> <p>5. Resident #8 had diagnoses of Posttraumatic Stress Disorder, Chronic, Unspecified Disruptive, Impulse Control, Conduct Disorder and Attention Deficit Hyperactivity Disorder.</p> <p>a. Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p>	N 131		

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NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2806 E ZION RD FAYETTEVILLE, AR 72703		
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N 131	<p>Continued From page 9</p> <p>"Restraint ...Date and Time Actually Placed in Restraint Date: 9/28/19 Time: 1740 [5:40 p.m.] Date & Time Removed from Restraint Date: 9/28/19 Time: 1746 [5:46 p.m.] Date & Time Restraint Order Received form MD Date: 9/28/19 Time: 1745 [5:45 p.m.]... Resident Behavior... Resident was on the unit aggressively chasing one of his peers on the unit, attempting to choke this peer as staff tried to intervene and redirect resident to stop. He would cuss at the staff and continue on chasing peer threatening to choke his peer, he slapped staff and kicked peer. Restrained for safety.</p> <p>Seclusion ...Date and Time Actually Placed in Seclusion Date: 9/28/19 Time: 1746 Date & Time Removed from Seclusion Date: 9/28/19 Time: 1800 [6:00 p.m.]... Date & Time Seclusion Order Received form MD Date: 9/28/19 Time: 1745... Resident Behavior...When in restraint, resident started to cuss and kick the two staff that had him in CPI [Crisis Prevention Intervention] restraint then started to slam himself into staff refusing to stop. Secluded for safety.</p> <p>Chemical Restraint...Date & Time Chemical Restraint Order Received form MD Date: 9/28/19 Time: 1745 Date & Time Nurse Actually Administered Chemical Restraint Date: 9/28/19 Time: 1750 [5:50 p.m.] Medication Administered: Benadryl/Zyprexa Dosage: 50 mg/10mg Route IM/IM Resident Behavior...Continued to cuss and kick the two staff that had him in a restraint refusing to regain control over his emotions and body..."</p> <p>This progress note was signed by the physician on 9/28/19 at 7:00 p.m.</p>	N 131		

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N 131	<p>Continued From page 10</p> <p>b. Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ...Date and Time Actually Placed in Restraint Date: 10/6/19 Time: 0809 [8:09 a.m.].Date & Time Removed from Restraint Date: 10/6/19 Time: 0813 [8:13 a.m.].Date & Time Restraint Order Received form MD Date: 10/6/19 Time: 0810 [8:10 a.m.]... Resident Behavior...Resident in bedroom, Physical aggression toward peer and staff members. Resident attempted to punch peer. Staff stepped between the residents. Resident proceeded to punch a nurse and two staff members. Restrained for safety.</p> <p>Seclusion...Date and Time Actually Placed in Seclusion Date: 10/6/19 Time: 0813 Date & Time Removed from Seclusion Date: 10/6/19 Time: 0840 [8:40 a.m.] Date & Time Seclusion Order Received form MD Date:10/6/19 Time: 0810... Resident Behavior... Continued physical aggression while restrained. Resident was kicking a staff member. Resident was kicking the doors. Secluded for safety.</p> <p>Chemical Restraint...Date & Time Restraint Order Received form MD Date: 10/6/19 Time: 0810 Date & Time Nurse Actually Administered Chemical Restraint Date: 10/6/19 Time: 0812 [8:12 a.m.] Medication Administered: Zyprexa 10 [mg]/Benadryl 50 [mg] Dosage: 10/50 Route: IM ...Resident Behavior...Continued aggression towards staff. Resident kicking the quite room door. Banging on the windows. Medicine given for safety."</p>	N 131		

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N 131	Continued From page 11 6. Resident #2 had diagnoses of Disruptive Mood Dysregulation Disorder, Other Specified Trauma and Stressor Related Disorder; Attention Deficit Hyperactivity Disorder, Combined Presentation; Child Sexual Abuse, Confirmed, Subsequent Encounter; academic or Educational Problem; and Encounter for Mental Health Services for Perpetrator of Non-parental Child sexual Abuse. Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint. "Restraint ... "Date & Time Actually Placed in a Restraint Date: 9/21/19 Time: 1917 [7:17 p.m.] Date & Time Removed from Restraint Date: 9/21/19 Time:1925 [7:25 p.m.] Date & Time Restraint Order Received from MD Date: 9/21/19 Time 1918 [7:18 p.m.] . . . Fist fighting c [with] a peer on the unit repeatedly, going back to threaten and fight, punch over and over again. Seclusion ... Date & Time Actually Placed in Seclusion Date 9/21/19 Time: 1925 Date & Time removed from Seclusion Date: 9/21/19 Time: 1940 [7:40 p.m.] Date & Time Seclusion Order Received from MD Date: 9/21/19 Time: 1918.. Chemical Restraint ... Date & Time Chemical Restraint Order Received from MD Date: 9/21/19 Time: 1923 [7:23 p.m.] Date & Time Nurse	N 131			

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N 131	<p>Continued From page 12</p> <p>Actually Administered Chemical Restraint Date: 9/21/19 Time: 1924 [7:24 p.m.] Medication Administered: Thorazine/Benadryl Dosage: 100 mg/100 [mg] Route: IM ... Resident Behavior ... [Resident] fighting with staff in restraint, shoving, kicking, biting and scratching in restraint ..."</p> <p>This progress note was signed by the physician on 9/22/19 at 10:00 a.m.</p> <p>7. Resident #3 had diagnoses of Disruptive Mood Dysregulation Disorder; Posttraumatic Stress Disorder; Attention Deficit Hyperactivity Disorder, Combined Presentation; Child Sexual Abuse, Suspected, Subsequent Encounter; and Child Neglect, Confirmed, Subsequent Encounter.</p> <p>Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ... Date & Time Actually Placed in Restraint Date: 9/22/19 Time 1110 [11:10 a.m.] Date & Time Removed from Restraint Date: 9/22/19 1119 [11:19 a.m.] Date & Time Restraint Order Received from MD Date: 9/22/19 Time:1109 [11:09 a.m.]. . .R [Resident] took a pen from one of his staff and started hitting staff over and over as he was being redirected to give up the pen. R then threaten to stab staff with the pen. R was restrained for safety.</p> <p>Seclusion Date & Time Actually Placed in Seclusion Date 9/22/19 1120 [11:20 a.m.] Date & Time Removed from Seclusion 9/22/19 1145 [11:45 a.m.] Date & Time Seclusion Order Received from MD 9/22/19 1109 Resident Behavior ...While in a restraint R started kicking</p>	N 131			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/11/2019
NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 131	<p>Continued From page 13</p> <p>staff and one nurse over and over threatening to kill them refusing to regain control of behavior.</p> <p>Chemical Restraint Date & Time Chemical Restraint Order Received from MD Date: 9/22/19 Time: 1120 Date & Time Nurse Actually Administered Chemical Restraint Date: 9/22/19 Time: 1119 [11:19 a.m.] Medication Administered: Zyprexa 10 [mg]/Benadryl Dosage 10/50 [mg] Route: IM ... Resident Behavior Continued to kick staff and nurse while threatening to kill staff not regaining control of emotions and behavior."</p> <p>8. Resident #9 had diagnoses of Autism Spectrum Disorder; Unspecified Trauma and Stressor Related Disorder; Encounter for Mental Health Services for Perpetrator of Non-parental Child Sexual Abuse; Child Sexual Abuse, Confirmed, Subsequent Encounter; and Child Physical Abuse, Confirmed, Subsequent Encounter.</p> <p>Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ... Date & Time Actually Placed in Restraint Date:9/29/19 Time: 1210 pm [12:10 p.m.] Date & Time Removed from Restraint Date: 9/29/19 Time: [unable to determine] Date & Time Restraint Ordered from MD 9/29/19 1216 pm [12:16 p.m.] ... Resident Behavior... R was upset with a peer because he felt that a peer poop his free time ball. So R threw his ball in his peers face which caused peer to try fight R but staff intervene and removed peer but R started punching staff in the face while trying to get to peer ...</p>	N 131		

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

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NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		
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N 131	<p>Continued From page 14</p> <p>Seclusion ... Date 9/29/19 Time 1221 [12:21 p.m.] Date and Time Removed from Seclusion 9/29/19 - 1250 [12:50 p.m.]. Date and Time seclusion Order Received from MD Date: 9/29/19 Time: 1216 ... Resident Behavior ...R was continuing to be aggressive with staff and yelling cussing and kicking at the time out room door ...</p> <p>Chemical Restraint ... Date & Time Chemical Restraint Order Received from MD Date: 9/29/19 Time 1216 Date & Time Nurse Actually Administered Chemical Restraint Date 9/29/19 Time 1221 [12:21 p.m.] Medication Administered: Zyprexa/ Benadryl Dosage: 10mg/50 mg Route IM/IM ... Resident Behavior ... Kicking door in time out room while cussing and threatening his peers. Refusing to regain control even as staff was trying to process him down."</p> <p>9. Resident #10 had diagnoses of Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder, Combined Presentation; Child Physical Abuse, Confirmed, Initial Encounter; Child Sexual Abuse, Suspected, Subsequent Encounter; and Intellectual Disability. Mild.</p> <p>Emergency Safety Intervention Justification Progress Note (had an X in the box next to Restraint, next to Seclusion and next to Chemical Restraint.</p> <p>"Restraint ... Date & Time Actually Placed in Restraint Date: 9/22/19 Time: 1740 [5:40 p.m.] Date & Time Removed from Restraint Date: 9/22/19 Time: 1743 [5:43 p.m.] Date & Time Restraint Order Received from MD Date: 9/22/19 Time: 1735 [5:35 p.m.] ... Resident Behavior ...</p>	N 131		

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NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		
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N 131	<p>Continued From page 15</p> <p>Resident tried busted through west unit trying to get to outside, then went to seclusion room and turned to staff. Threatening et [and] positioning to stab them with a pencil. Resident placed in 2 person standing restraint after continued beating on door et window ...</p> <p>Seclusion ... Date & Time Actually Placed in Seclusion Date 9/22/19 Time #1 1730 [5:30 p.m.] /#2 1743 [5:43 p.m.]. Date & Time Removed from Seclusion 9/22/19 Time #1 1740 [5:40 p.m.] / #2 1810 [6:10 p.m.]. Date and Time Seclusion Order Received from MD Date: 9/22/19 Time: 1735 ... Resident Behavior ... Resident broke into laundry room several times. Angry. Posturing staff. Tried to bust out west outside door but then walked into seclusion room. Slammed door and started hitting window [with] fist. door then locked. #2 Resecluded following Thorazine 50 et Benadryl 100 mg IM for Dyscontrol for safety until calm.</p> <p>Chemical Restraint ... Date & Time Chemical Restraint Order Received from MD 9/22/19 1735 Date & Time Nurse Actually Administered Chemical Restraint Date 9/22/19 Time: 1743 [5:43 p.m.] Medication Administered: Thorazine/ Benadryl Dosage: 50/100 [mg] Route: IM ... Resident Behavior ...Continued aggression hitting et kicking seclusion room door et window. Threatening staff. Posturing."</p> <p>10. On 10/11/19 at 9:03 a.m., the Director of Nursing was asked, "What is your criteria for the use of a physical restraint, seclusion and chemical restraint?" She stated, "Imminent harm to self and others. I will just read you from the policy." She was asked, "Should a chemical restraint and seclusion be used simultaneously?" She stated, "No, they should not be used</p>	N 131		

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N 131 N 209	Continued From page 16 simultaneously." FACILITY REPORTING CFR(s): 483.374(b)(3) Staff must document in the resident's record that the serious occurrence was reported to both the State Medicaid agency and the State designated Protection and Advocacy system, including the name of the person to whom the incident was reported. A copy of the report must be maintained in the resident's record, as well as in the incident and accident report logs kept by the facility. This ELEMENT is not met as evidenced by: Complaint #AR00023618, was substantiated, all or in part, in these findings. Based on record review and interview, the facility failed to ensure a serious occurrence report was maintained in the clinical record for easy reference for 2 of 2 (Residents #11 and #12) of case mix residents who had a serious occurrence report. The findings are: 1. A Serious Injury Reporting Form documented, "8/9/19 - Resident [Resident #11] ... was outside playing with 10 other residents and two staff were monitoring them one resident ran to one fence and started climbing it. [Resident #11] then ran to another fence and climbed it. Staff requested [Resident #11] come down immediately and he turned around and started sliding down the fence to come down. [Resident #11's] left arm started to connect or catch on the fence link. He then jumped down, he was knocked to the ground when jumping and landed on his left arm. He	N 131 N 209	N209 FACILITY REPORTING Step #1 Corrective Action: On, 10/23/2019, upon notification of deficient practice, the DON observed/checked (made copies of the notification and documentation of serious occurrence and placed in the client's clinical record) to ensure serious occurrence report is maintained in the clinical record for easy reference for residents #11 and #12. No additional negative findings were found. Step #2 Identification of others with the potential of being affected: On, 10/23/2019, the DON through looking at serious occurrence binder for the past 90 days immediately identified 3 residents who had the potential to be affected from the deficient practice by (the charts of these 3 residents were checked to verify each notification and documentation was currently placed in the chart) Administrative assistant to the DON observed/checked to ensure serious occurrence report was maintained in the clinical record for easy reference to determine if those residents were affected. Any negative findings were corrected immediately.	11/06/19

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NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703	
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N 209	<p>Continued From page 17</p> <p>reported immediate pain. Nurses came to him and helped him inside where he was immediately seen by his PCP [Primary Care Physician] who was at the facility seeing routine patients. PCP MD [Medical Doctor] ordered 911 to be called as [Resident #11's] pain was extreme. [Resident #11] was brought via ambulance to [hospital] and treated for left elbow injury with effusion - an early fracture. Splint applied, order for Tylenol of Motrin for pain and appointment made for orthopedic MD for X-rays and cast." The form documented the Office of Long Term Care (OLTC) and Disability Rights of Arkansas (DRA) were notified by fax on 8/12/19 at 9:24 a.m.</p> <p>2. A Serious Injury Reporting Form documented, "9/10/19 - Resident [Resident #12] ...was playing outside during recreational time. Resident climbed part way up a fence and caught right hand on the top of fence. Resident came down and went to nurse's station immediately. Right and left hands washed thoroughly with soap and water. 1 x [by] 1/8 inch laceration present, gauze dressing applied for pressure. MD orders [Resident #12] to be taken to [hospital] for evaluation. 2 sutures placed on right hand that will be removed 9/20/19. Primary care physician follows up 9/11/19, orders over the counter triple antibiotic ointment." The form documented OLTC and DRA were notified by fax on 9/12/19 at 10:57 a.m.</p> <p>3. On 10/11/19 at 9:03 a.m., the Director of Nursing was asked if there was documentation in the resident's chart that notifications were made to the appropriate agencies. The Director of Nursing stated, "No. I just keep the fax and documentation in a file."</p>	N 209	<p>Step #3 To ensure deficient practice does not recur: On 11/06/2019, the DON in-serviced nursing staff present and will in-service any nurse unable to attend prior to their next shift to work to ensure serious occurrence report is maintained in the clinical record for easy reference.</p> <p>Step #4 Monitoring: Administrative assistant to DON will monitor to ensure serious occurrence report is maintained in the clinical record for easy reference by observation and documenting on serious occurrence checklist, each business day for 8 weeks or until compliance is verified by OLTC. Any negative findings will be corrected immediately and DON notified.</p> <p>Completion Date: 11/06/2019</p>	

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NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		
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N 209	Continued From page 18 4. The Policy: Emergency Safety Interventions provided by the Director of Nursing on 10/10/19 at 9:11 a.m. documented, "Serious Injury Occurrence . . . This form is to be filed in the resident's medical record following the ESI (Emergency Safety Intervention) Justification form."	N 209		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 11/26/2019
NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{N 000}	<p>Initial Comments</p> <p>Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>A revisit was conducted on November 26, 2019 for all deficiencies cited on October 11, 2019. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.</p>	{N 000}			

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

Adrienne Catalina

TITLE

CEO

(X6) DATE

12.3.19

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.

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 04L117	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/26/2019	Y3
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NAME OF FACILITY PINEY RIDGE TREATMENT CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703
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This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix N0131	Correction	ID Prefix N0209	Correction	ID Prefix	Correction
Reg. # 483.356(a)(4)	Completed	Reg. # 483.374(b)(3)	Completed	Reg. #	Completed
LSC	11/06/2019	LSC	11/06/2019	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) <i>SJB</i>	DATE <i>11/27/19</i>	SIGNATURE OF SURVEYOR <i>Diana Elliott, RD</i>	DATE <i>11/27/19</i>
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 10/11/2019	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

CHANGES TO SURVEY

Facility Name: Piney Ridge Treatment Center, Inc.

Survey Date: 10/11/19

Please review the changes below, then sign this form and fax back to the reviewer to indicate you are aware of and have approved the changes.

Team Leader: Dian Elliott

Reviewer: Sandra

Team Members: Norma Rushing and Dennis Adams

Changes & Rationales: Delete N0147 no failed practice and Delete N0170 no failed practice.

Spoke with Norma and Dennis and they are ok with this decision.

Deletion of one or more tags and/or a significant change in scope and severity must be discussed with, and the change form signed by, at least 3 of the following: (Sandra Broughton, Lori Hobbs, Cecilia Vinson, Cephas Beene-Cooper, Melody Jones-Blackwell). Surveyor signatures should be obtained prior to the 2567 being sent out; when this is not possible, reviewer will document the date/time of verbal approval from the surveyor and have the surveyor sign the form as soon as possible.

Signatures (Supervisory Personnel)

Date

<u>Lori Hobbs</u>	<u>10/23/19</u>
<u>Cephas Beene-Cooper</u>	<u>10/23/19</u>
<u>Melody Jones-Blackwell</u>	<u>10/23/19</u>

As designated surveyor, I have consulted with the team members and we concur with the changes.

Surveyor Signature: Norma Rushing RN **Date:** 10/23/19

Incomplete, Inaccurate or Missing Survey forms? Yes / No



Division of Provider Services and Quality Assurance
Office of Long Term Care
PO Box 8059, Slot S404
Little Rock, AR 72203-8059
Fax: 501-682-6159



December 3, 2019

Adrienne Catalina, Administrator
Piney Ridge Treatment Center, Inc
2805 E Zion Rd
Fayetteville, AR 72703

Dear Ms. Catalina:

During the revisit conducted on November 26, 2019, 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 Sandra Broughton at (501) 682-6159 or email to Sandra.Broughton@dhs.arkansas.gov as soon as possible.**

If you have any questions please contact your reviewer at 501-320-6182.

Sincerely,

A handwritten signature in black ink that reads "Sandra Broughton".

Sandra Broughton, DHS Program Administrator
Office of Long Term Care
Survey and Certification Section

sgb

cc: file

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		
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{N 000}	<p>Initial Comments</p> <p>Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>A revisit was conducted on November 26, 2019 for all deficiencies cited on October 11, 2019. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.</p>	{N 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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