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

November 30, 2021

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

Dear Ms. Lockhart:

On November 23, 2021 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 deficieny cited.

Sandra Broughton, Reviewer
OLTC, Survey & Certification Section
PO Box 8059, Slot S404
Little Rock, AR 72201-4608
(501) **320-6182**
email to Sandra.Broughton@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 or the requirement for timely submission of an acceptable plan of correction. 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

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

Sincerely,

Administrative Services Manager

DPSQA/Office of Long Term Care
Survey & Certification Section

sgb

cc: DRA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 000	Initial Comments	N 000		
	Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.			
	A complaint survey was conducted from 11/22/2021 to 11/23/21.			
	Complaint #AR00027464 was substantiated, all or in part, with deficiencies cited at N0126 anf N0132.			
	The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center			
N 126	PROTECTION OF RESIDENTS CFR(s): 483.356 (a)(1)	N 126		
	Each resident has the right to be free from restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation.			

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 AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 1 This ELEMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure a restraint was not used as discipline for 1 (Resident #1) of 1 sampled resident who was physical restrained. The findings are: 1. Resident #1 had diagnoses of Bipolar Most Recent Episode (MRE) Mixed without psychosis, Generalized Anxiety Disorder (GAD), Oppositional Defiant Disorder (ODD), and Asthma. a. The Emergency Safety Intervention Justification Packet completed on 11/14/21 by Registered Nurse (RN) #1 had marked under Justification Criteria: Personal Assault/Injury: Self and Staff Member and nurse had written in "None identified". Interventions attempted prior to restraint. . .Attempted to walk with resident to his room. . .Resident was waiting for his medications and became agitated when staff directed him to go to his unit. Type of Imminent Harm: Patient-to-Staff marked . . . "R [Resident] became aggressive toward staff, out of control per staff, resident exhibited violence to staff, verbally threatening, refusing to comply." Under Results of Physical Assessment: 'Small bruise to left forehead, . . Pain? Yes. . . R states his Rt [Right] collar bone, Lt [Left] Forehead are hurting" . . . Under Restraint/Seclusion Body Assessment Describe the Cause of the Injury: "Staff and Resident reports hit his head on the floor. . ." b. On the Patient Debriefing Form dated 11/14/2021 at 6:20 p.m., RN #1 documented Resident #1 answered to questions: "1. What was the very first thing that started this event, and	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 2 when did that happen? 'I walked out here to take my medications.' 2. Do you know the reason you were in restraint/seclusion? Explain the reason: 'I don't know.' 3. What were you doing that could cause danger to yourself or other people? 'Nothing.' 4. What did staff do to try and help you before you were physically restrained or secluded? 'He wasn't given any options' . . . 8. Were you injured during the event? Is so, explain your injury(ies): 'I have a headache, my collarbone and shoulder hurt, and I have a knot on my head.' 10. What could staff do differently if faced with a similar situation involving you? What can we do to cope better 'Listen more, I kept telling him you called me up for medication.' c. The Shift Note form dated 11/14/2021 at 5:18 PM by RN#1 documented, "I called [Resident #1] on radio for meds per [Youth Care Worker (YCW) #2]. [Resident #1] was standing at nurse station window. I heard someone asking him what he was doing, he said, 'I'm waiting for my meds'. Staff stated you don't have permission. [Resident #1] said 'Yes I do Nurse [RN #1] called me. I stepped into doorway and told staff I called him for meds and I am getting it together that yes he has permission, then the door started shaking and staff was telling [YCW #1] to 'drop him'. Several times I heard, 'you gonna have to drop him'. I was waiting at the door unable to open it due to [YCW #1] had [Resident #1] up against the door. When they moved, I opened the door, and [YCW #1] had [Resident #1] by his arms, struggling and tussling, then [Resident #1] to the floor, the restraint was not properly performed everything was happening so fast. I did not know what had happened that I did not see. After witnessing [YCW #1] failed attempts to properly hold resident, [YCW #3] prompted to relieve him,	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 3 then I witnessed [YCW #1] push residents head into the floor, causing resident pain, was immediately prompted to release containment and allow resident to get up now. Resident taken into nursing station, body check performed, bruise forming on left side forehead, Rt [Right] collar bone appears swollen, protruded slightly, resident c/o [complained of] HA [headache], Rt shoulder hurting and collar bone. . . All necessary staff notified, ESI [Emergency Safety Intervention] packet started but unable to complete due to I cannot justify why it was performed after speaking with resident and staff. . ." d. "Discharge Instructions for Resident #1 dated 11/15/2021 documented the resident was seen at a local hospital. The instructions documented he was diagnosed by a physician with a "Contusion [deep bruise resulting from blunt injury to tissues and muscle fibers under the skin] of shoulder." The Imaging Report dated 11/15/2021 at 11:58 AM documented an X-ray of the right clavicle was done for right shoulder pain with trauma/injury with findings of "No acute fracture or dislocation. Soft tissues are grossly unremarkable." e. "Safety Meeting Minutes" dated 11/22/21 at 12:51 PM received from the Clinical Director documented the date and time of the meeting as 11/15/21 at 10:20 AM and attendees were the CEO (Chief Executive Officer), Program Director, Clinical Director, Director of Nursing (DON), and Director of Quality and Risk. It documented, "Incident Report Review: Client: [Resident #1] Type of Incident: ESI Camera Review? Yes. . . Under Safety Issues: "ESI - Allegation of abuse Plan of Action - Camera Review." It did not document any other discussion or findings. The Clinical Director was asked at this time, "Was	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 4 there any other discussion of the ESI or findings at this meeting? If so, I would like to see a copy of them." He stated, "I will find out." No findings from this meeting were received prior to exit. f. On 11/22/21 at 12:58 PM, a review of the ESI video for Resident #1 was done with the CEO/Administrator (CEO), Clinical Director (CD), Director of Nursing (DON) and Program Director present. The Video was dated 11/14/2021 and was time stamped starting at 6:18 PM. According to the DON the actual time of the incident was an hour earlier due to the recent change from daylight savings time. At that time YCW #2 is seen coming through a hallway door with Resident #1. Resident #1 walks to area between medication room door and medication room window and stands with his back to the wall with YCW #2 standing in front of him. No sound is present on the video. YCW #2 appears to be talking to Resident #1. At 17:18:05 (5:18:05 PM), Resident #1 is then seen to slide down to the floor with his back along the wall into a sitting position with his back remaining on the wall. He sits with his feet on the floor, knees drawn up to his chest, arms resting on his knees. The view of him is partially obstructed at times by staff standing between him and the camera, but no movement is seen while he is sitting, no physical aggression to staff or agitation by Resident #1 has been observed since he entered camera view. The window of the nurse's station is to his left side, the medication room door to his right side while he is sitting. A non-sample resident is seen reaching over Resident #1 to the window, no reaction is observed from Resident #1, resident is not seen to move out of the position described above, and there is no observable reaction by the non-sample resident who then	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 5 leaves the area with prompting. At 17:18:30 (5:18:30 PM) Resident #1 continues sitting in same position against the wall. At 17:18:45 (5:18:45 PM), YCW #1 is seen entering into the area through the hallway door, YCW #2 is present. YCW #1 walks directly to Resident #1, who continues to sit and does not appear to move. At 17:18:48 (5:18:48 PM), YCW #1 is seen to reach out and take a hold of Resident #1's right arm and pick Resident #1 up off the floor by the arm. Up until YCW #1 reaching for his arm, Resident #1 had still not been observed to be physically attacking the staff or trying to hurt himself or others. Once YCW #1 had a hold of his arm, Resident #1 started struggling, and YCW #1 and Resident #1 wind up on the floor. They continue to struggle with each other on the floor. The DON was asked at this point, "What justified [YCW #1] picking [Resident #1] up at this time with [Resident #1] sitting against the wall? Was he hurting himself or trying to hurt anyone? What justified trying to put him into a restraint at that time?" She stated, "Nothing, he was just sitting on the floor. Of course, we don't know what was going on before that, what all had happened behind the closed doors to the other hallway, but he was in front of the nurse's station door and was out of his area. It is in his care plan for restraint out of area." The DON was asked for a a copy of this care plan when we are finished. The Clinical Director was asked, "What restraint system does the facility use?" He stated, "SAMA [Satori Alternatives to Managing Aggression]." He was asked, "Is one of your SAMA trainers here today so I can talk to them and review the video with them?" He stated, "No." He was asked, "Does SAMA call for one person restraint?" He	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 6 stated, "No, two persons." He was asked, "Why did [YCW #1] get [Resident #1] up the way he did?" He stated, "He was trying to get him in hold. Other staff was trying to wait until he got him into position." He was asked, "What justifies a restraint?" He stated, "Danger to self and others, property destruction, that is all I have because I was unprepared for that question. I'll go get the policy." The Clinical Director left the room. The Director of Nursing (DON) was asked, "Is it safe to use one person? Was it safe for [YCW #1] to do it that way?" She stated, "It may start that way until the second person can get into position. [Resident #1] was against the wall so it was cramped, and the other staff couldn't get in. More than likely they were trying to talk him down." The Clinical Director stated, "[YCW #2] was talking to him before [YCW #1] came in, it was a while. The DON stated, "I know staff had been trying to calm him down, [Resident #1] can be difficult to calm down, for a long time before you see what happened on the video. You saw him push past them at the door, he was out of his area and then it is in his plan of care he can then be restrained." The Program Director was asked, "What justifies the use of restraints?" She stated "Imminent harm to self or others. It is hard to get [Resident #1] to calm down. We try to get them to calm down and de-escalate, the staff know that." She was asked, "When [YCW #1] tried to put him in restraint was he causing imminent harm to himself or others?" The Program Director stated, "He may have had an object in his hand." She was asked, "Does he appear to be trying to hurt himself?" She stated, "I don't know, I can't see because of the staff standing there." The	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 7 Program Director was then asked, "Was he trying to hurt staff or anyone else?" The Program Director did not answer. The Director of Nursing stated, "Not at this particular point. He was asked to return to his area. It was a safety issue. He was out of area. He is hard to calm, had been in and out of his area all day. The restraint was initiated when he dropped down in front of the door." The DON was then asked, "Are there other things that could have been tried before trying to place him in restraint?" The DON stated, "They had done that and they did do that. You are correct on what is seen on the video, but at that moment he was out of his area so it was justified according to his plan. [YCW #2] continued to try to talk to him, he dropped down to the ground." The video was restarted, Registered Nurse [RN] #1 was seen coming out into the hallway at 17:18:18 (5:18:18 PM). At 17:18:52 (5:18:52 PM) YCW #1 and Resident #1 continue to struggle on floor, then, YCW #2 is seen getting on the resident's legs in restraint position, YCW #1 is behind the resident still struggling with the resident's arms. At approximately 17:20 [5:20 PM) YCW #3 joins in the restraint and they get the resident into restraint position. YCW #1 is relieved from the restraint. The restraint ends with Resident #1 and staff getting up from the floor and Resident #1 walking with the nurse into the nurse's station. g. On 11/22/21 at 1:48 PM, the Clinical Director was asked, "Based on the definition or justification you gave on the use of restraints and policy was [YCW #1] justified in starting that restraint at the point we watched him start it on	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 8 the video?" He stated, "No he wasn't." He was asked, "Was he hurting himself or trying to hurt anyone else?" He stated, "The danger was him being in front of the door [medication room]. Are you saying it was not justified?" The Clinical Director was told, "I am not saying anything at this point of getting information, whether it was justified or not, I am asking you based on policy, since it is the facility's policy." He replied, "According to what you are saying you are right. It wasn't justified according to what you are saying. Why do you keep asking everyone?" The Surveyor stated, "I am needing information on what you and other staff saw on the video since you know the policy. I am here to investigate, to make sure, just like you, the residents and staff are safe and protected." He stated, "According to what you are saying, you are right, but we don't know what happened before. I'm sure it took a long time before." h. On 11/22/21 at 2:43 PM, RN #1 was asked by phone, "Were you the nurse that was there during the Emergency Safety Intervention on [Resident #1] on the 14th [November]?" RN #1 stated, "Yes, when it happened or started, I was in the nurse's station, in the medication room, which is another room in the nurse's station, and it happened right there outside my door. I had just talked to Resident #1, and he seemed fine. I went back into the med [medication] room to get his medicine. I heard some commotion. I couldn't see, so I wasn't sure what was going on. I was told later by [the DON] it was because the resident was kicking the door. I had trouble getting the door [nurse's station] door open when I went to it because they were struggling in the hallway. She was then asked, "Once you did get out in the hallway, what did you see?" She stated	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 9 "Once I got in the hallway, [YCW #1] was on the floor with [Resident #1] struggling with arms and legs going back and forth. [Resident #1] was crossway and [YCW #1] was long ways, attempting to get an arm around [Resident #1]. [Resident #1] was struggling a lot. I had no idea what had happened between the time I called [Resident #1] to get his medicines and finding them [Resident #1 and [YCW #1] on the floor. A lot of struggle was going on, [YCW #1] couldn't seem to get him in the proper hold and was struggling with him [Resident #1]. RN #1 was asked, "Are you SAMA [Satori Alternatives for Managing Aggression] trained?" She stated, "Yes." RN #1 was asked, "Is it appropriate technique, per SAMA, for one person to restrain a resident?" RN #1 stated, "No, it is not safe. Not typically, you are supposed to have someone with you. It might happen if there is no other way to protect someone." She was asked, "When you watched [YCW #1] with [Resident #1] in the hallway, was that proper SAMA technique?" RN #1 stated, "Not what I saw, that was not a proper hold. I'm not sure if he [YCW #1] initially had him in proper technique and [Resident #1] started fighting or what happened there, I didn't see the actual take down. When [YCW #2] got his [Resident #1] legs that was right with him under her and her arms and elbows out, but [Resident #1] still had his arms free with [YCW #1] trying to hold[Resident #1's] arms behind his back. [Resident #1] was yelling 'You're hurting my arms" so we had to make [YCW #1] switch out. I'm not sure why it happened because I had called [Resident #1] up there for medicine and they said it was because he was out of area." She was then asked, "Did anyone ask you to assess for the need for restraint or to talk to [Resident #1] before the ESI happened?" She stated, "No. Like	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 10 I said, I don't know what happened and when I asked the staff afterward, no one could or would give me a reason why he had been restrained." RN #1 was asked, "Did you see [YCW #1] do anything to intentionally hurt [Resident #1]?" She replied, "I asked [YCW #3] to take his place, because it just looked like [YCW #1] was being a little rough. I told [YCW #3] to replace [YCW #1]. As he [YCW #1] got up to switch out, it could have been an accident, but he pushed off of [Resident #1] and [Resident #1's] head hit the floor. It was audible and very loud. One of the staff said, 'Oh my god, that was his head.' I'm not sure who said that, it might have been [YCW #4]. He [YCW#1] should have pushed back from [Resident #1] when he was relieved, but instead he pushed on [Resident #1]. All of the staff made comments on how angry his expression was when we were talking about it afterward." She was asked, "Was [Resident #1] injured?" She stated, "After his head hit the floor he stopped struggling and looked at me. I asked him 'Was that your head?' and he said, 'Yes.' I told everyone to get up and I walked him into the nurse's station. He calmly followed me, I closed the door and looked him over. He complained of his shoulder and behind his ear hurting. He had a long line of bruising forming on the side of his forehead. I asked him why the restraint happened, and he said he didn't know. They knew I had called him to get his medicine. I told them two times before this started, because I heard them talking with him in the hallway before it did. I had called [YCW #2]. She had to open the door with her key card to let him into my area. I spoke with [YCW #2] on the radio when they were in his area, she let him out or she was the one standing at the door. I heard someone telling him to get back in his area, but I couldn't see	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 11 because I was in the nurse's station. I thought it was [Supervisor #1's] voice, but I was told later she wasn't even there. I was talking through the side of the nurse's station window and I sure thought it was her. I told them, it could have been [YCW #2], I had called for him. I went back to the medication room and then I heard the door to the nurse's station rocking ..." i. On 11/23/21 at 9:31 AM, YCW #1 was asked by phone, "Can you tell me when staff is allowed to use a restraint?" He stated, "They try to resist staff, fight staff, you need to keep them safe, they don't want to come back, if they walk out." He was asked, "Tell me about the restraint on [Resident #1] on the 14th. YCW #1 stated, "I tried to get him go come back. He tried to hit me and he was swinging. He was acting up. They, [Supervisor #1] called me over from where I was working because I was the only male. I was told he was aggressive with the female staff. I was trying to do my job. My supervisor [Supervisor #1] called for me. I didn't slam him down hard, I did not hurt him. I was the only man on staff. I try not to touch them. I don't do it very often. I try not to run behind them or wrestle with them." He was asked. "Was [Supervisor #1] there when the restraint happened?" He stated, "Yes Ma'am she was the supervisor in charge. She was in the hallway." He was asked, "Do you feel like you were angry at the time?" He stated, "No Ma'am I wasn't angry." He was asked, "What did you see him [Resident #1] doing when you came into the hallway and came up to him?" He stated, "I think he was sitting down, he didn't want to come back. He had his back to the wall. Someone told me to grab him and put him down." He was then asked, "Who was the someone?" He replied, "[Supervisor #1] and maybe others. They want us	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 12 to grab them and bring them back." He was asked, "Who is they?" YCW #1 answered, "The one in charge and other staff. He was tussling with me. I grabbed him and pulled him up, then he was tussling." He was asked, "Before you reached for him was he trying to hurt staff? Or anyone else?" He stated, No Ma'am. I was told he was but I didn't see it." He was asked, "Before you reached him was, he trying to hurt himself?" He replied, "No Ma'am I didn't see that." He was also asked, "Did he have anything in his hands or on him that you saw that could be used or he was using to hurt himself or staff?" YCW #1 answered, "I didn't see anything in his hands. I don't think he had anything." j. On 11/23/21 at 10:04 AM, the Chief Executive Officer (CEO)/Administrator was asked, "What are the justifications for restraining a resident?" She stated, "Imminent danger to self or others." She was asked, "On the video when [YCW #1] started the ESI or restraint did you see [Resident #1] doing anything that could be considered imminent danger to self or others?" She answered, "What I saw, he was blocking the window for her [the nurse] to give meds [medicines], not the door but the window. But I don't know what was going on before. I did not see, I did not see imminent danger, but I did not see what transpired before. I do know he was out of his area." The CEO/Administrator was then asked, "You signed that you were on the committee that reviewed the video the day after the incident. Were there any notes or concerns voiced about the ESI?" She stated, "We should have a signed safety sheet of what we discussed in that meeting, the risk director does those, she has that." The CEO/Administrator was told, "I would like a copy of those notes from the	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 13 discussion." She stated, "I'll contact her." She was asked, "Do you remember anyone at the meeting having concerns or stating it was not a justified restraint during the meeting?" She answered, "I don't recall." On 11/23/21 at 10:44 AM, a document "Safety Meeting Minutes" was received from the CEO. She was told, "These are the same minutes I have already received without any discussion notes. Are there other notes?" She stated, "That's what I have for now. I'll see if there is anything else." No notes from the meeting were received prior to exit. k. On 11/23/21 at 11:08 AM, Resident #1 was asked, "What do you remember about being restrained a few days ago on the 14th [November]?" He stated, "I remember I hit my head on the floor I blacked out. I was just fighting back." He was asked, "Can you tell me why you were restrained?" He stated, "No. I still don't know." He was then asked, "Were you trying to hurt yourself or trying to hurt someone else?" He answered, "No I was just waiting to take my medicine." He was asked, "How did you get into the medication room area?" He stated, "I was called in to take my medicine. I was let in." Next, he was asked, "Can you think of any reason they restrained you?" He replied, "I don't know. No, but [Supervisor #1] was there, she was upset for some reason. She was following me. She was upset because staff had pushed me. She also told me to get my act together if I want to do home." Resident #1 was also asked, "Do you think any of the staff were trying to hurt you?" He answered, "No, but I did fight back. I felt like they were in the wrong."	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 14 2. Facility Policy #7.5 Emergency Safety Intervention [ESI] with a revision date of 9/2013 included under Section II. Policy: "It shall be the policy of Perimeter Behavioral of Forrest City that each resident has the right to be free from physical restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation. . . "A. To ensure the safety of the resident or others during an emergency situation. An emergency safety situation means unanticipated resident behavior that places the resident or others at serious threat of violence or injury if no intervention occurs and it calls for an emergency safety intervention as defined in this policy." Section III. Definitions: . . .D. Physical restraint. . . Physical restraint is a crisis intervention use to resolve an emergency safety situation to contain severe, out of control behavior, which is likely to cause harm to the resident, other residents, or staff ..." Section IV. Procedure: Section A. Physical Restraint and Seclusion Justification: "1. Prior to use of seclusion, chemical restraint, or physical restraint a clinical assessment is conducted by the psychiatrist or clinically qualified RN trained in the use of emergency safety situations. Alternative approaches to assist the resident should be tried first, such as: verbal redirection, separation from stimulus, processing with another staff member, and encouraging movement to a quieter environment. 2. The only justification for use of seclusion or physical restraint in an emergency safety situation is to prevent physical injury to: a. Self b. Other residents or c. Others"	N 126		
N 132	PROTECTION OF RESIDENTS CFR(s): 483.356(b) Emergency safety intervention. An emergency	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 15 safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age; size; gender; physical, medical, and psychiatric condition; and personal history (including any history of physical or sexual abuse). This ELEMENT is not met as evidenced by: Based on observation, record review and interview. the facility failed to ensure an emergency safety intervention was used in a safe manner and appropriate for the severity of the behavior for 1 (Resident #1) of 1 sampled resident who was physically restrained. The findings are: 1. Resident #1 had diagnoses of Bipolar Most Recent Episode (MRE) Mixed without psychosis, Generalized Anxiety Disorder (GAD), Oppositional Defiant Disorder (ODD), and Asthma. a. The Emergency Safety Intervention Justification Packet completed on 11/14/21 by Registered Nurse (RN) #1 had marked under Justification Criteria: Personal Assault/Injury: Self and Staff Member and nurse had written in "None identified". Interventions attempted prior to restraint. . .Attempted to walk with resident to his room. . .Resident was waiting for his medications and became agitated when staff directed him to go to his unit. Type of Imminent Harm: Patient-to-Staff marked . . . "R [Resident] became aggressive toward staff, out of control per staff, resident exhibited violence to staff, verbally threatening, refusing to comply." Under Results of	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 16 Physical Assessment: 'Small bruise to left forehead, . . Pain? Yes. . . R states his Rt [Right] collar bone, Lt [Left] Forehead are hurting" . . . Under Restraint/Seclusion Body Assessment Describe the Cause of the Injury: "Staff and Resident reports hit his head on the floor. . ." b. On the Patient Debriefing Form dated 11/14/2021 at 6:20 p.m., RN #1 documented Resident #1 answered to questions: "1. What was the very first thing that started this event, and when did that happen? 'I walked out here to take my medications.' 2. Do you know the reason you were in restraint/seclusion? Explain the reason: 'I don't know.' 3. What were you doing that could cause danger to yourself or other people? 'Nothing.' 4. What did staff do to try and help you before you were physically restrained or secluded? 'He wasn't given any options' . . . 8. Were you injured during the event? Is so, explain your injury(ies): 'I have a headache, my collarbone and shoulder hurt, and I have a knot on my head.' 10. What could staff do differently if faced with a similar situation involving you? What can we do to cope better 'Listen more, I kept telling him you called me up for medication.' c. The Shift Note form dated 11/14/2021 at 5:18 PM by RN#1 documented, "I called [Resident #1] on radio for meds per [Youth Care Worker (YCW) #2]. [Resident #1] was standing at nurse station window. I heard someone asking him what he was doing, he said, 'I'm waiting for my meds'. Staff stated you don't have permission. [Resident #1] said 'Yes I do Nurse [RN #1] called me. I stepped into doorway and told staff I called him for meds and I am getting it together that yes he has permission, then the door started shaking and staff was telling [YCW #1] to 'drop him'.	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 17 Several times I heard, 'you gonna have to drop him'. I was waiting at the door unable to open it due to [YCW #1] had [Resident #1] up against the door. When they moved, I opened the door, and [YCW #1] had [Resident #1] by his arms, struggling and tussling, then [Resident #1] to the floor, the restraint was not properly performed everything was happening so fast. I did not know what had happened that I did not see. After witnessing [YCW #1] failed attempts to properly hold resident, [YCW #3] prompted to relieve him, then I witnessed [YCW #1] push residents head into the floor, causing resident pain, was immediately prompted to release containment and allow resident to get up now. Resident taken into nursing station, body check performed, bruise forming on left side forehead, Rt [Right] collar bone appears swollen, protruded slightly, resident c/o [complained of] HA [headache], Rt shoulder hurting and collar bone. . . All necessary staff notified, ESI [Emergency Safety Intervention] packet started but unable to complete due to I cannot justify why it was performed after speaking with resident and staff. . ." d. "Discharge Instructions for Resident #1 dated 11/15/2021 documented the resident was seen at a local hospital. The instructions documented he was diagnosed by a physician with a "Contusion [deep bruise resulting from blunt injury to tissues and muscle fibers under the skin] of shoulder." The Imaging Report dated 11/15/2021 at 11:58 AM documented an X-ray of the right clavicle was done for right shoulder pain with trauma/injury with findings of "No acute fracture or dislocation. Soft tissues are grossly unremarkable." e. "Safety Meeting Minutes" dated 11/22/21 at 12:51 PM received from the Clinical Director	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 18 documented the date and time of the meeting as 11/15/21 at 10:20 AM and attendees were the CEO (Chief Executive Officer), Program Director, Clinical Director, Director of Nursing (DON), and Director of Quality and Risk. It documented, "Incident Report Review: Client: [Resident #1] Type of Incident: ESI Camera Review? Yes. . . Under Safety Issues: "ESI - Allegation of abuse Plan of Action - Camera Review." It did not document any other discussion or findings. The Clinical Director was asked at this time, "Was there any other discussion of the ESI or findings at this meeting? If so, I would like to see a copy of them." He stated, "I will find out." No findings from this meeting were received prior to exit. f. On 11/22/21 at 12:58 PM, a review of the ESI video for Resident #1 was done with the CEO/Administrator (CEO), Clinical Director (CD), Director of Nursing (DON) and Program Director present. The Video was dated 11/14/2021 and was time stamped starting at 6:18 PM. According to the DON the actual time of the incident was an hour earlier due to the recent change from daylight savings time. At that time YCW #2 is seen coming through a hallway door with Resident #1. Resident #1 walks to area between medication room door and medication room window and stands with his back to the wall with YCW #2 standing in front of him. No sound is present on the video. YCW #2 appears to be talking to Resident #1. At 17:18:05 (5:18:05 PM), Resident #1 is then seen to slide down to the floor with his back along the wall into a sitting position with his back remaining on the wall. He sits with his feet on the floor, knees drawn up to his chest, arms resting on his knees. The view of him is partially obstructed at times by staff standing between him and the camera, but no	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 19 movement is seen while he is sitting, no physical aggression to staff or agitation by Resident #1 has been observed since he entered camera view. The window of the nurse's station is to his left side, the medication room door to his right side while he is sitting. A non-sample resident is seen reaching over Resident #1 to the window, no reaction is observed from Resident #1, resident is not seen to move out of the position described above, and there is no observable reaction by the non-sample resident who then leaves the area with prompting. At 17:18:30 (5:18:30 PM) Resident #1 continues sitting in same position against the wall. At 17:18:45 (5:18:45 PM), YCW #1 is seen entering into the area through the hallway door, YCW #2 is present. YCW #1 walks directly to Resident #1, who continues to sit and does not appear to move. At 17:18:48 (5:18:48 PM), YCW #1 is seen to reach out and take a hold of Resident #1's right arm and pick Resident #1 up off the floor by the arm. Up until YCW #1 reaching for his arm, Resident #1 had still not been observed to be physically attacking the staff or trying to hurt himself or others. Once YCW #1 had a hold of his arm, Resident #1 started struggling, and YCW #1 and Resident #1 wind up on the floor. They continue to struggle with each other on the floor. The DON was asked at this point, "What justified [YCW #1] picking [Resident #1] up at this time with [Resident #1] sitting against the wall? Was he hurting himself or trying to hurt anyone? What justified trying to put him into a restraint at that time?" She stated, "Nothing, he was just sitting on the floor. Of course, we don't know what was going on before that, what all had happened behind the closed doors to the other hallway, but he was in front of the nurse's station door and	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 20 was out of his area. It is in his care plan for restraint out of area." The DON was asked for a a copy of this care plan when we are finished. The Clinical Director was asked, "What restraint system does the facility use?" He stated, "SAMA [Satori Alternatives to Managing Aggression]." He was asked, "Is one of your SAMA trainers here today so I can talk to them and review the video with them?" He stated, "No." He was asked, "Does SAMA call for one person restraint?" He stated, "No, two persons." He was asked, "Why did [YCW #1] get [Resident #1] up the way he did?" He stated, "He was trying to get him in hold. Other staff was trying to wait until he got him into position." He was asked, "What justifies a restraint?" He stated, "Danger to self and others, property destruction, that is all I have because I was unprepared for that question. I'll go get the policy." The Clinical Director left the room. The Director of Nursing (DON) was asked, "Is it safe to use one person? Was it safe for [YCW #1] to do it that way?" She stated, "It may start that way until the second person can get into position. [Resident #1] was against the wall so it was cramped, and the other staff couldn't get in. More than likely they were trying to talk him down." The Clinical Director stated, "[YCW #2] was talking to him before [YCW #1] came in, it was a while. The DON stated, "I know staff had been trying to calm him down, [Resident #1] can be difficult to calm down, for a long time before you see what happened on the video. You saw him push past them at the door, he was out of his area and then it is in his plan of care he can then be restrained." The Program Director was asked, "What justifies	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 21 the use of restraints?" She stated "Imminent harm to self or others. It is hard to get [Resident #1] to calm down. We try to get them to calm down and de-escalate, the staff know that." She was asked, "When [YCW #1] tried to put him in restraint was he causing imminent harm to himself or others?" The Program Director stated, "He may have had an object in his hand." She was asked, "Does he appear to be trying to hurt himself?" She stated, "I don't know, I can't see because of the staff standing there." The Program Director was then asked, "Was he trying to hurt staff or anyone else?" The Program Director did not answer. The Director of Nursing stated, "Not at this particular point. He was asked to return to his area. It was a safety issue. He was out of area. He is hard to calm, had been in and out of his area all day. The restraint was initiated when he dropped down in front of the door." The DON was then asked, "Are there other things that could have been tried before trying to place him in restraint?" The DON stated, "They had done that and they did do that. You are correct on what is seen on the video, but at that moment he was out of his area so it was justified according to his plan. [YCW #2] continued to try to talk to him, he dropped down to the ground." The video was restarted, Registered Nurse [RN] #1 was seen coming out into the hallway at 17:18:18 (5:18:18 PM). At 17:18:52 (5:18:52 PM) YCW #1 and Resident #1 continue to struggle on floor, then, YCW #2 is seen getting on the resident's legs in restraint position, YCW #1 is behind the resident still struggling with the resident's arms. At approximately 17:20 [5:20 PM) YCW #3 joins in the restraint and they get	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 22 the resident into restraint position. YCW #1 is relieved from the restraint. The restraint ends with Resident #1 and staff getting up from the floor and Resident #1 walking with the nurse into the nurse's station. g. On 11/22/21 at 1:48 PM, the Clinical Director was asked, "Based on the definition or justification you gave on the use of restraints and policy was [YCW #1] justified in starting that restraint at the point we watched him start it on the video?" He stated, "No he wasn't." He was asked, "Was he hurting himself or trying to hurt anyone else?" He stated, "The danger was him being in front of the door [medication room]. Are you saying it was not justified?" The Clinical Director was told, "I am not saying anything at this point of getting information, whether it was justified or not, I am asking you based on policy, since it is the facility's policy." He replied, "According to what you are saying you are right. It wasn't justified according to what you are saying. Why do you keep asking everyone?" The Surveyor stated, "I am needing information on what you and other staff saw on the video since you know the policy. I am here to investigate, to make sure, just like you, the residents and staff are safe and protected." He stated, "According to what you are saying, you are right, but we don't know what happened before. I'm sure it took a long time before." h. On 11/22/21 at 2:43 PM, RN #1 was asked by phone, "Were you the nurse that was there during the Emergency Safety Intervention on [Resident #1] on the 14th [November]?" RN #1 stated, "Yes, when it happened or started, I was in the nurse's station, in the medication room, which is another room in the nurse's station, and it happened right	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 23 there outside my door. I had just talked to Resident #1, and he seemed fine. I went back into the med [medication] room to get his medicine. I heard some commotion. I couldn't see, so I wasn't sure what was going on. I was told later by [the DON] it was because the resident was kicking the door. I had trouble getting the door [nurse's station] door open when I went to it because they were struggling in the hallway. She was then asked, "Once you did get out in the hallway, what did you see?" She stated "Once I got in the hallway, [YCW #1] was on the floor with [Resident #1] struggling with arms and legs going back and forth. [Resident #1] was crossway and [YCW #1] was long ways, attempting to get an arm around [Resident #1]. [Resident #1] was struggling a lot. I had no idea what had happened between the time I called [Resident #1] to get his medicines and finding them [Resident #1 and [YCW #1] on the floor. A lot of struggle was going on, [YCW #1] couldn't seem to get him in the proper hold and was struggling with him [Resident #1]. RN #1 was asked, "Are you SAMA [Satori Alternatives for Managing Aggression] trained?" She stated, "Yes." RN #1 was asked, "Is it appropriate technique, per SAMA, for one person to restrain a resident?" RN #1 stated, "No, it is not safe. Not typically, you are supposed to have someone with you. It might happen if there is no other way to protect someone." She was asked, "When you watched [YCW #1] with [Resident #1] in the hallway, was that proper SAMA technique?" RN #1 stated, "Not what I saw, that was not a proper hold. I'm not sure if he [YCW #1] initially had him in proper technique and [Resident #1] started fighting or what happened there, I didn't see the actual take down. When [YCW #2] got his [Resident #1] legs that was right with him under	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 24 her and her arms and elbows out, but [Resident #1] still had his arms free with [YCW #1] trying to hold[Resident #1's] arms behind his back. [Resident #1] was yelling 'You're hurting my arms" so we had to make [YCW #1] switch out. I'm not sure why it happened because I had called [Resident #1] up there for medicine and they said it was because he was out of area." She was then asked, "Did anyone ask you to assess for the need for restraint or to talk to [Resident #1] before the ESI happened?" She stated, "No. Like I said, I don't know what happened and when I asked the staff afterward, no one could or would give me a reason why he had been restrained." RN #1 was asked, "Did you see [YCW #1] do anything to intentionally hurt [Resident #1]?" She replied, "I asked [YCW #3] to take his place, because it just looked like [YCW #1] was being a little rough. I told [YCW #3] to replace [YCW #1]. As he [YCW #1] got up to switch out, it could have been an accident, but he pushed off of [Resident #1] and [Resident #1's] head hit the floor. It was audible and very loud. One of the staff said, 'Oh my god, that was his head.' I'm not sure who said that, it might have been [YCW #4]. He [YCW#1] should have pushed back from [Resident #1] when he was relieved, but instead he pushed on [Resident #1]. All of the staff made comments on how angry his expression was when we were talking about it afterward." She was asked, "Was [Resident #1] injured?" She stated, "After his head hit the floor he stopped struggling and looked at me. I asked him 'Was that your head?' and he said, 'Yes.' I told everyone to get up and I walked him into the nurse's station. He calmly followed me, I closed the door and looked him over. He complained of his shoulder and behind his ear hurting. He had a long line of bruising forming on the side of his	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 25 forehead. I asked him why the restraint happened, and he said he didn't know. They knew I had called him to get his medicine. I told them two times before this started, because I heard them talking with him in the hallway before it did. I had called [YCW #2]. She had to open the door with her key card to let him into my area. I spoke with [YCW #2] on the radio when they were in his area, she let him out or she was the one standing at the door. I heard someone telling him to get back in his area, but I couldn't see because I was in the nurse's station. I thought it was [Supervisor #1's] voice, but I was told later she wasn't even there. I was talking through the side of the nurse's station window and I sure thought it was her. I told them, it could have been [YCW #2], I had called for him. I went back to the medication room and then I heard the door to the nurse's station rocking ..." i. On 11/23/21 at 9:31 AM, YCW #1 was asked by phone, "Can you tell me when staff is allowed to use a restraint?" He stated, "They try to resist staff, fight staff, you need to keep them safe, they don't want to come back, if they walk out." He was asked, "Tell me about the restraint on [Resident #1] on the 14th. YCW #1 stated, "I tried to get him go come back. He tried to hit me and he was swinging. He was acting up. They, [Supervisor #1] called me over from where I was working because I was the only male. I was told he was aggressive with the female staff. I was trying to do my job. My supervisor [Supervisor #1] called for me. I didn't slam him down hard, I did not hurt him. I was the only man on staff. I try not to touch them. I don't do it very often. I try not to run behind them or wrestle with them." He was asked. "Was [Supervisor #1] there when the restraint happened?" He stated, "Yes Ma'am she	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 26 was the supervisor in charge. She was in the hallway." He was asked, "Do you feel like you were angry at the time?" He stated, "No Ma'am I wasn't angry." He was asked, "What did you see him [Resident #1] doing when you came into the hallway and came up to him?" He stated, "I think he was sitting down, he didn't want to come back. He had his back to the wall. Someone told me to grab him and put him down." He was then asked, "Who was the someone?" He replied, "[Supervisor #1] and maybe others. They want us to grab them and bring them back." He was asked, "Who is they?" YCW #1 answered, "The one in charge and other staff. He was tussling with me. I grabbed him and pulled him up, then he was tussling." He was asked, "Before you reached for him was he trying to hurt staff? Or anyone else?" He stated, No Ma'am. I was told he was but I didn't see it." He was asked, "Before you reached him was, he trying to hurt himself?" He replied, "No Ma'am I didn't see that." He was also asked, "Did he have anything in his hands or on him that you saw that could be used or he was using to hurt himself or staff?" YCW #1 answered, "I didn't see anything in his hands. I don't think he had anything." j. On 11/23/21 at 10:04 AM, the Chief Executive Officer (CEO)/Administrator was asked, "What are the justifications for restraining a resident?" She stated, "Imminent danger to self or others." She was asked, "On the video when [YCW #1] started the ESI or restraint did you see [Resident #1] doing anything that could be considered imminent danger to self or others?" She answered, "What I saw, he was blocking the window for her [the nurse] to give meds [medicines], not the door but the window. But I don't know what was going on before. I did not	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 27 see, I did not see imminent danger, but I did not see what transpired before. I do know he was out of his area." The CEO/Administrator was then asked, "You signed that you were on the committee that reviewed the video the day after the incident. Were there any notes or concerns voiced about the ESI?" She stated, "We should have a signed safety sheet of what we discussed in that meeting, the risk director does those, she has that." The CEO/Administrator was told, "I would like a copy of those notes from the discussion." She stated, "I'll contact her." She was asked, "Do you remember anyone at the meeting having concerns or stating it was not a justified restraint during the meeting?" She answered, "I don't recall." On 11/23/21 at 10:44 AM, a document "Safety Meeting Minutes" was received from the CEO. She was told, "These are the same minutes I have already received without any discussion notes. Are there other notes?" She stated, "That's what I have for now. I'll see if there is anything else." No notes from the meeting were received prior to exit. k. On 11/23/21 at 11:08 AM, Resident #1 was asked, "What do you remember about being restrained a few days ago on the 14th [November]?" He stated, "I remember I hit my head on the floor I blacked out. I was just fighting back." He was asked, "Can you tell me why you were restrained?" He stated, "No. I still don't know." He was then asked, "Were you trying to hurt yourself or trying to hurt someone else?" He answered, "No I was just waiting to take my medicine." He was asked, "How did you get into the medication room area?" He stated, "I was called in to take my medicine. I was let in." Next,	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 28 he was asked, "Can you think of any reason they restrained you?" He replied, "I don't know. No, but [Supervisor #1] was there, she was upset for some reason. She was following me. She was upset because staff had pushed me. She also told me to get my act together if I want to do home." Resident #1 was also asked, "Do you think any of the staff were trying to hurt you?" He answered, "No, but I did fight back. I felt like they were in the wrong." 2. Facility Policy #7.5 Emergency Safety Intervention [ESI] with a revision date of 9/2013 included under Section II. Policy: "It shall be the policy of Perimeter Behavioral of Forrest City that each resident has the right to be free from physical restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation. . . "A. To ensure the safety of the resident or others during an emergency situation. An emergency safety situation means unanticipated resident behavior that places the resident or others at serious threat of violence or injury if no intervention occurs and it calls for an emergency safety intervention as defined in this policy." Section III. Definitions: . . .D. Physical restraint. . . Physical restraint is a crisis intervention use to resolve an emergency safety situation to contain severe, out of control behavior, which is likely to cause harm to the resident, other residents, or staff ..." Section IV. Procedure: Section A. Physical Restraint and Seclusion Justification: "1. Prior to use of seclusion, chemical restraint, or physical restraint a clinical assessment is conducted by the psychiatrist or clinically qualified RN trained in the use of emergency safety situations. Alternative approaches to assist the resident should be tried first, such as: verbal redirection, separation from	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 29 stimulus, processing with another staff member, and encouraging movement to a quieter environment. 2. The only justification for use of seclusion or physical restraint in an emergency safety situation is to prevent physical injury to: a. Self b. Other residents or c. Others"	N 132		

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

December 15, 2021

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

Dear Ms. Lockhart:

On November 23, 2021, we conducted a Complaint survey at your facility. You have alleged that the deficiencies cited on that survey have been corrected. We are accepting your allegation of compliance and have approved your plan of correction and presume that you will achieve substantial correction by December 21, 2021.

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

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

Sincerely,

Sandra Broughton
Administrative Services Manager

DPSQA/Office of Long Term Care
Survey & Certification Section

sgb

Approved POC 12/15/2021 SGB

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

PRINTED: 11/30/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 000	Initial Comments Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. A complaint survey was conducted from 11/22/2021 to 11/23/21. Complaint #AR00027464 was substantiated, all or in part, with deficiencies cited at N0126 anf N0132.	N 000	The roadmap to correcting this deficiency will be to thoroughly train staff during orientation on the proper techniques and reasons why we have to place residents in an ESI (Emergency Safety Intervention) (SAMA Instructor will ensure). An internal audit will be done by our HR Department to ensure all staff members have an up-to-date SAMA's training in their files by 12/15/2021. Some staff members may need more practice with the correct techniques, as well as knowledge on when it is appropriate to go hands on with our residents. After each containment, all staff members will continue to conduct a debriefing in which they process through areas where they excelled and possible areas of improvements. Our SAMA's instructor will meet with the Director of Quality and Risk Management weekly beginning 12/06/2021 to review all ESI's. This gives staff the opportunity to ask questions as well as receive feedback that will be helpful in the case where they may have to go hands on again. Resident's will also continue to debrief after each ESI to ensure they are aware of why we utilize hands on technique. Safety is our priority, and our residents should know that the only time we will have to go hands on is if they are an imminent danger to themselves or others as well as severe property damage. When an ESI (emergency safety intervention) in the facility occurs, the Director of Quality and Risk Management and the SAMA Instructor will review camera footage to ensure the correct techniques are being utilized and to also see the behaviors that could have triggered the ESI. If possible, issues are seen, staff will meet with the above staff and be reminded on how and why we contain our residents. The staff member will also receive additional hands-on training (if applicable) to ensure they know the exact techniques to use in an ESI. An ESI/Incident tracker has been implemented as of 10/01/2021 as a way to track those residents who are receiving specific types of interventions. This system includes the resident's name, the date/time of incident, the type of incident, the type of ESI, any injuries (if applicable), and whether or not the resident had to go to the er. Staff member who initiated ESI will begin to be included in this tracking system to possibly help identify whether the ESI was initiated for the correct reason, or as a punitive/consequence of the staff member. Our SAMA Instructor will conduct a quarterly training for all staff members in which she will focus on ESI prevention and ways to be more proactive than reactive. Our therapist will also conduct quarterly trainings where they will focus on behavior management and ways to verbally de-escalate	12/21/2021
N 126	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)(1) Each resident has the right to be free from restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation.	N 126		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Yolanda Hope — Director of Quality & Risk Management — 12/14/21

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 AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 1 This ELEMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure a restraint was not used as discipline for 1 (Resident #1) of 1 sampled resident who was physical restrained. The findings are: 1. Resident #1 had diagnoses of Bipolar Most Recent Episode (MRE) Mixed without psychosis, Generalized Anxiety Disorder (GAD), Oppositional Defiant Disorder (ODD), and Asthma. a. The Emergency Safety Intervention Justification Packet completed on 11/14/21 by Registered Nurse (RN) #1 had marked under Justification Criteria: Personal Assault/Injury: Self and Staff Member and nurse had written in "None identified". Interventions attempted prior to restraint. . .Attempted to walk with resident to his room. . .Resident was waiting for his medications and became agitated when staff directed him to go to his unit. Type of Imminent Harm: Patient-to-Staff marked . . . "R [Resident] became aggressive toward staff, out of control per staff, resident exhibited violence to staff, verbally threatening, refusing to comply." Under Results of Physical Assessment: 'Small bruise to left forehead, . . Pain? Yes. . . R states his Rt [Right] collar bone, Lt [Left] Forehead are hurting" . . . Under Restraint/Seclusion Body Assessment Describe the Cause of the Injury: "Staff and Resident reports hit his head on the floor. . ." b. On the Patient Debriefing Form dated 11/14/2021 at 6:20 p.m., RN #1 documented Resident #1 answered to questions: "1. What was the very first thing that started this event, and	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 2 when did that happen? 'I walked out here to take my medications.' 2. Do you know the reason you were in restraint/seclusion? Explain the reason: 'I don't know.' 3. What were you doing that could cause danger to yourself or other people? 'Nothing.' 4. What did staff do to try and help you before you were physically restrained or secluded? 'He wasn't given any options' . . . 8. Were you injured during the event? Is so, explain your injury(ies): 'I have a headache, my collarbone and shoulder hurt, and I have a knot on my head.' 10. What could staff do differently if faced with a similar situation involving you? What can we do to cope better 'Listen more, I kept telling him you called me up for medication.' c. The Shift Note form dated 11/14/2021 at 5:18 PM by RN#1 documented, "I called [Resident #1] on radio for meds per [Youth Care Worker (YCW) #2]. [Resident #1] was standing at nurse station window. I heard someone asking him what he was doing, he said, 'I'm waiting for my meds'. Staff stated you don't have permission. [Resident #1] said 'Yes I do Nurse [RN #1] called me. I stepped into doorway and told staff I called him for meds and I am getting it together that yes he has permission, then the door started shaking and staff was telling [YCW #1] to 'drop him'. Several times I heard, 'you gonna have to drop him'. I was waiting at the door unable to open it due to [YCW #1] had [Resident #1] up against the door. When they moved, I opened the door, and [YCW #1] had [Resident #1] by his arms, struggling and tussling, then [Resident #1] to the floor, the restraint was not properly performed everything was happening so fast. I did not know what had happened that I did not see. After witnessing [YCW #1] failed attempts to properly hold resident, [YCW #3] prompted to relieve him,	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 3 then I witnessed [YCW #1] push residents head into the floor, causing resident pain, was immediately prompted to release containment and allow resident to get up now. Resident taken into nursing station, body check performed, bruise forming on left side forehead, Rt [Right] collar bone appears swollen, protruded slightly, resident c/o [complained of] HA [headache], Rt shoulder hurting and collar bone. . . All necessary staff notified, ESI [Emergency Safety Intervention] packet started but unable to complete due to I cannot justify why it was performed after speaking with resident and staff. . ." d. "Discharge Instructions for Resident #1 dated 11/15/2021 documented the resident was seen at a local hospital. The instructions documented he was diagnosed by a physician with a "Contusion [deep bruise resulting from blunt injury to tissues and muscle fibers under the skin] of shoulder." The Imaging Report dated 11/15/2021 at 11:58 AM documented an X-ray of the right clavicle was done for right shoulder pain with trauma/injury with findings of "No acute fracture or dislocation. Soft tissues are grossly unremarkable." e. "Safety Meeting Minutes" dated 11/22/21 at 12:51 PM received from the Clinical Director documented the date and time of the meeting as 11/15/21 at 10:20 AM and attendees were the CEO (Chief Executive Officer), Program Director, Clinical Director, Director of Nursing (DON), and Director of Quality and Risk. It documented, "Incident Report Review: Client: [Resident #1] Type of Incident: ESI Camera Review? Yes. . . Under Safety Issues: "ESI - Allegation of abuse Plan of Action - Camera Review." It did not document any other discussion or findings. The Clinical Director was asked at this time, "Was	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 4 there any other discussion of the ESI or findings at this meeting? If so, I would like to see a copy of them." He stated, "I will find out." No findings from this meeting were received prior to exit. f. On 11/22/21 at 12:58 PM, a review of the ESI video for Resident #1 was done with the CEO/Administrator (CEO), Clinical Director (CD), Director of Nursing (DON) and Program Director present. The Video was dated 11/14/2021 and was time stamped starting at 6:18 PM. According to the DON the actual time of the incident was an hour earlier due to the recent change from daylight savings time. At that time YCW #2 is seen coming through a hallway door with Resident #1. Resident #1 walks to area between medication room door and medication room window and stands with his back to the wall with YCW #2 standing in front of him. No sound is present on the video. YCW #2 appears to be talking to Resident #1. At 17:18:05 (5:18:05 PM), Resident #1 is then seen to slide down to the floor with his back along the wall into a sitting position with his back remaining on the wall. He sits with his feet on the floor, knees drawn up to his chest, arms resting on his knees. The view of him is partially obstructed at times by staff standing between him and the camera, but no movement is seen while he is sitting, no physical aggression to staff or agitation by Resident #1 has been observed since he entered camera view. The window of the nurse's station is to his left side, the medication room door to his right side while he is sitting. A non-sample resident is seen reaching over Resident #1 to the window, no reaction is observed from Resident #1, resident is not seen to move out of the position described above, and there is no observable reaction by the non-sample resident who then	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER: WOODRIDGE OF FORREST CITY, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 1521 ALBERT ST, FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 5 leaves the area with prompting. At 17:18:30 (5:18:30 PM) Resident #1 continues sitting in same position against the wall. At 17:18:45 (5:18:45 PM), YCW #1 is seen entering into the area through the hallway door, YCW #2 is present. YCW #1 walks directly to Resident #1, who continues to sit and does not appear to move. At 17:18:48 (5:18:48 PM), YCW #1 is seen to reach out and take a hold of Resident #1's right arm and pick Resident #1 up off the floor by the arm. Up until YCW #1 reaching for his arm, Resident #1 had still not been observed to be physically attacking the staff or trying to hurt himself or others. Once YCW #1 had a hold of his arm, Resident #1 started struggling, and YCW #1 and Resident #1 wind up on the floor. They continue to struggle with each other on the floor. The DON was asked at this point, "What justified [YCW #1] picking [Resident #1] up at this time with [Resident #1] sitting against the wall? Was he hurting himself or trying to hurt anyone? What justified trying to put him into a restraint at that time?" She stated, "Nothing, he was just sitting on the floor. Of course, we don't know what was going on before that, what all had happened behind the closed doors to the other hallway, but he was in front of the nurse's station door and was out of his area. It is in his care plan for restraint out of area." The DON was asked for a a copy of this care plan when we are finished. The Clinical Director was asked, "What restraint system does the facility use?" He stated, "SAMA [Satori Alternatives to Managing Aggression]." He was asked, "Is one of your SAMA trainers here today so I can talk to them and review the video with them?" He stated, "No." He was asked, "Does SAMA call for one person restraint?" He	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 6 stated, "No, two persons." He was asked, "Why did [YCW #1] get [Resident #1] up the way he did?" He stated, "He was trying to get him in hold. Other staff was trying to wait until he got him into position." He was asked, "What justifies a restraint?" He stated, "Danger to self and others, property destruction, that is all I have because I was unprepared for that question. I'll go get the policy." The Clinical Director left the room. The Director of Nursing (DON) was asked, "Is it safe to use one person? Was it safe for [YCW #1] to do it that way?" She stated, "It may start that way until the second person can get into position. [Resident #1] was against the wall so it was cramped, and the other staff couldn't get in. More than likely they were trying to talk him down." The Clinical Director stated, "[YCW #2] was talking to him before [YCW #1] came in, it was a while. The DON stated, "I know staff had been trying to calm him down, [Resident #1] can be difficult to calm down, for a long time before you see what happened on the video. You saw him push past them at the door, he was out of his area and then it is in his plan of care he can then be restrained." The Program Director was asked, "What justifies the use of restraints?" She stated "Imminent harm to self or others. It is hard to get [Resident #1] to calm down. We try to get them to calm down and de-escalate, the staff know that." She was asked, "When [YCW #1] tried to put him in restraint was he causing imminent harm to himself or others?" The Program Director stated, "He may have had an object in his hand." She was asked, "Does he appear to be trying to hurt himself?" She stated, "I don't know, I can't see because of the staff standing there." The	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER: WOODRIDGE OF FORREST CITY, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 1521 ALBERT ST, FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 7 Program Director was then asked, "Was he trying to hurt staff or anyone else?" The Program Director did not answer. The Director of Nursing stated, "Not at this particular point. He was asked to return to his area. It was a safety issue. He was out of area. He is hard to calm, had been in and out of his area all day. The restraint was initiated when he dropped down in front of the door." The DON was then asked, "Are there other things that could have been tried before trying to place him in restraint?" The DON stated, "They had done that and they did do that. You are correct on what is seen on the video, but at that moment he was out of his area so it was justified according to his plan. [YCW #2] continued to try to talk to him, he dropped down to the ground." The video was restarted, Registered Nurse [RN] #1 was seen coming out into the hallway at 17:18:18 (5:18:18 PM). At 17:18:52 (5:18:52 PM) YCW #1 and Resident #1 continue to struggle on floor, then, YCW #2 is seen getting on the resident's legs in restraint position, YCW #1 is behind the resident still struggling with the resident's arms. At approximately 17:20 [5:20 PM) YCW #3 joins in the restraint and they get the resident into restraint position. YCW #1 is relieved from the restraint. The restraint ends with Resident #1 and staff getting up from the floor and Resident #1 walking with the nurse into the nurse's station. g. On 11/22/21 at 1:48 PM, the Clinical Director was asked, "Based on the definition or justification you gave on the use of restraints and policy was [YCW #1] justified in starting that restraint at the point we watched him start it on	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 8 the video?" He stated, "No he wasn't." He was asked, "Was he hurting himself or trying to hurt anyone else?" He stated, "The danger was him being in front of the door [medication room]. Are you saying it was not justified?" The Clinical Director was told, "I am not saying anything at this point of getting information, whether it was justified or not, I am asking you based on policy, since it is the facility's policy." He replied, "According to what you are saying you are right. It wasn't justified according to what you are saying. Why do you keep asking everyone?" The Surveyor stated, "I am needing information on what you and other staff saw on the video since you know the policy. I am here to investigate, to make sure, just like you, the residents and staff are safe and protected." He stated, "According to what you are saying, you are right, but we don't know what happened before. I'm sure it took a long time before." h. On 11/22/21 at 2:43 PM, RN #1 was asked by phone, "Were you the nurse that was there during the Emergency Safety Intervention on [Resident #1] on the 14th [November]?" RN #1 stated, "Yes, when it happened or started, I was in the nurse's station, in the medication room, which is another room in the nurse's station, and it happened right there outside my door. I had just talked to Resident #1, and he seemed fine. I went back into the med [medication] room to get his medicine. I heard some commotion. I couldn't see, so I wasn't sure what was going on. I was told later by [the DON] it was because the resident was kicking the door. I had trouble getting the door [nurse's station] door open when I went to it because they were struggling in the hallway. She was then asked, "Once you did get out in the hallway, what did you see?" She stated	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER: WOODRIDGE OF FORREST CITY, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 1521 ALBERT ST, FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 9 "Once I got in the hallway, [YCW #1] was on the floor with [Resident #1] struggling with arms and legs going back and forth. [Resident #1] was crossway and [YCW #1] was long ways, attempting to get an arm around [Resident #1]. [Resident #1] was struggling a lot. I had no idea what had happened between the time I called [Resident #1] to get his medicines and finding them [Resident #1 and [YCW #1] on the floor. A lot of struggle was going on, [YCW #1] couldn't seem to get him in the proper hold and was struggling with him [Resident #1]. RN #1 was asked, "Are you SAMA [Satori Alternatives for Managing Aggression] trained?" She stated, "Yes." RN #1 was asked, "Is it appropriate technique, per SAMA, for one person to restrain a resident?" RN #1 stated, "No, it is not safe. Not typically, you are supposed to have someone with you. It might happen if there is no other way to protect someone." She was asked, "When you watched [YCW #1] with [Resident #1] in the hallway, was that proper SAMA technique?" RN #1 stated, "Not what I saw, that was not a proper hold. I'm not sure if he [YCW #1] initially had him in proper technique and [Resident #1] started fighting or what happened there, I didn't see the actual take down. When [YCW #2] got his [Resident #1] legs that was right with him under her and her arms and elbows out, but [Resident #1] still had his arms free with [YCW #1] trying to hold[Resident #1's] arms behind his back. [Resident #1] was yelling 'You're hurting my arms" so we had to make [YCW #1] switch out. I'm not sure why it happened because I had called [Resident #1] up there for medicine and they said it was because he was out of area." She was then asked, "Did anyone ask you to assess for the need for restraint or to talk to [Resident #1] before the ESI happened?" She stated, "No. Like	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 10 I said, I don't know what happened and when I asked the staff afterward, no one could or would give me a reason why he had been restrained." RN #1 was asked, "Did you see [YCW #1] do anything to intentionally hurt [Resident #1]?" She replied, "I asked [YCW #3] to take his place, because it just looked like [YCW #1] was being a little rough. I told [YCW #3] to replace [YCW #1]. As he [YCW #1] got up to switch out, it could have been an accident, but he pushed off of [Resident #1] and [Resident #1's] head hit the floor. It was audible and very loud. One of the staff said, 'Oh my god, that was his head.' I'm not sure who said that, it might have been [YCW #4]. He [YCW#1] should have pushed back from [Resident #1] when he was relieved, but instead he pushed on [Resident #1]. All of the staff made comments on how angry his expression was when we were talking about it afterward." She was asked, "Was [Resident #1] injured?" She stated, "After his head hit the floor he stopped struggling and looked at me. I asked him 'Was that your head?' and he said, 'Yes.' I told everyone to get up and I walked him into the nurse's station. He calmly followed me, I closed the door and looked him over. He complained of his shoulder and behind his ear hurting. He had a long line of bruising forming on the side of his forehead. I asked him why the restraint happened, and he said he didn't know. They knew I had called him to get his medicine. I told them two times before this started, because I heard them talking with him in the hallway before it did. I had called [YCW #2]. She had to open the door with her key card to let him into my area. I spoke with [YCW #2] on the radio when they were in his area, she let him out or she was the one standing at the door. I heard someone telling him to get back in his area, but I couldn't see	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER: WOODRIDGE OF FORREST CITY, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 1521 ALBERT ST, FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 11 because I was in the nurse's station. I thought it was [Supervisor #1's] voice, but I was told later she wasn't even there. I was talking through the side of the nurse's station window and I sure thought it was her. I told them, it could have been [YCW #2], I had called for him. I went back to the medication room and then I heard the door to the nurse's station rocking ..." i. On 11/23/21 at 9:31 AM, YCW #1 was asked by phone, "Can you tell me when staff is allowed to use a restraint?" He stated, "They try to resist staff, fight staff, you need to keep them safe, they don't want to come back, if they walk out." He was asked, "Tell me about the restraint on [Resident #1] on the 14th. YCW #1 stated, "I tried to get him go come back. He tried to hit me and he was swinging. He was acting up. They, [Supervisor #1] called me over from where I was working because I was the only male. I was told he was aggressive with the female staff. I was trying to do my job. My supervisor [Supervisor #1] called for me. I didn't slam him down hard, I did not hurt him. I was the only man on staff. I try not to touch them. I don't do it very often. I try not to run behind them or wrestle with them." He was asked. "Was [Supervisor #1] there when the restraint happened?" He stated, "Yes Ma'am she was the supervisor in charge. She was in the hallway." He was asked, "Do you feel like you were angry at the time?" He stated, "No Ma'am I wasn't angry." He was asked, "What did you see him [Resident #1] doing when you came into the hallway and came up to him?" He stated, "I think he was sitting down, he didn't want to come back. He had his back to the wall. Someone told me to grab him and put him down." He was then asked, "Who was the someone?" He replied, "[Supervisor #1] and maybe others. They want us	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 12 to grab them and bring them back." He was asked, "Who is they?" YCW #1 answered, "The one in charge and other staff. He was tussling with me. I grabbed him and pulled him up, then he was tussling." He was asked, "Before you reached for him was he trying to hurt staff? Or anyone else?" He stated, No Ma'am. I was told he was but I didn't see it." He was asked, "Before you reached him was, he trying to hurt himself?" He replied, "No Ma'am I didn't see that." He was also asked, "Did he have anything in his hands or on him that you saw that could be used or he was using to hurt himself or staff?" YCW #1 answered, "I didn't see anything in his hands. I don't think he had anything." j. On 11/23/21 at 10:04 AM, the Chief Executive Officer (CEO)/Administrator was asked, "What are the justifications for restraining a resident?" She stated, "Imminent danger to self or others." She was asked, "On the video when [YCW #1] started the ESI or restraint did you see [Resident #1] doing anything that could be considered imminent danger to self or others?" She answered, "What I saw, he was blocking the window for her [the nurse] to give meds [medicines], not the door but the window. But I don't know what was going on before. I did not see, I did not see imminent danger, but I did not see what transpired before. I do know he was out of his area." The CEO/Administrator was then asked, "You signed that you were on the committee that reviewed the video the day after the incident. Were there any notes or concerns voiced about the ESI?" She stated, "We should have a signed safety sheet of what we discussed in that meeting, the risk director does those, she has that." The CEO/Administrator was told, "I would like a copy of those notes from the	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER: WOODRIDGE OF FORREST CITY, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 1521 ALBERT ST, FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 13 discussion." She stated, "I'll contact her." She was asked, "Do you remember anyone at the meeting having concerns or stating it was not a justified restraint during the meeting?" She answered, "I don't recall." On 11/23/21 at 10:44 AM, a document "Safety Meeting Minutes" was received from the CEO. She was told, "These are the same minutes I have already received without any discussion notes. Are there other notes?" She stated, "That's what I have for now. I'll see if there is anything else." No notes from the meeting were received prior to exit. k. On 11/23/21 at 11:08 AM, Resident #1 was asked, "What do you remember about being restrained a few days ago on the 14th [November]?" He stated, "I remember I hit my head on the floor I blacked out. I was just fighting back." He was asked, "Can you tell me why you were restrained?" He stated, "No. I still don't know." He was then asked, "Were you trying to hurt yourself or trying to hurt someone else?" He answered, "No I was just waiting to take my medicine." He was asked, "How did you get into the medication room area?" He stated, "I was called in to take my medicine. I was let in." Next, he was asked, "Can you think of any reason they restrained you?" He replied, "I don't know. No, but [Supervisor #1] was there, she was upset for some reason. She was following me. She was upset because staff had pushed me. She also told me to get my act together if I want to do home." Resident #1 was also asked, "Do you think any of the staff were trying to hurt you?" He answered, "No, but I did fight back. I felt like they were in the wrong."	N 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 126	Continued From page 14 2. Facility Policy #7.5 Emergency Safety Intervention [ESI] with a revision date of 9/2013 included under Section II. Policy: "It shall be the policy of Perimeter Behavioral of Forrest City that each resident has the right to be free from physical restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation. . . "A. To ensure the safety of the resident or others during an emergency situation. An emergency safety situation means unanticipated resident behavior that places the resident or others at serious threat of violence or injury if no intervention occurs and it calls for an emergency safety intervention as defined in this policy." Section III. Definitions: . . .D. Physical restraint. . . Physical restraint is a crisis intervention use to resolve an emergency safety situation to contain severe, out of control behavior, which is likely to cause harm to the resident, other residents, or staff ..." Section IV. Procedure: Section A. Physical Restraint and Seclusion Justification: "1. Prior to use of seclusion, chemical restraint, or physical restraint a clinical assessment is conducted by the psychiatrist or clinically qualified RN trained in the use of emergency safety situations. Alternative approaches to assist the resident should be tried first, such as: verbal redirection, separation from stimulus, processing with another staff member, and encouraging movement to a quieter environment. 2. The only justification for use of seclusion or physical restraint in an emergency safety situation is to prevent physical injury to: a. Self b. Other residents or c. Others"	N 126		
N 132	PROTECTION OF RESIDENTS CFR(s): 483.356(b) Emergency safety intervention. An emergency	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER: WOODRIDGE OF FORREST CITY, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 1521 ALBERT ST, FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 15 safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age; size; gender; physical, medical, and psychiatric condition; and personal history (including any history of physical or sexual abuse). This ELEMENT is not met as evidenced by: Based on observation, record review and interview. the facility failed to ensure an emergency safety intervention was used in a safe manner and appropriate for the severity of the behavior for 1 (Resident #1) of 1 sampled resident who was physically restrained. The findings are: 1. Resident #1 had diagnoses of Bipolar Most Recent Episode (MRE) Mixed without psychosis, Generalized Anxiety Disorder (GAD), Oppositional Defiant Disorder (ODD), and Asthma. a. The Emergency Safety Intervention Justification Packet completed on 11/14/21 by Registered Nurse (RN) #1 had marked under Justification Criteria: Personal Assault/Injury: Self and Staff Member and nurse had written in "None identified". Interventions attempted prior to restraint. . .Attempted to walk with resident to his room. . .Resident was waiting for his medications and became agitated when staff directed him to go to his unit. Type of Imminent Harm: Patient-to-Staff marked . . . "R [Resident] became aggressive toward staff, out of control per staff, resident exhibited violence to staff, verbally threatening, refusing to comply." Under Results of	N 132	The roadmap to correcting this deficiency will be to thoroughly train staff on behavior management, verbal de-escalation and understanding that an ESI is only used as a last resort and only when the resident is an imminent danger to himself/others and severe property destruction. Our SAMA instructor will complete a quarterly training for staff beginning which will also be a way to re-educate and re-train staff on the reasons why we initiate containments. When an ESI (emergency safety intervention) in the facility occurs, the Director of Quality and Risk Management and the SAMA Instructor will review camera footage to ensure the correct technique is done and to also see the behaviors that could have triggered the ESI. If possible, issues are seen, staff will meet with the above staff and be reminded on how and why we contain our residents. The staff member will also receive additional hands-on training (if applicable) to ensure they know the exact techniques to use in an ESI. An ESI/Incident tracker has been implemented as a way to track those residents who are receiving specific types of interventions. This system includes the resident's name, the date/time of incident, the type of incident, the type of ESI, any injuries (if applicable), and whether or not the resident had to go to the er. Staff member who initiated ESI will begin to be included in this tracking system to possibly help identify whether the ESI was initiated for the correct reason, or as a punitive/consequence of the staff member. Our SAMA instructor will also conduct a quarterly training to all staff members in which she will focus on ESI prevention and ways to be more proactive than reactive. Our therapist will also conduct quarterly trainings where they will focus on behavior management and ways to verbally de-escalate.	12/21/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 16 Physical Assessment: 'Small bruise to left forehead, . . Pain? Yes. . . R states his Rt [Right] collar bone, Lt [Left] Forehead are hurting" . . . Under Restraint/Seclusion Body Assessment Describe the Cause of the Injury: "Staff and Resident reports hit his head on the floor. . ." b. On the Patient Debriefing Form dated 11/14/2021 at 6:20 p.m., RN #1 documented Resident #1 answered to questions: "1. What was the very first thing that started this event, and when did that happen? 'I walked out here to take my medications.' 2. Do you know the reason you were in restraint/seclusion? Explain the reason: 'I don't know.' 3. What were you doing that could cause danger to yourself or other people? 'Nothing.' 4. What did staff do to try and help you before you were physically restrained or secluded? 'He wasn't given any options' . . . 8. Were you injured during the event? Is so, explain your injury(ies): 'I have a headache, my collarbone and shoulder hurt, and I have a knot on my head.' 10. What could staff do differently if faced with a similar situation involving you? What can we do to cope better 'Listen more, I kept telling him you called me up for medication.' c. The Shift Note form dated 11/14/2021 at 5:18 PM by RN#1 documented, "I called [Resident #1] on radio for meds per [Youth Care Worker (YCW) #2]. [Resident #1] was standing at nurse station window. I heard someone asking him what he was doing, he said, 'I'm waiting for my meds'. Staff stated you don't have permission. [Resident #1] said 'Yes I do Nurse [RN #1] called me. I stepped into doorway and told staff I called him for meds and I am getting it together that yes he has permission, then the door started shaking and staff was telling [YCW #1] to 'drop him'.	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER: WOODRIDGE OF FORREST CITY, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 1521 ALBERT ST, FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 17 Several times I heard, 'you gonna have to drop him'. I was waiting at the door unable to open it due to [YCW #1] had [Resident #1] up against the door. When they moved, I opened the door, and [YCW #1] had [Resident #1] by his arms, struggling and tussling, then [Resident #1] to the floor, the restraint was not properly performed everything was happening so fast. I did not know what had happened that I did not see. After witnessing [YCW #1] failed attempts to properly hold resident, [YCW #3] prompted to relieve him, then I witnessed [YCW #1] push residents head into the floor, causing resident pain, was immediately prompted to release containment and allow resident to get up now. Resident taken into nursing station, body check performed, bruise forming on left side forehead, Rt [Right] collar bone appears swollen, protruded slightly, resident c/o [complained of] HA [headache], Rt shoulder hurting and collar bone. . . All necessary staff notified, ESI [Emergency Safety Intervention] packet started but unable to complete due to I cannot justify why it was performed after speaking with resident and staff. . ." d. "Discharge Instructions for Resident #1 dated 11/15/2021 documented the resident was seen at a local hospital. The instructions documented he was diagnosed by a physician with a "Contusion [deep bruise resulting from blunt injury to tissues and muscle fibers under the skin] of shoulder." The Imaging Report dated 11/15/2021 at 11:58 AM documented an X-ray of the right clavicle was done for right shoulder pain with trauma/injury with findings of "No acute fracture or dislocation. Soft tissues are grossly unremarkable." e. "Safety Meeting Minutes" dated 11/22/21 at 12:51 PM received from the Clinical Director	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 18 documented the date and time of the meeting as 11/15/21 at 10:20 AM and attendees were the CEO (Chief Executive Officer), Program Director, Clinical Director, Director of Nursing (DON), and Director of Quality and Risk. It documented, "Incident Report Review: Client: [Resident #1] Type of Incident: ESI Camera Review? Yes. . . Under Safety Issues: "ESI - Allegation of abuse Plan of Action - Camera Review." It did not document any other discussion or findings. The Clinical Director was asked at this time, "Was there any other discussion of the ESI or findings at this meeting? If so, I would like to see a copy of them." He stated, "I will find out." No findings from this meeting were received prior to exit. f. On 11/22/21 at 12:58 PM, a review of the ESI video for Resident #1 was done with the CEO/Administrator (CEO), Clinical Director (CD), Director of Nursing (DON) and Program Director present. The Video was dated 11/14/2021 and was time stamped starting at 6:18 PM. According to the DON the actual time of the incident was an hour earlier due to the recent change from daylight savings time. At that time YCW #2 is seen coming through a hallway door with Resident #1. Resident #1 walks to area between medication room door and medication room window and stands with his back to the wall with YCW #2 standing in front of him. No sound is present on the video. YCW #2 appears to be talking to Resident #1. At 17:18:05 (5:18:05 PM), Resident #1 is then seen to slide down to the floor with his back along the wall into a sitting position with his back remaining on the wall. He sits with his feet on the floor, knees drawn up to his chest, arms resting on his knees. The view of him is partially obstructed at times by staff standing between him and the camera, but no	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER: WOODRIDGE OF FORREST CITY, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 1521 ALBERT ST, FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 19 movement is seen while he is sitting, no physical aggression to staff or agitation by Resident #1 has been observed since he entered camera view. The window of the nurse's station is to his left side, the medication room door to his right side while he is sitting. A non-sample resident is seen reaching over Resident #1 to the window, no reaction is observed from Resident #1, resident is not seen to move out of the position described above, and there is no observable reaction by the non-sample resident who then leaves the area with prompting. At 17:18:30 (5:18:30 PM) Resident #1 continues sitting in same position against the wall. At 17:18:45 (5:18:45 PM), YCW #1 is seen entering into the area through the hallway door, YCW #2 is present. YCW #1 walks directly to Resident #1, who continues to sit and does not appear to move. At 17:18:48 (5:18:48 PM), YCW #1 is seen to reach out and take a hold of Resident #1's right arm and pick Resident #1 up off the floor by the arm. Up until YCW #1 reaching for his arm, Resident #1 had still not been observed to be physically attacking the staff or trying to hurt himself or others. Once YCW #1 had a hold of his arm, Resident #1 started struggling, and YCW #1 and Resident #1 wind up on the floor. They continue to struggle with each other on the floor. The DON was asked at this point, "What justified [YCW #1] picking [Resident #1] up at this time with [Resident #1] sitting against the wall? Was he hurting himself or trying to hurt anyone? What justified trying to put him into a restraint at that time?" She stated, "Nothing, he was just sitting on the floor. Of course, we don't know what was going on before that, what all had happened behind the closed doors to the other hallway, but he was in front of the nurse's station door and	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 20 was out of his area. It is in his care plan for restraint out of area." The DON was asked for a a copy of this care plan when we are finished. The Clinical Director was asked, "What restraint system does the facility use?" He stated, "SAMA [Satori Alternatives to Managing Aggression]." He was asked, "Is one of your SAMA trainers here today so I can talk to them and review the video with them?" He stated, "No." He was asked, "Does SAMA call for one person restraint?" He stated, "No, two persons." He was asked, "Why did [YCW #1] get [Resident #1] up the way he did?" He stated, "He was trying to get him in hold. Other staff was trying to wait until he got him into position." He was asked, "What justifies a restraint?" He stated, "Danger to self and others, property destruction, that is all I have because I was unprepared for that question. I'll go get the policy." The Clinical Director left the room. The Director of Nursing (DON) was asked, "Is it safe to use one person? Was it safe for [YCW #1] to do it that way?" She stated, "It may start that way until the second person can get into position. [Resident #1] was against the wall so it was cramped, and the other staff couldn't get in. More than likely they were trying to talk him down." The Clinical Director stated, "[YCW #2] was talking to him before [YCW #1] came in, it was a while. The DON stated, "I know staff had been trying to calm him down, [Resident #1] can be difficult to calm down, for a long time before you see what happened on the video. You saw him push past them at the door, he was out of his area and then it is in his plan of care he can then be restrained." The Program Director was asked, "What justifies	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER: WOODRIDGE OF FORREST CITY, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 1521 ALBERT ST, FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 21 the use of restraints?" She stated "Imminent harm to self or others. It is hard to get [Resident #1] to calm down. We try to get them to calm down and de-escalate, the staff know that." She was asked, "When [YCW #1] tried to put him in restraint was he causing imminent harm to himself or others?" The Program Director stated, "He may have had an object in his hand." She was asked, "Does he appear to be trying to hurt himself?" She stated, "I don't know, I can't see because of the staff standing there." The Program Director was then asked, "Was he trying to hurt staff or anyone else?" The Program Director did not answer. The Director of Nursing stated, "Not at this particular point. He was asked to return to his area. It was a safety issue. He was out of area. He is hard to calm, had been in and out of his area all day. The restraint was initiated when he dropped down in front of the door." The DON was then asked, "Are there other things that could have been tried before trying to place him in restraint?" The DON stated, "They had done that and they did do that. You are correct on what is seen on the video, but at that moment he was out of his area so it was justified according to his plan. [YCW #2] continued to try to talk to him, he dropped down to the ground." The video was restarted, Registered Nurse [RN] #1 was seen coming out into the hallway at 17:18:18 (5:18:18 PM). At 17:18:52 (5:18:52 PM) YCW #1 and Resident #1 continue to struggle on floor, then, YCW #2 is seen getting on the resident's legs in restraint position, YCW #1 is behind the resident still struggling with the resident's arms. At approximately 17:20 [5:20 PM) YCW #3 joins in the restraint and they get	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 22 the resident into restraint position. YCW #1 is relieved from the restraint. The restraint ends with Resident #1 and staff getting up from the floor and Resident #1 walking with the nurse into the nurse's station. g. On 11/22/21 at 1:48 PM, the Clinical Director was asked, "Based on the definition or justification you gave on the use of restraints and policy was [YCW #1] justified in starting that restraint at the point we watched him start it on the video?" He stated, "No he wasn't." He was asked, "Was he hurting himself or trying to hurt anyone else?" He stated, "The danger was him being in front of the door [medication room]. Are you saying it was not justified?" The Clinical Director was told, "I am not saying anything at this point of getting information, whether it was justified or not, I am asking you based on policy, since it is the facility's policy." He replied, "According to what you are saying you are right. It wasn't justified according to what you are saying. Why do you keep asking everyone?" The Surveyor stated, "I am needing information on what you and other staff saw on the video since you know the policy. I am here to investigate, to make sure, just like you, the residents and staff are safe and protected." He stated, "According to what you are saying, you are right, but we don't know what happened before. I'm sure it took a long time before." h. On 11/22/21 at 2:43 PM, RN #1 was asked by phone, "Were you the nurse that was there during the Emergency Safety Intervention on [Resident #1] on the 14th [November]?" RN #1 stated, "Yes, when it happened or started, I was in the nurse's station, in the medication room, which is another room in the nurse's station, and it happened right	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER: WOODRIDGE OF FORREST CITY, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 1521 ALBERT ST, FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 23 there outside my door. I had just talked to Resident #1, and he seemed fine. I went back into the med [medication] room to get his medicine. I heard some commotion. I couldn't see, so I wasn't sure what was going on. I was told later by [the DON] it was because the resident was kicking the door. I had trouble getting the door [nurse's station] door open when I went to it because they were struggling in the hallway. She was then asked, "Once you did get out in the hallway, what did you see?" She stated "Once I got in the hallway, [YCW #1] was on the floor with [Resident #1] struggling with arms and legs going back and forth. [Resident #1] was crossway and [YCW #1] was long ways, attempting to get an arm around [Resident #1]. [Resident #1] was struggling a lot. I had no idea what had happened between the time I called [Resident #1] to get his medicines and finding them [Resident #1 and [YCW #1] on the floor. A lot of struggle was going on, [YCW #1] couldn't seem to get him in the proper hold and was struggling with him [Resident #1]. RN #1 was asked, "Are you SAMA [Satori Alternatives for Managing Aggression] trained?" She stated, "Yes." RN #1 was asked, "Is it appropriate technique, per SAMA, for one person to restrain a resident?" RN #1 stated, "No, it is not safe. Not typically, you are supposed to have someone with you. It might happen if there is no other way to protect someone." She was asked, "When you watched [YCW #1] with [Resident #1] in the hallway, was that proper SAMA technique?" RN #1 stated, "Not what I saw, that was not a proper hold. I'm not sure if he [YCW #1] initially had him in proper technique and [Resident #1] started fighting or what happened there, I didn't see the actual take down. When [YCW #2] got his [Resident #1] legs that was right with him under	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 24 her and her arms and elbows out, but [Resident #1] still had his arms free with [YCW #1] trying to hold[Resident #1's] arms behind his back. [Resident #1] was yelling 'You're hurting my arms" so we had to make [YCW #1] switch out. I'm not sure why it happened because I had called [Resident #1] up there for medicine and they said it was because he was out of area." She was then asked, "Did anyone ask you to assess for the need for restraint or to talk to [Resident #1] before the ESI happened?" She stated, "No. Like I said, I don't know what happened and when I asked the staff afterward, no one could or would give me a reason why he had been restrained." RN #1 was asked, "Did you see [YCW #1] do anything to intentionally hurt [Resident #1]?" She replied, "I asked [YCW #3] to take his place, because it just looked like [YCW #1] was being a little rough. I told [YCW #3] to replace [YCW #1]. As he [YCW #1] got up to switch out, it could have been an accident, but he pushed off of [Resident #1] and [Resident #1's] head hit the floor. It was audible and very loud. One of the staff said, 'Oh my god, that was his head.' I'm not sure who said that, it might have been [YCW #4]. He [YCW#1] should have pushed back from [Resident #1] when he was relieved, but instead he pushed on [Resident #1]. All of the staff made comments on how angry his expression was when we were talking about it afterward." She was asked, "Was [Resident #1] injured?" She stated, "After his head hit the floor he stopped struggling and looked at me. I asked him 'Was that your head?' and he said, 'Yes.' I told everyone to get up and I walked him into the nurse's station. He calmly followed me, I closed the door and looked him over. He complained of his shoulder and behind his ear hurting. He had a long line of bruising forming on the side of his	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER: WOODRIDGE OF FORREST CITY, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 1521 ALBERT ST, FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 25 forehead. I asked him why the restraint happened, and he said he didn't know. They knew I had called him to get his medicine. I told them two times before this started, because I heard them talking with him in the hallway before it did. I had called [YCW #2]. She had to open the door with her key card to let him into my area. I spoke with [YCW #2] on the radio when they were in his area, she let him out or she was the one standing at the door. I heard someone telling him to get back in his area, but I couldn't see because I was in the nurse's station. I thought it was [Supervisor #1's] voice, but I was told later she wasn't even there. I was talking through the side of the nurse's station window and I sure thought it was her. I told them, it could have been [YCW #2], I had called for him. I went back to the medication room and then I heard the door to the nurse's station rocking ..." i. On 11/23/21 at 9:31 AM, YCW #1 was asked by phone, "Can you tell me when staff is allowed to use a restraint?" He stated, "They try to resist staff, fight staff, you need to keep them safe, they don't want to come back, if they walk out." He was asked, "Tell me about the restraint on [Resident #1] on the 14th. YCW #1 stated, "I tried to get him go come back. He tried to hit me and he was swinging. He was acting up. They, [Supervisor #1] called me over from where I was working because I was the only male. I was told he was aggressive with the female staff. I was trying to do my job. My supervisor [Supervisor #1] called for me. I didn't slam him down hard, I did not hurt him. I was the only man on staff. I try not to touch them. I don't do it very often. I try not to run behind them or wrestle with them." He was asked. "Was [Supervisor #1] there when the restraint happened?" He stated, "Yes Ma'am she	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 26 was the supervisor in charge. She was in the hallway." He was asked, "Do you feel like you were angry at the time?" He stated, "No Ma'am I wasn't angry." He was asked, "What did you see him [Resident #1] doing when you came into the hallway and came up to him?" He stated, "I think he was sitting down, he didn't want to come back. He had his back to the wall. Someone told me to grab him and put him down." He was then asked, "Who was the someone?" He replied, "[Supervisor #1] and maybe others. They want us to grab them and bring them back." He was asked, "Who is they?" YCW #1 answered, "The one in charge and other staff. He was tussling with me. I grabbed him and pulled him up, then he was tussling." He was asked, "Before you reached for him was he trying to hurt staff? Or anyone else?" He stated, No Ma'am. I was told he was but I didn't see it." He was asked, "Before you reached him was, he trying to hurt himself?" He replied, "No Ma'am I didn't see that." He was also asked, "Did he have anything in his hands or on him that you saw that could be used or he was using to hurt himself or staff?" YCW #1 answered, "I didn't see anything in his hands. I don't think he had anything." j. On 11/23/21 at 10:04 AM, the Chief Executive Officer (CEO)/Administrator was asked, "What are the justifications for restraining a resident?" She stated, "Imminent danger to self or others." She was asked, "On the video when [YCW #1] started the ESI or restraint did you see [Resident #1] doing anything that could be considered imminent danger to self or others?" She answered, "What I saw, he was blocking the window for her [the nurse] to give meds [medicines], not the door but the window. But I don't know what was going on before. I did not	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER: WOODRIDGE OF FORREST CITY, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE: 1521 ALBERT ST, FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 27 see, I did not see imminent danger, but I did not see what transpired before. I do know he was out of his area." The CEO/Administrator was then asked, "You signed that you were on the committee that reviewed the video the day after the incident. Were there any notes or concerns voiced about the ESI?" She stated, "We should have a signed safety sheet of what we discussed in that meeting, the risk director does those, she has that." The CEO/Administrator was told, "I would like a copy of those notes from the discussion." She stated, "I'll contact her." She was asked, "Do you remember anyone at the meeting having concerns or stating it was not a justified restraint during the meeting?" She answered, "I don't recall." On 11/23/21 at 10:44 AM, a document "Safety Meeting Minutes" was received from the CEO. She was told, "These are the same minutes I have already received without any discussion notes. Are there other notes?" She stated, "That's what I have for now. I'll see if there is anything else." No notes from the meeting were received prior to exit. k. On 11/23/21 at 11:08 AM, Resident #1 was asked, "What do you remember about being restrained a few days ago on the 14th [November]?" He stated, "I remember I hit my head on the floor I blacked out. I was just fighting back." He was asked, "Can you tell me why you were restrained?" He stated, "No. I still don't know." He was then asked, "Were you trying to hurt yourself or trying to hurt someone else?" He answered, "No I was just waiting to take my medicine." He was asked, "How did you get into the medication room area?" He stated, "I was called in to take my medicine. I was let in." Next,	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 28 he was asked, "Can you think of any reason they restrained you?" He replied, "I don't know. No, but [Supervisor #1] was there, she was upset for some reason. She was following me. She was upset because staff had pushed me. She also told me to get my act together if I want to do home." Resident #1 was also asked, "Do you think any of the staff were trying to hurt you?" He answered, "No, but I did fight back. I felt like they were in the wrong." 2. Facility Policy #7.5 Emergency Safety Intervention [ESI] with a revision date of 9/2013 included under Section II. Policy: "It shall be the policy of Perimeter Behavioral of Forrest City that each resident has the right to be free from physical restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation. . . "A. To ensure the safety of the resident or others during an emergency situation. An emergency safety situation means unanticipated resident behavior that places the resident or others at serious threat of violence or injury if no intervention occurs and it calls for an emergency safety intervention as defined in this policy." Section III. Definitions: . . .D. Physical restraint. . . Physical restraint is a crisis intervention use to resolve an emergency safety situation to contain severe, out of control behavior, which is likely to cause harm to the resident, other residents, or staff ..." Section IV. Procedure: Section A. Physical Restraint and Seclusion Justification: "1. Prior to use of seclusion, chemical restraint, or physical restraint a clinical assessment is conducted by the psychiatrist or clinically qualified RN trained in the use of emergency safety situations. Alternative approaches to assist the resident should be tried first, such as: verbal redirection, separation from	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	04L115		C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 132	Continued From page 29 stimulus, processing with another staff member, and encouraging movement to a quieter environment. 2. The only justification for use of seclusion or physical restraint in an emergency safety situation is to prevent physical injury to: a. Self b. Other residents or c. Others"	N 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	04L115		R-C 12/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{N 000}	Initial Comments Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. A revisit was conducted on December 29, 2021 for all deficiencies cited on November 23, 2021. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.	{N 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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