



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

Dander Beauchten

sgb

cc: DRA

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

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ATE SURVEY OMPLETED	
		04L115	B. WING _			C 11/23/2021
	ROVIDER OR SUPPLIER	LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335	<u>'</u>	11/25/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
N 000	is an official, legal dor remain unchanged ex correction, correction space. Any discrepant citation(s) will be repo Office (RO) for referra Inspector General (O information is inadver	IG) for possible fraud. If tently changed by the State Survey Agency (SA)	N C	000		
	-					
N 126	Subpart G - Condition Psychiatric Residentia PROTECTION OF RICFR(s): 483.356 (a)(CEC) Each resident has the restraint or seclusion,	al Treatment Center ESIDENTS 1)	N 1	26		
ADODATODY	NIDECTORIC OR REQUIRED IS	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.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04L115	B. WING			l	0
		04E113	D. WING			11/	23/2021
	GE OF FORREST CITY,	LLC		1	TREET ADDRESS, CITY, STATE, ZIP CODE 521 ALBERT ST CORREST CITY, AR 72335		
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N 126	Continued From page	÷1	N.	126			
	Based on observation interview, the facility f was not used as discingular 1 sampled resident when the findings are: 1. Resident #1 had displaying the findings are:	ailed to ensure a restraint pline for 1 (Resident #1) of ho was physical restrained. agnoses of Bipolar Most Disorder (GAD),					
	a. The Emergency Sa Justification Packet or Registered Nurse (RN Justification Criteria: I and Staff Member and identified". Intervention restraint Attempted room Resident was and became agitated go to his unit. Type of Patient-to-Staff marker aggressive toward staresident exhibited vioon threatening, refusing Physical Assessment forehead, Pain? Ye collar bone, Lt [Left] Funder Restraint/Sector Describe the Cause of Resident reports hit here.	ompleted on 11/14/21 by N) #1 had marked under Personal Assault/Injury: Self d nurse had written in "None ans attempted prior to to walk with resident to his a waiting for his medications when staff directed him to Imminent Harm: ed "R [Resident] became aff, out of control per staff, lence to staff, verbally to comply." Under Results of the staff became aff so the staff became aff so the staff became aff to the staff became aff to staff, verbally to comply." Under Results of the staff became are hurting to the staff became are hurting to the light became are hurting to the light became are hurting to the light became to staff and the light became to th					
	Resident #1 answere	m., RN #1 documented d to questions: "1. What was t started this event, and					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		04L115	B. WING			11/	23/2021
NAME OF PR	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
					1521 ALBERT ST		
WOODRID	GE OF FORREST CITY,	LLC		ı	FORREST CITY, AR 72335		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
NI 400	0 " 15	•					
N 126	Continued From page		N	126	6		
		? 'I walked out here to take					
	•	o you know the reason you					
		usion? Explain the reason: 'I					
		were you doing that could					
	cause danger to your						
	•	staff do to try and help you					
	before you were phys	-					
		given any options' 8. ng the event? Is so, explain					
	your injury(ies): 'I hav	-					
		der hurt, and I have a knot					
		at could staff do differently if					
	_	tuation involving you? What					
		tter 'Listen more, I kept					
		me up for medication.'					
	c. The Shift Note form	n dated 11/14/2021 at 5:18					
		nted, "I called [Resident #1]					
		[Youth Care Worker (YCW)					
		s standing at nurse station					
		eone asking him what he					
	•	m waiting for my meds'.					
		have permission. [Resident					
	<u>-</u>	se [RN #1] called me. I					
		and told staff I called him					
	_	tting it together that yes he the door started shaking					
		rne door started snaking YCW #1] to 'drop him'.					
		, 'you gonna have to drop					
		the door unable to open it					
	_	[Resident #1] up against the					
		ed, I opened the door, and					
	[YCW #1] had [Reside						
		g, then [Resident #1] to the					
		s not properly performed					
		ening so fast. I did not know					
		hat I did not see. After					
		failed attempts to properly					
		#3] prompted to relieve him,					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	LLC		1	STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335	1111	20/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 126	into the floor, causing immediately prompted and allow resident to into nursing station, but bruise forming on left collar bone appears a resident c/o [complair shoulder hurting and staff notified, ESI [Empacket started but una cannot justify why it was peaking with resident d. "Discharge Instruct 11/15/2021 document a local hospital. The it was diagnosed by a page [deep bruise resulting and muscle fibers und The Imaging Report of AM documented and X done for right shoulded with findings of "No as Soft tissues are gross e. "Safety Meeting Mit 12:51 PM received from the documented the date 11/15/21 at 10:20 AM CEO (Chief Executive Clinical Director, Dired Director of Quality and "Incident Report Revious Type of Incident: ESI Under Safety Issues: Plan of Action - Came document any other of the station of th	W #1] push residents head resident pain, was d to release containment get up now. Resident taken ody check performed, side forehead, Rt [Right] swollen, protruded slightly, ned of] HA [headache], Rt collar bone All necessary pergency Safety Intervention] able to complete due to I was performed after and staff" Tions for Resident #1 dated ted the resident was seen at instructions documented he obysician with a "Contusion of from blunt injury to tissues der the skin] of shoulder." Jated 11/15/2021 at 11:58 (Gray of the right clavicle was the pain with trauma/injury cute fracture or dislocation.	N	126			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		ATE SURVEY OMPLETED
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NAME OF P	ROVIDER OR SUPPLIER	042110		STREET ADDRESS, CITY, STATE, ZIP COI	•	11/23/2021
				1521 ALBERT ST		
WOODRID	GE OF FORREST CITY,	LLC		FORREST CITY, AR 72335		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
N 126	Continued From page	÷ 4	N 1	26		
	there any other discusat this meeting? If so,	ssion of the ESI or findings I would like to see a copy of vill find out." No findings from				
	f. On 11/22/21 at 12:5 video for Resident #1 CEO/Administrator (C Director of Nursing (E present. The Video w was time stamped state to the DON the actual hour earlier due to the daylight savings time, seen coming through Resident #1. Resident medication room door window and stands w YCW #2 standing in f present on the video. talking to Resident #1 Resident #1 Resident #1 Resident #1	68 PM, a review of the ESI was done with the EEO), Clinical Director (CD), DON) and Program Director as dated 11/14/2021 and arting at 6:18 PM. According I time of the incident was an expression of the recent change from At that time YCW #2 is				
	position with his back sits with his feet on the his chest, arms restine him is partially obstrustanding between him movement is seen whaggression to staff or has been observed siview. The window of left side, the medicatiside while he is sitting seen reaching over R no reaction is observer resident is not seen to described above, and	remaining on the wall. He le floor, knees drawn up to g on his knees. The view of cted at times by staff and the camera, but no hile he is sitting, no physical agitation by Resident #1 nce he entered camera the nurse's station is to his on room door to his right g. A non-sample resident is esident #1 to the window,				

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	ROVIDER OR SUPPLIER	/, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335	11/25/2521
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
N 126	(5:18:30 PM) Resides ame position agair (5:18:45 PM), YCW area through the har present. YCW #1 we who continues to sit move. At 17:18:48 (to reach out and take arm and pick Resident #1 had still physically attacking himself or others. Of arm, Resident #1 stand Resident #1 stand Resident #1 wire continue to struggle. The DON was aske [YCW #1] picking [Fwith [Resident #1] she hurting himself of justified trying to put time?" She stated, "the floor. Of course, going on before that behind the closed dhe was in front of the was out of his area. restraint out of area copy of this care plate the floor. Alternatives was asked, "Is one today so I can talk the with them?" He state with them?" He state with them?" He state was asked.	ge 5 a prompting. At 17:18:30 ent #1 continues sitting in ist the wall. At 17:18:45 #1 is seen entering into the Ilway door, YCW #2 is alks directly to Resident #1, and does not appear to 5:18:48 PM), YCW #1 is seen e a hold of Resident #1's right ent #1 up off the floor by the #1 reaching for his arm, I not been observed to be the staff or trying to hurt nce YCW #1 had a hold of his arted struggling, and YCW #1 and up on the floor. They with each other on the floor. Id at this point, "What justified tesident #1] up at this time itting against the wall? Was ar trying to hurt anyone? What thim into a restraint at that Nothing, he was just sitting on we don't know what was this what all had happened pors to the other hallway, but the nurse's station door and It is in his care plan for The DON was asked for a a tin when we are finished. The was asked, "What restraint fility use?" He stated, "SAMA to Managing Aggression]." He of your SAMA trainers here to them and review the video ed, "No." He was asked, one person restraint?" He	N 12	6	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	, ,	ATE SURVEY OMPLETED
		04L115	B. WING			C 11/23/2021
	ROVIDER OR SUPPLIER	, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335	·	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
N 126	did [YCW #1] get [R did?" He stated, "He Other staff was tryin position." He was as restraint?" He stated property destruction was unprepared for policy." The Clinical The Director of Nurs safe to use one pers to do it that way?" So way until the second [Resident #1] was a cramped, and the of than likely they were The Clinical Director talking to him before while. The DON staft trying to calm him didifficult to calm down see what happened push past them at the area and then it is in be restrained." The Program Director the use of restraints harm to self or other #1] to calm down. We down and de-escalar was asked, "When [restraint was he cau himself or others?" "He may have had a was asked, "Does he himself?" She stated	ge 6 sons." He was asked, "Why esident #1] up the way he was trying to get him in hold. g to wait until he got him into sked, "What justifies a I, "Danger to self and others, that is all I have because I that question. I'll go get the Director left the room. sing (DON) was asked, "Is it son? Was it safe for [YCW #1] he stated, "It may start that I person can get into position. gainst the wall so it was her staff couldn't get in. More e trying to talk him down." r stated, "[YCW #2] was e [YCW #1] came in, it was a sed, "I know staff had been own, [Resident #1] can be n, for a long time before you on the video. You saw him se door, he was out of his his plan of care he can then or was asked, "What justifies ?" She stated "Imminent se. It is hard to get [Resident We try to get them to calm te, the staff know that." She YCW #1] tried to put him in sing imminent harm to The Program Director stated, in object in his hand." She e appear to be trying to hurt d, "I don't know, I can't see standing there." The	N 126			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	Y, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335	11/25/2021
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N 126	Continued From particular point. He area. It was a safet He is hard to calm, area all day. The redropped down in froughed from the asked, "Are the have been tried beforestraint?" The DOI and they did do that seen on the video, of his area so it was plan. [YCW #2] condropped down to the The video was rest #1 was seen comin 17:18:18 (5:18:18 FYCW #1 and Resid floor, then, YCW #2 resident's legs in resident's le	ras then asked, "Was he trying one else?" The Program swer. Issing stated, "Not at this was asked to return to his y issue. He was out of area. had been in and out of his estraint was initiated when he ont of the door." The DON was ere other things that could fore trying to place him in N stated, "They had done that t. You are correct on what is but at that moment he was out is justified according to his attinued to try to talk to him, he are ground." PM). At 17:18:52 (5:18:52 PM) arent #1 continue to struggle on the estraint position, YCW #1 is a still struggling with the	N 12		
	PM) YCW #3 joins the resident into resident elieved from the received from the resident from the received from the resident from the received from the recei	approximately 17:20 [5:20 in the restraint and they get straint position. YCW #1 is estraint. The restraint ends with aff getting up from the floor alking with the nurse into the :48 PM, the Clinical Director on the definition or ye on the use of restraints and 1] justified in starting that			

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N 126	asked, "Was he hur anyone else?" He se being in front of the you saying it was no Director was told, "I point of getting info justified or not, I am since it is the facility "According to what wasn't justified according to what wasn't justified according to what you keep a Surveyor stated, "I what you and other you know the policy make sure, just like are safe and protect what you are saying know what happened on the Emergency Saf #1] on the 14th [No when it happened of station, in the medic room in the nurse's there outside my do Resident #1, and he into the med [medic medicine. I heard see, so I wasn't sur told later by [the Doresident was kicking getting the door [nut I went to it because hallway. She was the survey of the protection of the was the see, was the see, was the see that was the	ge 8 ed, "No he wasn't." He was ting himself or trying to hurt tated, "The danger was him door [medication room]. Are ot justified?" The Clinical am not saying anything at this rmation, whether it was asking you based on policy, y's policy." He replied, you are saying you are right. It ording to what you are saying. sking everyone?" The am needing information on staff saw on the video since you, the residents and staff sted." He stated, "According to g, you are right, but we don't ed before. I'm sure it took a 143 PM, RN #1 was asked by he nurse that was there during ety Intervention on [Resident vember]?" RN #1 stated, "Yes, or started, I was in the nurse's cation room, which is another station, and it happened right for. I had just talked to be seemed fine. I went back cation] room to get his one commotion. I couldn't e what was going on. I was only it was because the g the door. I had trouble res's station] door open when of they were struggling in the men asked, "Once you did get what did you see?" She stated	N 12	26		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	TIPLE CONSTRUCTION NG	, , ,	(X3) DATE SURVEY COMPLETED	
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N 126	floor with [Resident legs going back and crossway and [YCV attempting to get ar [Resident #1] was swhat had happened [Resident #1] to get them [Resident #1] to get them [Resident #1] lot of struggle was seem to get him instruggling with him asked, "Are you SA Managing Aggressi "Yes." RN #1 was a technique, per SAN resident?" RN #1 st typically, you are st you. It might happe protect someone." watched [YCW #1] hallway, was that p #1 stated, "Not what hold. I'm not sure if in proper technique fighting or what hap actual take down. V [Resident #1] legs ther and her arms a #1] still had his arm hold[Resident #1] was yso we had to make sure why it happened [Resident #1] up the it was because he wasked, "Did anyone need for restraint or	ge 9 allway, [YCW #1] was on the #1] struggling with arms and d forth. [Resident #1] was V #1] was long ways, arm around [Resident #1]. Struggling a lot. I had no idea d between the time I called this medicines and finding and [YCW #1] on the floor. A going on, [YCW #1] couldn't the proper hold and was [Resident #1]. RN #1 was MA [Satori Alternatives for con] trained?" She stated, sked, "Is it appropriate MA, for one person to restrain a rated, "No, it is not safe. Not apposed to have someone with in if there is no other way to She was asked, "When you with [Resident #1] in the roper SAMA technique?" RN at I saw, that was not a proper he [YCW #1] initially had him and [Resident #1] started opened there, I didn't see the When [YCW #2] got his hat was right with him under and elbows out, but [Resident s free with [YCW #1] trying to arms behind his back. Welling 'You're hurting my arms" [YCW #1] switch out. I'm not eld because I had called ere for medicine and they said was out of area." She was then ask you to assess for the rot talk to [Resident #1] bened?" She stated "No Like to talk to [Resident #1] bened?" She stated "No Like to talk to [Resident #1] bened?" She stated "No Like to talk to [Resident #1] bened?" She stated "No Like to talk to [Resident #1] bened?" She stated "No Like to talk to [Resident #1] bened?" She stated "No Like to talk to [Resident #1] bened?" She stated "No Like to talk to [Resident #1] bened?" She stated "No Like to talk to [Resident #1] bened?" She stated "No Like to talk to [Resident #1] the talk t	N ·	126		

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	ROVIDER OR SUPPLIER	LLC		STREET ADDRESS, CITY, STATE, ZIP COI 1521 ALBERT ST FORREST CITY, AR 72335		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
N 126	asked the staff afterwere give me a reason when RN #1 was asked, "Eanything to intentional replied, "I asked [YC' because it just looked little rough. I told [YC' As he [YCW #1] got have been an accide [Resident #1] and [Refloor. It was audible a staff said, 'Oh my got sure who said that, it He [YCW#1] should I [Resident #1] when he pushed on [Resid comments on how are when we were talking was asked, "Was [Restated, "After his heastruggling and looked that your head?' and everyone to get up an urse's station. He can the door and looked his shoulder and behong line of bruising forehead. I asked hin happened, and he saknew I had called hin them two times befor heard them talking wit did. I had called [YC door with her key car spoke with [YCW #2] were in his area, she one standing at the	hat happened and when I ward, no one could or would y he had been restrained." Did you see [YCW #1] do ally hurt [Resident #1]?" She W #3] to take his place, d like [YCW #1] was being a W #3] to replace [YCW #1]. Up to switch out, it could nt, but he pushed off of esident #1's] head hit the and very loud. One of the d, that was his head.' I'm not might have been [YCW #4]. Have pushed back from the was relieved, but instead ent #1]. All of the staff made engry his expression was grabout it afterward." She esident #1] injured?" She d hit the floor he stopped d at me. I asked him 'Was he said, 'Yes.' I told and I walked him into the almly followed me, I closed him over. He complained of ind his ear hurting. He had a forming on the side of his	N 1.	26		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	LE CONSTRUCTION	' '	ATE SURVEY DMPLETED
		04L115	B. WING			C 11/23/2021
	ROVIDER OR SUPPLIER	, LLC		STREET ADDRESS, CITY, STATE, ZIP COD 1521 ALBERT ST FORREST CITY, AR 72335		11/23/2321
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
N 126	was [Supervisor #1's she wasn't even the side of the nurse's s thought it was her. I [YCW #2], I had call medication room an nurse's station rocki i. On 11/23/21 at 9:3 phone, "Can you tell use a restraint?" He staff, fight staff, you don't want to come it was asked, "Tell me [Resident #1] on the to get him go come he was swinging. He [Supervisor #1] called working because I whe was aggressive with the was aggressive was the supervisor in hallway." He was as were angry at the tir wasn't angry." He with milling [Resident #1] do	e nurse's station. I thought it is voice, but I was told later re. I was talking through the tation window and I sure told them, it could have been ed for him. I went back to the dithen I heard the door to the ing" If AM, YCW #1 was asked by me when staff is allowed to estated, "They try to resist need to keep them safe, they back, if they walk out." He about the restraint on 14th. YCW #1 stated, "I tried back. He tried to hit me and e was acting up. They, and me over from where I was was the only male. I was told with the female staff. I was My supervisor [Supervisor #1] to slam him down hard, I did the only man on staff. I try not to wrestle with them." He was visor #1] there when the "He stated, "Yes Ma'am she in charge. She was in the ked, "Do you feel like you ne?" He stated, "No Ma'am I as asked, "What did you see bing when you came into the	N 12	·		
	hallway and came u he was sitting down. He had his back to t grab him and put hir "Who was the some	p to him?" He stated, "I think he didn't want to come back. he wall. Someone told me to n down." He was then asked,				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		DATE SURVEY COMPLETED
		04L115	B. WING			C 11/23/2021
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335		11/23/2021
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
N 126	asked, "Who is they one in charge and o with me. I grabbed he was tussling." He reached for him was anyone else?" He st was but I didn't see you reached him wa He replied, "No Ma'a also asked, "Did he on him that you saw using to hurt himself answered, "I didn't st don't think he had all j. On 11/23/21 at 10 Officer (CEO)/Admin are the justifications She stated, "Immines She was asked, "Or started the ESI or re #1] doing anything to answered, "What I swindow for her [the [medicines], not the don't know what was see, I did not see im see what transpired of his area." The CE asked, "You signed committee that reviet the incident. Were the voiced about the ESI have a signed safety in that meeting, the has that." The CEO/	ing them back." He was ?" YCW #1 answered, "The ther staff. He was tussling him and pulled him up, then was asked, "Before you he trying to hurt staff? Or tated, No Ma'am. I was told he hit." He was asked, "Before s, he trying to hurt himself?" ham I didn't see that." He was have anything in his hands or that could be used or he was for staff?" YCW #1 hee anything in his hands. I hything." 104 AM, the Chief Executive histrator was asked, "What for restraining a resident?" hat danger to self or others." he the video when [YCW #1] histraint did you see [Resident hat could be considered self or others?" She haw, he was blocking the hurse] to give meds door but the window. But I has going on before. I did not heiminent danger, but I did not before. I do know he was out he collaboration.	N 13	26		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L115	B. WING _			C 11/23/2021
	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIP CO 1521 ALBERT ST FORREST CITY, AR 72335	I_	11/23/2021
(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 C ((EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATI	(X5) COMPLETION DATE
N 126	discussion." She state was asked, "Do you restrained restraint during answered, "I don't rector on 11/23/21 at 10:44 Meeting Minutes" was She was told, "These have already received notes. Are there othe what I have for now. I else." No notes from prior to exit. k. On 11/23/21 at 11:0 asked, "What do you restrained a few days [November]?" He state head on the floor I blaback." He was asked were restrained?" He know." He was then a hurt yourself or trying answered, "No I was medicine." He was a the medication room called in to take my medicalled in to take my medicalled in to take my medicalled in the take my	ed, "I'll contact her." She emember anyone at the erns or stating it was not a ng the meeting?" She call." AM, a document "Safety is received from the CEO. are the same minutes I divithout any discussion or notes?" She stated, "That's "Il see if there is anything the meeting were received on the call."	N 1			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		04L115	B. WING			C 11/23/2021
	ROVIDER OR SUPPLIER	шс		STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
N 126	included under Section policy of Perimeter Breach resident has the physical restraint or some as a means of coercion or retaliation "A. Tresident or others duranticipated resident resident or others at sinjury if no intervention emergency safety unanticipated resident resident or others at sinjury if no intervention emergency safety interpolicy." Section III. Direstraint Physical intervention use to resituation to contain sebehavior, which is like resident, other resided Procedure: Section A Seclusion Justification seclusion, chemical reactions a clinical assessment psychiatrist or clinical use of emergency sarapproaches to assist first, such as: verbal instimulus, processing and encouraging move environment. 2. The coercive seclusion or physical safety situation is to possible to the protection of th	Emergency Safety n a revision date of 9/2013 on II. Policy: "It shall be the ehavioral of Forrest City that e right to be free from ecclusion, of any form, used on, discipline, convenience, o ensure the safety of the ring an emergency situation. Is ituation means It behavior that places the serious threat of violence or on occurs and it calls for an ervention as defined in this restraint is a crisis solve an emergency safety evere, out of control rely to cause harm to the onts, or staff" Section IV. In Physical Restraint and on: "1. Prior to use of restraint, or physical restraint is conducted by the one of the situations. Alternative of the resident should be tried redirection, separation from with another staff member, or only justification for use of restraint in an emergency or or or others"	N 12			
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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		04L115	B. WING				C 23/2021
	ROVIDER OR SUPPLIER	LLC	•	1	STREET ADDRESS, CITY, STATE, ZIP CODE 521 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 PREF TAG	EFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE
N 132		ust be performed in a proportionate, and verity of the behavior, and logical and developmental sysical, medical, and and personal history	N	132			
	Based on observation interview, the facility from the emergency safety into manner and appropriate behavior for 1 (Residual).	failed to ensure an ervention was used in a safe ate for the severity of the					
	Registered Nurse (RI Justification Criteria: and Staff Member and identified". Intervention restraint Attempted room Resident was and became agitated go to his unit. Type of Patient-to-Staff market aggressive toward staresident exhibited vio	ompleted on 11/14/21 by N) #1 had marked under Personal Assault/Injury: Self d nurse had written in "None ons attempted prior to I to walk with resident to his s waiting for his medications when staff directed him to					

· ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	, ,	COMPLETED	
		04L115	B. WING			C 11/23/2021	
	ROVIDER OR SUPPLIER	, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335		11/23/2021	
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
N 132	Continued From pag	ge 16	N 13	2			
	forehead, Pain? Y collar bone, Lt [Left] Under Restraint/Sec Describe the Cause	nt: 'Small bruise to left 'es R states his Rt [Right] Forehead are hurting" clusion Body Assessment of the Injury: "Staff and his head on the floor"					
	Resident #1 answere the very first thing the	ebriefing Form dated b.m., RN #1 documented ed to questions: "1. What was at started this event, and en? 'I walked out here to take					
	my medications.' 2. were in restraint/sec don't know.' 3. Wha	Do you know the reason you lusion? Explain the reason: 'I t were you doing that could irself or other people?					
	before you were phy secluded? 'He wasn Were you injured du	't given any options' 8. ring the event? Is so, explain					
	on my head.' 10. Wh	lder hurt, and I have a knot nat could staff do differently if situation involving you? What					
	•	etter 'Listen more, I kept d me up for medication.'					
	PM by RN#1 docum on radio for meds pe #2]. [Resident #1] wa	m dated 11/14/2021 at 5:18 ented, "I called [Resident #1] er [Youth Care Worker (YCW) as standing at nurse station neone asking him what he					
	was doing, he said, 'Staff stated you don #1] said 'Yes I do Nu stepped into doorwa	'I'm waiting for my meds'. 't have permission. [Resident ırse [RN #1] called me. I ıy and told staff I called him					
	has permission, ther	etting it together that yes he n the door started shaking IYCW #11 to 'drop him'.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		04L115	B. WING	B. WING		C 11/ 23/2021	
	ROVIDER OR SUPPLIER	, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335		11/20/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
N 132	him'. I was waiting at due to [YCW #1] had door. When they mo [YCW #1] had [Resid struggling and tusslin floor, the restraint was everything was happy what had happened witnessing [YCW #1] hold resident, [YCW then I witnessed [YC into the floor, causing immediately prompte and allow resident to into nursing station, bruise forming on left collar bone appears resident c/o [compla shoulder hurting and staff notified, ESI [Erpacket started but ur cannot justify why it speaking with resided d. "Discharge Instruct 11/15/2021 document a local hospital. The was diagnosed by a [deep bruise resultin and muscle fibers ur The Imaging Report AM documented and done for right should with findings of "No a Soft tissues are gross."	d, 'you gonna have to drop the door unable to open it d [Resident #1] up against the ved, I opened the door, and dent #1] by his arms, ng, then [Resident #1] to the as not properly performed dening so fast. I did not know that I did not see. After [failed attempts to properly #3] prompted to relieve him, w #1] push residents head ag resident pain, was d to release containment be get up now. Resident taken body check performed, at side forehead, Rt [Right] swollen, protruded slightly, aned of] HA [headache], Rt collar bone All necessary mergency Safety Intervention] hable to complete due to I was performed after not and staff" Attions for Resident #1 dated anted the resident was seen at instructions documented he physician with a "Contusion ag from blunt injury to tissues ander the skin] of shoulder." dated 11/15/2021 at 11:58 X-ray of the right clavicle was er pain with trauma/injury accute fracture or dislocation.	N 13	2			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		04L115	B. WING			11/2	23/2021
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
WOODBIE	GE OF FORREST CITY,	110		1	521 ALBERT ST		
WOODKIL	GE OF FORREST CITT,	LLC		F	ORREST CITY, AR 72335		
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N 132	11/15/21 at 10:20 AM CEO (Chief Executive Clinical Director, Dire Director of Quality an "Incident Report Revi Type of Incident: ESI Under Safety Issues: Plan of Action - Came document any other of Clinical Director was at there any other discurat this meeting? If so, them." He stated, "I withis meeting were recommended for Resident #1 CEO/Administrator (Control Director of Nursing (Director of Nursing (D	and time of the meeting as and attendees were the e Officer), Program Director, ctor of Nursing (DON), and d Risk. It documented, ew: Client: [Resident #1] Camera Review? Yes "ESI - Allegation of abuse era Review." It did not discussion or findings. The asked at this time, "Was ssion of the ESI or findings. I would like to see a copy of will find out." No findings from seived prior to exit. 88 PM, a review of the ESI was done with the CEO), Clinical Director (CD), DON) and Program Director as dated 11/14/2021 and earting at 6:18 PM. According I time of the incident was an expected the erecent change from at that time YCW #2 is a hallway door with that #1 walks to area between a rand medication room with his back to the wall with front of him. No sound is YCW #2 appears to be 1. At 17:18:05 (5:18:05 PM), even to slide down to the ong the wall into a sitting a remaining on the wall. He are floor, knees drawn up to g on his knees. The view of	N	132			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	' '	(X3) DATE SURVEY COMPLETED	
		04L115	B. WING			C 11/23/2021	
	ROVIDER OR SUPPLIER	, 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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
N 132	aggression to staff of has been observed view. The window of left side, the medical side while he is sitting seen reaching over no reaction is observesident is not seen described above, and reaction by the non-leaves the area with (5:18:30 PM) Resides same position again (5:18:45 PM), YCW area through the hall present. YCW #1 was who continues to sit move. At 17:18:48 (sto reach out and tak arm and pick Resident #1 had still physically attacking himself or others. Of arm, Resident #1 wire continue to struggle. The DON was asked [YCW #1] picking [Rwith [Resident #1] sithe hurting himself or justified trying to put time?" She stated, "the floor. Of course, going on before that behind the closed desided as the side of the course, going on before that behind the closed desided as the side of the course, going on before that behind the closed desided as the side of the course, going on before that behind the closed desided as the side of the course, going on before that behind the closed desided as the side of the course, going on before that behind the closed desides as the side of the course, going on before that behind the closed desides as the course, going on before that behind the closed desides as the course, going on before that behind the closed desides as the course, going on before that behind the closed desides as the course, going on before that behind the closed desides as the course, going on before that behind the closed desides as the course, going on before that behind the closed desides as the course, going on before that behind the closed desides as the course, going on before that behind the closed desides as the course, going on before that behind the closed desides as the course, going on before that behind the closed desides as the course, going on before that the course, going on the c	while he is sitting, no physical or agitation by Resident #1 since he entered camera if the nurse's station is to his tion room door to his righting. A non-sample resident is Resident #1 to the window, wed from Resident #1, to move out of the position at there is no observable sample resident who then prompting. At 17:18:30 ent #1 continues sitting in st the wall. At 17:18:45 #1 is seen entering into the llway door, YCW #2 is alks directly to Resident #1, and does not appear to 5:18:48 PM), YCW #1 is seen e a hold of Resident #1's right ent #1 up off the floor by the #1 reaching for his arm, I not been observed to be the staff or trying to hurt nice YCW #1 had a hold of his arted struggling, and YCW #1 and up on the floor. They with each other on the floor. If at this point, "What justified tesident #1] up at this time itting against the wall? Was a trying to hurt anyone? What thim into a restraint at that Nothing, he was just sitting on we don't know what was a what all had happened fors to the other hallway, but the nurse's station door and	N 13				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTI	RUCTION	(X3) DATE COMP	SURVEY PLETED
		04L115	B. WING _			1	C 23/2021
	ROVIDER OR SUPPLIER	LLC	•	STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
N 132	was out of his area. It restraint out of area." copy of this care plan The Clinical Director system does the facili [Satori Alternatives to was asked, "Is one of today so I can talk to with them?" He stated "Does SAMA call for stated, "No, two persodid [YCW #1] get [Redid?" He stated, "He was ask restraint?" He was ask restraint?" He stated, property destruction, was unprepared for the policy. The Clinical Example of the Director of Nursing safe to use one persodid it that way?" She way until the second [Resident #1] was again cramped, and the oth than likely they were the Clinical Director talking to him before while. The DON state trying to calm him down difficult to calm down see what happened of push past them at the area and then it is in I be restrained."	is in his care plan for The DON was asked for a a when we are finished. was asked, "What restraint ity use?" He stated, "SAMA Managing Aggression]." He your SAMA trainers here them and review the video d, "No." He was asked, one person restraint?" He ons." He was asked, "Why sident #1] up the way he was trying to get him in hold. to wait until he got him into ed, "What justifies a "Danger to self and others, that is all I have because I hat question. I'll go get the	N ·	132			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		DATE SURVEY COMPLETED
		04L115	B. WING			C 11/23/2021
	ROVIDER OR SUPPLIER	Y, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335	I	11/20/2021
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
N 132	harm to self or other #1] to calm down. V down and de-escala was asked, "When restraint was he can himself or others?" "He may have had a was asked, "Does himself?" She state because of the staff Program Director w to hurt staff or anyo Director did not ans. The Director of Nurparticular point. He area. It was a safet; He is hard to calm, area all day. The redropped down in frothen asked, "Are the have been tried beforestraint?" The DON and they did do that seen on the video, of his area so it was plan. [YCW #2] condropped down to the The video was restaff was seen comin 17:18:18 (5:18:18 FYCW #1 and Resid floor, then, YCW #2 resident's legs in rebehind the resident resident's arms. At	e?" She stated "Imminent rs. It is hard to get [Resident We try to get them to calm ate, the staff know that." She [YCW #1] tried to put him in using imminent harm to The Program Director stated, an object in his hand." She he appear to be trying to hurt d, "I don't know, I can't see is standing there." The as then asked, "Was he trying ne else?" The Program wer. Sing stated, "Not at this was asked to return to his y issue. He was out of area. That had been in and out of his straint was initiated when he ont of the door." The DON was here other things that could fore trying to place him in the stated, "They had done that the You are correct on what is justified according to his tinued to try to talk to him, he	N 13	32		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		04L115	B. WING _			C 11/23/2021
	ROVIDER OR SUPPLIER	LLC		STREET ADDRESS, CITY, STATE, ZIP CO 1521 ALBERT ST FORREST CITY, AR 72335		11/20/2021
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG	PROVIDER'S PLAN OF (X (EACH CORRECTIVE ACTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
N 132	Continued From pag	e 22	N.	132		
	the resident into rest relieved from the res Resident #1 and stat and Resident #1 wal nurse's station. g. On 11/22/21 at 1:4 was asked, "Based of justification you gave policy was [YCW #1] restraint at the point the video?" He stated asked, "Was he hurtianyone else?" He stated asked, "Was he hurtianyone else?" He stated asked, "Was he hurtianyone of the organism	raint position. YCW #1 is traint. The restraint ends with if getting up from the floor king with the nurse into the last PM, the Clinical Director on the definition or e on the use of restraints and justified in starting that we watched him start it on d, "No he wasn't." He was ng himself or trying to hurt lated, "The danger was him door [medication room]. Are to justified?" The Clinical am not saying anything at this mation, whether it was lasking you based on policy, so policy." He replied, ou are saying you are right. It right on the saying to what you are saying.				
	when it happened or station, in the medical	started, I was in the nurse's ation room, which is another station, and it happened right				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		04L115	B. WING			C
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335	ı	11/23/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
N 132	Resident #1, and he into the med [medica medicine. I heard so see, so I wasn't sure told later by [the DOI resident was kicking getting the door [nur.] I went to it because thallway. She was the out in the hallway, w "Once I got in the hafloor with [Resident #legs going back and crossway and [YCW attempting to get an [Resident #1] was st what had happened [Resident #1] to get them [Resident #1 a lot of struggle was go seem to get him in the struggling with him [lasked, "Are you SAM Managing Aggressio "Yes." RN #1 was as technique, per SAM resident?" RN #1 statypically, you are suf you. It might happen protect someone." Swatched [YCW #1] whallway, was that pro #1 stated, "Not what hold. I'm not sure if him proper technique a fighting or what happactual take down. W	or. I had just talked to seemed fine. I went back ation] room to get his me commotion. I couldn't what was going on. I was N] it was because the the door. I had trouble se's station] door open when they were struggling in the en asked, "Once you did get hat did you see?" She stated llway, [YCW #1] was on the #1] struggling with arms and forth. [Resident #1] was	N 1	32		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED		
		04L115	B. WING		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		1/23/2321		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
N 132	#1] still had his arms hold[Resident #1's] a [Resident #1] was ye so we had to make [N sure why it happened [Resident #1] up ther it was because he wasked, "Did anyone a need for restraint or the before the ESI happened [Resident #1] up ther it was because he wasked, "Did anyone a need for restraint or the before the ESI happened [Solitation of the staff afterwation of	d elbows out, but [Resident free with [YCW #1] trying to arms behind his back. Iling 'You're hurting my arms' ('CW #1] switch out. I'm not it because I had called as out of area." She was then ask you to assess for the otalk to [Resident #1] and?" She stated, "No. Like that happened and when I ward, no one could or would by he had been restrained." She was being a wind you see [YCW #1] do ally hurt [Resident #1]?" She willy hurt [Resident #1]. It could not, but he pushed off of a sident #1's] head hit the land very loud. One of the did, that was his head.' I'm not might have been [YCW #4]. In ave pushed back from the was relieved, but instead the ent #1]. All of the staff made and spry his expression was grabout it afterward." She asident #1] injured?" She did hit the floor he stopped if at me. I asked him 'Was	N 13	32				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	١ , ,	(X3) DATE SURVEY COMPLETED		
		04L115	B. WING		1	C 1/23/2021		
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	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFI)		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
N 132	knew I had called hit them two times before heard them talking wit did. I had called [Y door with her key cas poke with [YCW #2] were in his area, shoone standing at the chim to get back in his because I was in the was [Supervisor #1's she wasn't even the side of the nurse's sthought it was her. I [YCW #2], I had called medication room and nurse's station rockin. i. On 11/23/21 at 9:3 phone, "Can you tell use a restraint?" He staff, fight staff, you don't want to come to was asked, "Tell me [Resident #1] on the to get him go come I he was swinging. He [Supervisor #1] called working because I whe was aggressive with to touch them. I don'run behind them or wasked. "Was [Supervisor #3] called for me. I didn'run behind them or wasked. "Was [Supervisor #3] supervisor #4] was to touch them. I don'run behind them or wasked. "Was [Supervisor #4] supervisor #4] called for me. I didn'run behind them or wasked. "Was [Supervisor #4] supervisor #4] was [Supervisor #4] supervisor #4] was the was aggressive wa	m why the restraint aid he didn't know. They m to get his medicine. I told re this started, because I with him in the hallway before CW #2]. She had to open the rd to let him into my area. I on the radio when they let him out or she was the door. I heard someone telling area, but I couldn't see a nurse's station. I thought it is yoice, but I was told later re. I was talking through the tation window and I sure told them, it could have been led for him. I went back to the did then I heard the door to the	N 132					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG	, ,	(X3) DATE SURVEY COMPLETED	
		04L115	B. WING _			C 11/23/2021	
NAME OF PROVIDER OR SUPPLIER WOODRIDGE OF FORREST CITY, LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1521 ALBERT ST FORREST CITY, AR 72335			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	((EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
N 132	hallway." He was ask were angry at the tim wasn't angry." He was him [Resident #1] do hallway and came up he was sitting down, He had his back to the grab him and put him "Who was the some of "[Supervisor #1] and to grab them and bring asked, "Who is they? one in charge and ot with me. I grabbed him he was tussling." He reached for him was anyone else?" He stawas but I didn't see it you reached him was he replied, "No Ma'a also asked, "Did he hon him that you saw using to hurt himself answered, "I didn't see don't think he had an j. On 11/23/21 at 10:0 Officer (CEO)/Admin are the justifications. She stated, "Imminer She was asked, "On started the ESI or resemble	a charge. She was in the ked, "Do you feel like you he?" He stated, "No Ma'am I has asked, "What did you see hing when you came into the to to him?" He stated, "I think he didn't want to come back. He wall. Someone told me to him?" He was then asked, maybe others. They want us high them back." He was her staff. He was tussling him and pulled him up, then was asked, "Before you he trying to hurt staff? Or ated, No Ma'am. I was told he had to he her staff. He was asked, "Before so, he trying to hurt himself?" Im I didn't see that." He was have anything in his hands or that could be used or he was or staff?" YCW #1 he anything in his hands. I ything." 104 AM, the Chief Executive histrator was asked, "What for restraining a resident?" Int danger to self or others." Ithe video when [YCW #1] straint did you see [Resident has could be considered self or others?" She aw, he was blocking the	N				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C		
		04L115	B. WING			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	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
N 132	see, I did not see im see what transpired of his area." The CE asked, "You signed to committee that revie the incident. Were the voiced about the ES have a signed safety in that meeting, the has that." The CEO/would like a copy of discussion." She sta was asked, "Do you meeting having condiustified restraint duranswered, "I don't reconstruction of the was told, "Theshave already received notes. Are there other what I have for now. else." No notes from prior to exit. k. On 11/23/21 at 11 asked, "What do you restrained a few day [November]?" He stated on the floor I be back." He was asked were restrained?" He know." He was then hurt yourself or trying answered, "No I was medicine." He was the medication room.	minent danger, but I did not before. I do know he was out O/Administrator was then that you were on the wed the video the day after nere any notes or concerns I?" She stated, "We should a sheet of what we discussed risk director does those, she Administrator was told, "I those notes from the ted, "I'll contact her." She remember anyone at the cerns or stating it was not a ring the meeting?" She ecall." 4 AM, a document "Safety as received from the CEO. The are the same minutes I are dwithout any discussion for notes?" She stated, "That's I'll see if there is anything the meeting were received to the same minute of the meeting were received to the same meeting to	N 13	2				

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION 3	, ,	(X3) DATE SURVEY COMPLETED		
		04L115	B. WING			C 1/23/2021		
NAME OF PROVIDER OR SUPPLIER WOODRIDGE OF FORREST CITY, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335	<u> </u>	1/25/2021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
N 132	he was asked, "Can restrained you?" He [Supervisor #1] was some reason. She wupset because staff told me to get my achome." Resident #11 think any of the staff answered, "No, but I were in the wrong." 2. Facility Policy #7.5 Intervention [ESI] wit included under Sectipolicy of Perimeter Beach resident has the physical restraint or as a means of coercior retaliation "A. Tresident or others du An emergency safety unanticipated resident resident or others at injury if no interventio emergency safety int policy." Section III. Erestraint Physical intervention use to resituation to contain s behavior, which is lik resident, other reside Procedure: Section A Seclusion, chemical resident a clinical assessmen psychiatrist or clinical use of emergency safety approaches to assist	you think of any reason they replied, "I don't know. No, but there, she was upset for as following me. She was nad pushed me. She also a together if I want to do was also asked, "Do you were trying to hurt you?" He did fight back. I felt like they be a revision date of 9/2013 on II. Policy: "It shall be the ehavioral of Forrest City that e right to be free from seclusion, of any form, used fon, discipline, convenience, to ensure the safety of the ring an emergency situation. It is serious threat of violence or on occurs and it calls for an ervention as defined in this definitions:D. Physical restraint is a crisis esolve an emergency safety evere, out of control ely to cause harm to the ents, or staff" Section IV. A. Physical Restraint and on: "1. Prior to use of restraint, or physical restraint."	N 13	32				

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA LAN OF CORRECTION IDENTIFICATION NUMBER:			LE CONSTRUCTION S		(X3) DATE SURVEY COMPLETED		
	04L115					C 11/23/2021		
	PROVIDER OR SUPPLIER	r, llc		STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
N 132	stimulus, processing and encouraging me environment. 2. The seclusion or physica	y with another staff member, ovement to a quieter only justification for use of al restraint in an emergency prevent physical injury to: a.	N 13					





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,

DPSQA/Office of Long Term Care

Saudie Biseighten Administrative Services Manager

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)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				C	С		
	04L115 B. W					11/2	3/2021
	ROVIDER OR SUPPLIER DGE OF FORREST CITY,	LLC		1:	TREET ADDRESS, CITY, STATE, ZIP CODE 521 ALBERT ST ORREST CITY, AR 72335		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
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.		N 000		The roadmap to correcting this deficiency will be to thoroughly train staff during orientation on the proper of 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 ar 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 eac containment, all staff members will continue to conduct 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 helpfu 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 shou 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.		2/21/2021
					When an ESI (emergency safety intervention) in the facility occurs, the Director of Quality and Risk Management and the SAMA Instructor will review of footage to ensure the correct techniques are being and to also see the behaviors that could have trigg the ESI. If possible, issues are seen, staff will mee the above staff and be reminded on how and why word that the contain our residents. The staff member will also nedditional hands-on training (if applicable) to ensur know the exact techniques to use in an ESI.	amera utilized ered t with ve	
N 126	Subpart G - Condition Psychiatric Residential PROTECTION OF RICFR(s): 483.356 (a)(CEach resident has the restraint or seclusion,	ESIDENTS 1)	N 1		An ESI/Incident tracker has been implemented as a 10/01/2021 as a way to track those residents who a receiving specific types of interventions. This syste includes the resident's name, the date/time of incidented the type of incident, the type of ESI, any injuries (if applicable), and whether or not the resident had to the er. Staff member who initiated ESI will begin to included in this tracking system to possibly help ide whether the ESI was initiated for the correct reason a punitive/consequence of the staff member. Our SAMA instructor will conduct a quarterly training all staff members in which she will focus on ESI prevention and ways to be more proactive than rea Our therapist will also conduct quarterly trainings we they will focus on behavior management and ways verbally de-escalate	are m ent, go to be ntify , or as	
1/11/0	1/	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		K6) DATE
Waterner Hope Director of Quality & Kisk Management 12/19							

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

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

Event ID: X2UK11

Facility ID: 3012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		04L115	B. WING _			11/	23/2021
	ROVIDER OR SUPPLIER DGE OF FORREST CITY,	LLC		STREET ADDRESS, CITY, STATE, ZIP COD 1521 ALBERT ST FORREST CITY, AR 72335	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
N 126	Continued From page	÷1	N 1	26			
	Based on observation interview, the facility from the way and used as discillated as a second of the findings are: 1. Resident #1 had discent Episode (MRE Generalized Anxiety Depositional Defiant It Asthma. a. The Emergency Sar Justification Packet on Registered Nurse (RN Justification Packet on Registered Nurse (RN Justification Criteria: From Staff Member and identified". Intervention restraint Attempted room Resident was and became agitated go to his unit. Type of Patient-to-Staff marke aggressive toward star resident exhibited viole threatening, refusing the Physical Assessment: forehead, Pain? Yecollar bone, Lt [Left] Funder Restraint/Secture Describe the Cause of Resident reports hit him.	ailed to ensure a restraint pline for 1 (Resident #1) of ho was physical restrained. agnoses of Bipolar Most E) Mixed without psychosis, Disorder (GAD), Disorder (ODD), and afety Intervention perpleted on 11/14/21 by 1/1/14/21 by 1/1/14/					
	Resident #1 answered	to questions: "1. What was started this event, and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						c	
		04L115	B. WING_			11/	23/2021
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
WOODBIE	GE OF FORREST CITY,	110		1	521 ALBERT ST		
WOODKIL	GE OF FORREST CITT,			F	ORREST 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	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
N 126	my medications.' 2. D were in restraint/secludon't know.' 3. What cause danger to yours 'Nothing.' 4. What did before you were phys secluded? 'He wasn't Were you injured durit your injury(ies): 'I have collarbone and should on my head.' 10. What faced with a similar sit can we do to cope bettelling him you called c. The Shift Note form PM by RN#1 documer on radio for meds per #2]. [Resident #1] was window. I heard some was doing, he said, 'I's Staff stated you don't #1] said 'Yes I do Nurs stepped into doorway	? 'I walked out here to take o you know the reason you ision? Explain the reason: 'I were you doing that could self or other people? staff do to try and help you ically restrained or given any options' 8. ng the event? Is so, explain a headache, my ler hurt, and I have a knot it could staff do differently if tuation involving you? What iter 'Listen more, I kept me up for medication.' I dated 11/14/2021 at 5:18 inted, "I called [Resident #1] [Youth Care Worker (YCW) is standing at nurse station one asking him what he m waiting for my meds'. have permission. [Resident se [RN #1] called me. I and told staff I called him	N 1	126	DEFICIENCY)		
	has permission, then and staff was telling [N Several times I heard, him'. I was waiting at a due to [YCW #1] had a door. When they move [YCW #1] had [Reside struggling and tussling floor, the restraint was everything was happe what had happened the witnessing [YCW #1] for	'you gonna have to drop the door unable to open it [Resident #1] up against the ed, I opened the door, and ent #1] by his arms, g, then [Resident #1] to the is not properly performed ning so fast. I did not know					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		04L115	B. WING	B. WING			C 11/23/2021	
	ROVIDER OR SUPPLIER	пс		15	REET ADDRESS, CITY, STATE, ZIP CODE 21 ALBERT ST DRREST CITY, AR 72335	<u>,</u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
N 126	into the floor, causing immediately prompte and allow resident to into nursing station, bruise forming on left collar bone appears resident c/o [complai shoulder hurting and staff notified, ESI [En packet started but un cannot justify why it vispeaking with resident d. "Discharge Instruct 11/15/2021 document a local hospital. The was diagnosed by a [deep bruise resulting and muscle fibers un The Imaging Report AM documented an interest of the discharge of "No a Soft tissues are grosse." Safety Meeting M 12:51 PM received for documented the date 11/15/21 at 10:20 AM CEO (Chief Executive Clinical Director, Director of Quality ar "Incident Report Rev Type of Incident: ESI Under Safety Issues: Plan of Action - Came document any other care in the promote of the complete of the	W #1] push residents head president pain, was do to release containment get up now. Resident taken pody check performed, side forehead, Rt [Right] swollen, protruded slightly, and of] HA [headache], Rt collar bone All necessary nergency Safety Intervention] able to complete due to I was performed after and staff" Itions for Resident #1 dated the resident was seen at instructions documented he ohysician with a "Contusion of from blunt injury to tissues der the skin] of shoulder." dated 11/15/2021 at 11:58 K-ray of the right clavicle was er pain with trauma/injury cute fracture or dislocation.	N	126				

• —	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1`'	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		04L115	B. WING		1	C 11/23/2021	
NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE		1/25/2021	
WOODRID	GE OF FORREST CITY,	LLC		1521 ALBERT ST			
				FORREST CITY, AR 72335			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
N 126	Continued From page	. 4	N 12	6		13	
		ssion of the ESI or findings					
		I would like to see a copy of					
		rill find out." No findings from		}			
	this meeting were rec	eived prior to exit.					
	f. On 11/22/21 at 12:5	i8 PM, a review of the ESI					
	video for Resident #1	was done with the	İ				
		EO), Clinical Director (CD),					
		ON) and Program Director					
	•	as dated 11/14/2021 and					
	-	arting at 6:18 PM. According					
		I time of the incident was an					
	hour earlier due to the	-					
		At that time YCW #2 is					
	seen coming through	-	İ				
		t #1 walks to area between	ļ				
		r and medication room ith his back to the wall with					
		ront of him. No sound is					
	_	YCW #2 appears to be					
		. At 17:18:05 (5:18:05 PM),					
	_	een to slide down to the					
		ng the wall into a sitting					
		remaining on the wall. He					
	•	e floor, knees drawn up to					
		g on his knees. The view of					
	him is partially obstru	cted at times by staff					
	standing between him	and the camera, but no				l	
	movement is seen wh	ille he is sitting, no physical					
		agitation by Resident #1					
		nce he entered camera					
		he nurse's station is to his					
		on room door to his right					
		J. A non-sample resident is					
		esident #1 to the window,					
	no reaction is observe						
		move out of the position there is no observable					
	· · · · · · · · · · · · · · · · · · ·	ample resident who then					
	reaction by the noti-se	ambie resident with men	1				

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) 144 # TIPL	OMB N	OMB NO. 0938-039	
ANU PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION	(X3) DAT	E SURVEY MPLETED
		04L115	04L115 B. WING			С
NAME OF	PROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE		1/23/2021
WOODRI	DGE OF FORREST CITY	LLC	1:	521 ALBERT ST ORREST CITY, AR 72335		
(X4) ID PREFIX	SUMMARY S	ATEMENT OF DEFICIENCIES	ID			
TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	KOLII D BE	(X5) COMPLETION DATE
N 126	Continued From page	a 5				
		prompting. At 17:18:30	N 126	**		
	(5:18:30 PM) Resider	of #1 continues sitting in	1 1			,
	same position against	t the wall. At 17:18:45	1 1			1
	(5:18:45 PM), YCW #	1 is seen entering into the				ļ
İ	area through the hally	vay door VCW #2 :-	1			
	present. YCW #1 wall	ks directly to Resident #1,	1			
	who continues to sit a	nd does not appear to				
	move. At 17:18:48 (5:	18:48 PM). YCW #1 is seen	1 1			
1	to reach out and take	a hold of Resident #1's right	1 1			
	arm and pick Residen	#1 UD Off the floor by the	1 1			
1	arm. Up until YCW #1	reaching for his arm	1			
- 1	Resident #1 had still n	ot been observed to be	1 1		1	
- 1	physically attacking the	e staff or trying to hurt			1	
- 1	nimself or others. Onc	e YCW #1 had a hold of his	1 1			
- 1	ann, Resident #1 start	ed struggling, and YCW #1				
1	and Resident #1 wind	up on the floor. They	1 1			- 1
- 1	continue to struggle Wi	th each other on the floor.				- 1
	The DON was asked a	t this point, "What justified	1			ŀ
	[T C VV #1] picking [Resi	dent #11 up at this time	1			- 1
ין	with [Resident #1] sittin	g against the wall? Was	1		ľ	- 1
1,1	ne numing himself or th	/ing to hurt anyone? What	1			1
11	ustified trying to put hir	n into a restraint at that	1			ļ
11	ime?" She stated, "Not	hing, he was just sitting on	1			1
1.	THE HOOF, OF COURSE, WE	don't know what was	1 1			
18	joing on before that, w	nat all had happened			1	1
	Persidu The Closed doors	to the other hallway, but				J
1.0	e was in front of the nu	irse's station door and				- 1
Tree Tree	vas out of his area. It is	in his care plan for				1
c	opy of this care plan w	ne DON was asked for a a				
J		s asked, "What restraint				Ì
S	stem does the facility	use?" He stated, "SAMA				
IS	Satori Alternatives to Ma	anaging Aggression]." He				
w	as asked, "Is one of vo	ur SAMA trainers here				
to	day so I can talk to the	m and review the video				
W	itn tnem?" He stated, "j	Vo." He was asked				
	oes SAMA call for one	person restraint?" He				

-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04L115	R WING	B. WING		С	
NAME OF P	ROVIDER OR SUPPLIER	U4L115	D. WING	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 11/	23/2021
WOODRIDGE OF FORREST CITY, LLC				1	521 ALBERT ST FORREST CITY, AR 72335		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 126	did [YCW #1] get [Re did?" He stated, "He stated, "He stated, "He other staff was trying position." He was ask restraint?" He stated, property destruction, was unprepared for the policy." The Clinical II. The Director of Nursing safe to use one person to do it that way?" She way until the second [Resident #1] was agaramped, and the other than likely they were. The Clinical Director talking to him before while. The DON state trying to calm him down see what happened on push past them at the area and then it is in the restrained." The Program Director the use of restraints? harm to self or others #1] to calm down. We down and de-escalate was asked, "When [Yerestraint was he caus himself or others?" Till "He may have had ar was asked, "Does he	ons." He was asked, "Why sident #1] up the way he was trying to get him in hold. To wait until he got him into ited, "What justifies a "Danger to self and others, that is all I have because I hat question. I'll go get the Director left the room. Ing (DON) was asked, "Is it on? Was it safe for [YCW #1] he stated, "It may start that person can get into position. A ainst the wall so it was her staff couldn't get in. More trying to talk him down." Istated, "[YCW #2] was [YCW #1] came in, it was a led, "I know staff had been wh, [Resident #1] can be her of a long time before you on the video. You saw him had door, he was out of his his plan of care he can then at was asked, "What justifies "She stated "Imminent to try to get them to calm he, the staff know that." She CW #1] tried to put him in the Program Director stated, to object in his hand. "She appear to be trying to hurt "I don't know, I can't see	Z	126			

STATEMENT	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			ОМВ	OMB NO. 0938-039	
AND PLAN OF CORRECTION (XT) PROVID		IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED	
		04L115	B. WING			c	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,	ZIP CODE	11/23/2021	
	DGE OF FORREST CITY	, LLC		1521 ALBERT ST FORREST CITY, AR 72335			
(X4) ID PREFIX TAG	I CACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
	Program Director was to hurt staff or anyon Director did not answer The Director of Nursi particular point. He warea. It was a safety if He is hard to calm, he area all day. The rest dropped down in from then asked, "Are there have been tried before restraint?" The DON sand they did do that. Seen on the video, but of his area so it was juplan. [YCW #2] continued to here governed to the governed to here.	s then asked, "Was he trying e else?" The Program ver. Ing stated, "Not at this as asked to return to his assue. He was out of area. In ad been in and out of his raint was initiated when he at of the door." The DON was a other things that could be trying to place him in thated, "They had done that you are correct on what is at that moment he was out stifled according to his used to try to talk to him, he round."	N 1				
find by the second of the seco	I was seen coming on the coming of the comment of t	At 17:18:52 (5:18:52 PM) #1 continue to struggle on seen getting on the int position, YCW #1 is struggling with the roximately 17:20 [5:20 e restraint and they get not position. YCW #1 is int. The restraint ends with setting up from the floor g with the nurse into the PM, the Clinical Director ne definition or the use of restraints and					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		04L115	B. WING			11/23/2021	
NAME OF PROVIDER OR SUPPLIER WOODRIDGE OF FORREST CITY, LLC		•	15	TREET ADDRESS, CITY, STATE, ZIP CODE 521 ALBERT ST ORREST CITY, AR 72335			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 126	asked, "Was he hurting anyone else?" He state being in front of the dayou saying it was not Director was told, "I apoint of getting inform justified or not, I am a since it is the facility's "According to what yowasn't justified accord Why do you keep ask Surveyor stated, "I are what you and other since you know the policy. I make sure, just like yare safe and protecte what you are saying,	I, "No he wasn't." He was ng himself or trying to hurt ted, "The danger was him oor [medication room]. Are justified?" The Clinical m not saying anything at this nation, whether it was sking you based on policy, policy." He replied, ou are saying you are right. It ding to what you are saying.	N	126			
	phone, "Were you the the Emergency Safet #1] on the 14th [Nove when it happened or station, in the medica room in the nurse's si there outside my doo Resident #1, and he into the med [medical medicine. I heard son see, so I wasn't sure told later by [the DON resident was kicking to getting the door [nurs I went to it because the hallway. She was the	seemed fine. I went back tion] room to get his ne commotion. I couldn't what was going on. I was					

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MIRT	IDI 5 0000000	OMB	OMB NO. 0938-039	
AND FLAM (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DA	ATE SURVEY OMPLETED	
414.		04L115	B. WING_		- 1	С	
	PROVIDER OR SUPPLIER DGE OF FORREST CITY,			STREET ADDRESS, CITY, STATE, ZIP C	ODE	11/23/2021	
			İ	FORREST CITY, AR 72335			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X6) COMPLETION DATE	
t t t t t t t t t t t t t t t t t t t	legs going back and for crossway and [YCW # attempting to get an ar [Resident #1] was strug what had happened be [Resident #1] to get his them [Resident #1] to get his them [Resident #1] to get his them [Resident #1 and lot of struggle was goin seem to get him in the particular struggling with him [Resident #1] was asked, "Are you SAMA Managing Aggression] I "Yes." RN #1 was asked technique, per SAMA, for esident?" RN #1 stated typically, you are supported to the protect someone. "She watched [YCW #1] with wallway, was that proper the stated, "Not what I sated. I'm not sure if he proper technique and ghting or what happened could. I'm not sure if he proper technique and ghting or what happened could take down. When Resident #1] legs that we are and her arms and elta it still had his arms free cold [Resident #1] was yelling to we had to make [YCW we why it happened because he was outled, "Did anyone ask yelled for restraint or to tall the structure was because he was outled for restraint or to tall the structure."	vay, [YCW #1] was on the struggling with arms and rth. [Resident #1] was 1] was long ways, m around [Resident #1]. It is gling a lot. I had no idea tween the time I called medicines and finding [YCW #1] on the floor. A g on, [YCW #1] couldn't proper hold and was sident #1]. RN #1 was [Satori Alternatives for trained?" She stated, d, "Is it appropriate for one person to restrain a , "No, it is not safe. Not sed to have someone with the sed to have someone with the saked, "When you [Resident #1] in the same saked, "When you [Resident #1] in the same saked, "I initially had him [Resident #1] started d there, I didn't see the [YCW #2] got his as right with him under lows out, but [Resident with [YCW #1] trying to behind his back. "You're hurting my arms" with a called medicine and they said at of area." She was then out to assess for the	N 12				

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ C 04L115 B. WING 11/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST WOODRIDGE OF FORREST CITY, LLC FORREST CITY, AR 72335 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) N 126 Continued From page 10 N 126 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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	DOM AND TO THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER			OMB NO. 0938-0391	
AND PLAN O	AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		04L115	B. WING	3. WING			С
NAME OF P	PROVIDER OR SUPPLIER	33		-	STREET ADDRESS, CITY, STATE, ZIP CODE	11	/23/2021
WOODRII	DGE OF FORREST CITY,	LLC		[1	1521 ALBERT ST FORREST CITY, AR 72335		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	_			
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t f v h tu	she wasn't even there, side of the nurse's stat thought it was her. I to [YCW #2], I had called medication room and thourse's station rocking i. On 11/23/21 at 9:31 Aphone, "Can you tell muse a restraint?" He statistif, fight staff, you need don't want to come backwas asked, "Tell me about a saked, "Tell me about a was swinging. He was Supervisor #1] on the 14 to get him go come back a was swinging. He was Supervisor #1] called mover working because I was the was aggressive with rying to do my job. My stalled for me. I didn't slatot hurt him. I was the o	turse's station. I thought it voice, but I was told later I was talking through the ion window and I sure id them, it could have been for him. I went back to the men I heard the door to the" AM, YCW #1 was asked by a when staff is allowed to lated, "They try to resist ad to keep them safe, they k, if they walk out." He but the restraint on the YCW #1 stated, "I tried k. He tried to hit me and las acting up. They, he over from where I was the only male. I was told	N 1	126			
a	un benind them or wres sked. "Was [Supervisor estraint happened?" He	tle with them." He was #1] there when the Stated, "Yes Ma'am sho					
ha	as the supervisor in chi allway." He was asked, ere angry at the time?"	arge. She was in the					
ha he	in [Resident #1] doing wallway and came up to be was sitting down, he d	vhen you came into the tim?" He stated, "I think idn't want to come back					
gra "W	ab him and put him dow ho was the someone?'	all. Someone told me to /n." He was then asked, 'He replied					
CMS-2567/02-	99) Previous Versions Obsolete	be others. They want us					ſ
2007 102	revious versions Obsolete	Event ID: X2UK11	Fac	offite I	ID: 2012		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		04L115	B. WING			C 11/23/2021	
NAME OF PROVIDER OR SUPPLIER WOODRIDGE OF FORREST CITY, LLC			STREET ADDRESS, CITY, STATE 1521 ALBERT ST FORREST CITY, AR 72335	, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE O TO THE APPROPRIATE ICIENCY)	(X5) COMPLETION DATE	
N 126	asked, "Who is they? one in charge and oth with me. I grabbed hi he was tussling." He reached for him was anyone else?" He sta was but I didn't see it you reached him was He replied, "No Ma'ar also asked, "Did he hon him that you saw tusing to hurt himself answered, "I didn't see don't think he had any j. On 11/23/21 at 10:0 Officer (CEO)/Adminiare the justifications f She stated, "Imminent She was asked, "On started the ESI or res#1] doing anything the imminent danger to sanswered, "What I sawindow for her [the niminent danger to sanswered, "What I sawindow for her [the niminent danger to sanswered, "What I sawindow for her [the niminent danger to sanswered, "What I sawindow for her [the niminent danger to sanswered, "What I sawindow for her [the niminent danger to sanswered, "What I sawindow for her [the niminent danger to sanswered, "What I sawindow for her [the niminent danger to sanswered, "What I sawindow for her [the niminent danger to sanswered, "You signed the committee that review the incident. Were the voiced about the ESI have a signed safety in that meeting, the ri	ing them back." He was "YCW #1 answered, "The her staff. He was tussling in and pulled him up, then was asked, "Before you he trying to hurt staff? Or heted, No Ma'am. I was told he ." He was asked, "Before he trying to hurt himself?" in I didn't see that." He was ave anything in his hands or hat could be used or he was are staff?" YCW #1 he anything in his hands. I hything." A4 AM, the Chief Executive strator was asked, "What for restraining a resident?" ht danger to self or others." hthe video when [YCW #1] httraint did you see [Resident at could be considered helf or others?" She he, he was blocking the help on before. I did not hinent danger, but I did not hinent danger, but I did not hinent danger, but I did not help on the video the day after her any notes or concerns help of what we discussed help of what we discussed help on the video those, she help on the video the day the video those, she help on the video the day the video the video those, she help on the video the day the video the video those, she help on the video the day the video the video those, she help on the video the video the video those, she help on the video the video the video the video the video the video the video the video the video the video the video the video t	N:	126			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION				OMB NO. 0938-0391	
AND PLAN C	JF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD		CONSTRUCTION	(X3) D.	ATE SURVEY DMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER			_	TREET ADDRESS, CITY, STATE, ZIP CODE		11/23/2021	
WOODRII	DGE OF FORREST CITY,	LLC		15	S21 ALBERT ST DRREST CITY, AR 72335			
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	STEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	DC	(X5) COMPLETION DATE	
l a relation in the care is so up to the an	meeting having concer justified restraint during answered, "I don't recar on 11/23/21 at 10:44 A Meeting Minutes" was a have already received what I have for now. I'll else." No notes from the prior to exit. k. On 11/23/21 at 11:08 asked, "What do you remestrained a few days ag November]?" He stated head on the floor I black back. "He was asked, "Covere restrained?" He stated head on the floor I black back." He was asked, "Covere restrained?" He stated head on the floor I black back." He was asked, "Covere restrained?" He stated head in to take my medice was asked, "Can you be medicine." He was asked he medication room area alled in to take my medice was asked, "Can you be strained you?" He replied supervisor #1] was therefore reason. She was fooset because staff had plid me to get my act together." Resident #1 was a ink any of the staff were	d, "I'll contact her." She member anyone at the ins or stating it was not a gethe meeting?" She ill." M, a document "Safety received from the CEO. re the same minutes I without any discussion totes?" She stated, "That's see if there is anything a meeting were received AM, Resident #1 was member about being go on the 14th, "I remember I hit my ed out. I was just fighting can you tell me why you ated, "No. I still don't ed, "Were you trying to hurt someone else?" He is waiting to take my d, "How did you get into a?" He stated, "I was cine. I was let in." Next, think of any reason they ed, "I don't know. No, but e, she was upset for other if I want to do either if I want to do.	N	126	DEFICIENCY			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		04L115	B. WING_			23/2021
	ROVIDER OR SUPPLIER	LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST	1111	23/2021
	<u> </u>			FORREST CITY, AR 72335		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 126	included under Section policy of Perimeter Be each resident has the physical restraint or so as a means of coercic or retaliation "A. To resident or others during An emergency safety unanticipated resident resident or others at sinjury if no intervention emergency safety interpolicy." Section III. Do restraint Physical rintervention use to resituation to contain see behavior, which is like resident, other resident Procedure: Section A. Seclusion Justification seclusion, chemical reactinical assessment psychiatrist or clinicall use of emergency safety intervention use to resituation to contain see the seclusion of emergency safety intervention use to resituation to contain see the seclusion of emergency safety intervention assessment psychiatrist or clinicall use of emergency safety intervention assists of emergency safety intervention assists of emergency safety intervention assists of emergency safety intervention.	Emergency Safety a a revision date of 9/2013 in II. Policy: "It shall be the shavioral of Forrest City that right to be free from eclusion, of any form, used on, discipline, convenience, o ensure the safety of the ing an emergency situation. situation means it behavior that places the serious threat of violence or in occurs and it calls for an ervention as defined in this efinitions:D. Physical estraint is a crisis solve an emergency safety evere, out of control ely to cause harm to the ints, or staff" Section IV. Physical Restraint and in: "1. Prior to use of estraint, or physical restraint is conducted by the y qualified RN trained in the ety situations. Alternative the resident should be tried edirection, separation from with another staff member, ement to a quieter only justification for use of restraint in an emergency revent physical injury to: a. s or c. Others"	N 1:	26		
N 132	CFR(s): 483.356(b)	ervention. An emergency	N I.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATI COM	O. 0938-039 E SURVEY IPLETED
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		/23/2021
WOODRIDGE OF FORREST CITY, LLC 1521 ALBERT ST	•	
FORREST CITY, AR 72335		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF COR PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION S TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(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 Assautt/Injury: Self and Staff Member and nurse had written in "None identified". Interventions attempted prior to restraint. Attempted to walk with resident to his roomResident 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 "Resident] became aggressive toward staff, out of control per staff, resident exhibited violence to staff, verbally threatening, refluxing to complete." Under Results of	anagement, ing that an only when the meself/others r SAMA aining for staff re-educate we initiate vention) in dity and Risk or will review technique is at could have are seen, if be our receive ble) to s to use in the member who in this y whether son, or as a ober. a quarterly we will focus e proactive and could have a seen, if the could have are seen, if the could have are seen, if the cour receive ble) to see a quarterly whether son, or as a ober.	12/21/2021

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WOODRIDGE OF FORREST CITY, LLC 1521 ALBERT ST FORREST CITY, AR 72335	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE A REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE COMPLETION OF THE APPROPRIATE 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'.	

STATEMENT OF	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA (X2) MUI		X2) MULTIPLE CONSTRUCTION			OMB NO. 0938-039	
AND PLAN OF CO	DRRECTION	IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER: A. BUILDING			(X3) DATI	E SURVEY PLETED	
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	OF FORREST CITY,	rrc		STREET ADDRESS, CITY, STATE, ZIP COI 1521 ALBERT ST	<u> </u>	11,	/23/2021	
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see hin duadod [YC] struction of the str	e to [YCW #1] had [e to [YCW #1] had [Reside Uggling and tussling or, the restraint was erything was happened that had happened that hessing [YCW #1] fad resident, [YCW #3] in I witnessed [YcW #3] i	the door unable to open it [Resident #1] up against the ed, I opened the door, and ent #1] by his arms, I, then [Resident #1] to the not properly performed ning so fast. I did not know at I did not see. After ailed attempts to properly prompted to relieve him, I was to release containment et up now. Resident taken de forehead, Rt [Right] ollen, protruded slightly, dof] HA [headache], Rt lilar bone All necessary regency Safety Intervention] le to complete due to I is performed after and staff " In s for Resident #1 dated the resident was seen at ructions documented he sician with a "Contusion of blunt injury to tissues the skin] of shoulder." In s for the right clavicle was ain with trauma/injury to fracture or dislocation.	N 13					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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N 132	11/15/21 at 10:20 AM CEO (Chief Executive Clinical Director, Dire Director of Quality an "Incident Report Revi Type of Incident: ESI Under Safety Issues: Plan of Action - Came document any other of Clinical Director was there any other discu at this meeting? If so, them." He stated, "I withis meeting were recommented for Resident #1 CEO/Administrator (Control Director of Nursing (Director of Nursing (Dire	and time of the meeting as and attendees were the e Officer), Program Director, ctor of Nursing (DON), and d Risk. It documented, sew: Client: [Resident #1] Camera Review? Yes "ESI - Allegation of abuse era Review." It did not discussion or findings. The asked at this time, "Was ssion of the ESI or findings I would like to see a copy of will find out." No findings from seived prior to exit. 88 PM, a review of the ESI was done with the CEO), Clinical Director (CD), CON) and Program Director as dated 11/14/2021 and earling at 6:18 PM. According I time of the incident was an erecent change from . At that time YCW #2 is a hallway door with that #1 walks to area between a rand medication room with his back to the wall with front of him. No sound is YCW #2 appears to be 1. At 17:18:05 (5:18:05 PM), een to slide down to the ong the wall into a sitting a remaining on the wall. He he floor, knees drawn up to ag on his knees. The view of	N 1	32			

STATEMENT	OF SETIMEDIOAIXE &	WEDICAID SERVICES				FU	IRM APPROVE	
AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		PLE CONSTRUCTION	(X3) DA	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
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	DOL OF FORKEST CITY,	LLC		L	1521 ALBERT ST			
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N 132	Continued From page	19						
	Movement is soon wh	ile hada atti	N 1	132	2		1	
	aggression to staff or	ile he is sitting, no physical	j					
	has been observed at	agitation by Resident #1	1				1	
	View The window of a	nce he entered camera	1				1	
	loff cide the "	ne nurse's station is to his					1	
	cido while he is the	n room door to his right	į				1	
- 1	side writte he is sitting.	A non-sample resident is	1				1	
	seen reaching over Re	sident #1 to the window,	1				1	
	no reaction is observed	d from Resident #1,	1		1		1	
reac	resident is not seen to	move out of the position	1		1			
	described above, and t	here is no observable			1			
	reaction by the non-sar	mple resident who then	1		1]	
- 1	leaves the area with pre	Ompting. At 17·18·30	1				I	
	(5:18:30 PM) Resident	#1 continues sitting in	1					
	same position against t	he wall. At 17:18:45						
i	(5:18:45 PM), YCW #1	is seen entering into the						
ſ	area inrough the hallwa	IV door. YCW #2 ie	1					
- 1	present. YCW #1 walks	directly to Resident #1						
- 1	willo continues to sit and	does not appear to	1			ŀ		
- 11	move. At 17:18:48 (5:18	3:48 PM). YCW #1 is seen		- [1		
- 11	to reach out and take a	hold of Resident #1's right		- [1		
1 4	arm and pick Resident #	#1 UD Off the floor by the	Ī	İ		1	- 1	
[6	arm. Up until YCW #1 re	eaching for his arm	1	-			i	
j F	Resident #1 had still not	been observed to be	1	- 1			i	
. ∫ p	hysically attacking the	Staff or trying to burt	ŀ	- 1		j	- 1	
h	nimself or others. Once	YCW #1 had a hold of his	l			j	i	
a	rm, Resident #1 started	struggling, and YCW #1	1	1		ľ	1	
a	ind Resident #1 wind up	On the floor Thou	1			1	- 1	
c	ontinue to struggle with	each other on the floor.						
Т	he DON was asked at t	his point, "What justified		1				
	CW #1] picking [Reside	ent #11 up at this time		Т		1	1	
w	ith [Resident #1] sitting	against the wells time						
h	e hurting himself or tovir	ng to hurt anyone? What					J	
ju	stified trying to put him	into a restraint of the						
tir	me?" She stated "Nothi	ng, he was just sitting on			0,611		1	
th	e floor. Of course, we d	on't know what						
ac	oing on before that, wha	t all had be a second						
be	shind the closed doors	n all riad nappened						
he	was in front of the nurs	o the other hallway, but					i	
	The nurse of the nurs	se's station door and				1	ì	

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING 04L115 B. WING 11/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST WOODRIDGE OF FORREST CITY, LLC FORREST CITY, AR 72335 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) N 132 Continued From page 20 N 132 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

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	0/0) 4 8 8 8		ON	OMB NO. 0938-039		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	1D					
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thin ras o p d Ti #17 fice re-	the use of restraints?" harm to self or others. #1] to calm down. We down and de-escalate was asked, "When [YO restraint was he causi himself or others?" The "He may have had an was asked, "Does he a himself?" She stated, "because of the staff start of the staff or anyone of the Director did not answer to hurt staff or anyone of the Director of Nursing particular point. He was area. It was a safety isseries hard to calm, had area all day. The restrator of the pasked, "Are there of the the straint?" The DON start of the did do that. Yo een on the video, but a finis area so it was just lan. [YCW #2] continued to the proposed down to the growth was seen coming out 7:18:18 (5:18:18 PM).	She stated "Imminent It is hard to get [Resident try to get them to calm try to get them to calm the staff know that." She CW #1] tried to put him in the imminent harm to the Program Director stated, object in his hand." She appear to be trying to hurt if don't know, I can't see anding there." The then asked, "Was he trying the else?" The Program of the was out of area. It is asked to return to his sue. He was out of area. It is been in and out of his int was initiated when he of the door." The DON was other things that could trying to place him in the inted, "They had done that the unare correct on what is that moment he was out iffied according to his at that moment he was out iffied according to his at that moment he was out iffied according to his at the hallway at the hallway at the hallway at the position, YCW #1 is truggling with the eximately 17:20 I5:20	N 13					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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N 132	Continued From page	e 22	N 1	32	8		
	the resident into restrate relieved from the restrate relieved from the restrate relieved from the restrate relieved from the restrate relieved from the restrate and Resident #1 walk nurse's station. g. On 11/22/21 at 1:44 was asked, "Based or justification you gave policy was [YCW #1] restraint at the point of the video?" He stated asked, "Was he hurting anyone else?" He stated asked, "Was he hurting anyone else?" He stated asked, "Was he hurting anyone else?" He stated asked, "I an point of getting inform justified or not, I am a since it is the facility's "According to what you wasn't justified accord why do you keep ask Surveyor stated, "I an what you and other st you know the policy. I make sure, just like you are safe and protecte what you are saying, know what happened long time before." h. On 11/22/21 at 2:43 phone, "Were you the the Emergency Safety #1] on the 14th [Nove when it happened or station, in the medical station."	aint position. YCW #1 is raint. The restraint ends with getting up from the floor ing with the nurse into the B PM, the Clinical Director in the definition or on the use of restraints and justified in starting that we watched him start it on , "No he wasn't." He was ing himself or trying to hurt ted, "The danger was him oor [medication room]. Are justified?" The Clinical in not saying anything at this sation, whether it was sking you based on policy, policy." He replied, but are saying you are right. It ting to what you are saying. It is needing information on the saff saw on the video since am here to investigate, to but, the residents and staff d." He stated, "According to you are right, but we don't before. I'm sure it took a 3 PM, RN #1 was asked by a nurse that was there during you have that was there during you the resident was there during you have that was there during you have that was there during you have that was in the nurse's started, I was in the nurse's tion room, which is another					
	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						

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AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: A. E		PLE CONSTRUCTION G	(X3) DA1	TE SURVEY	
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N 132 Continued From page	. 22	i.e			 	
Page		N 13	2			
there outside my doo	r. I had just talked to					
resident #1, and he s	seemed fine. I went back	1	1:			
into the med [medicat	tion] room to get his					
medicine. I heard son	ne commotion. I couldn't					
see, so I wasn't sure v	what was going on. I was					
I roid later by [the DOM	if it was because the					
resident was kicking to	he door. I had trouble					
I went to it because the	e's station] door open when					
hallway Sho was the	ey were struggling in the	1				
Out in the hallway who	asked, "Once you did get	1	1:			
"Once I got in the hell-	at did you see?" She stated	1	1		Í	
floor with IResident #4	vay, [YCW #1] was on the	1		,	ĺ	
leas going back and to	struggling with arms and					
legs going back and fo crossway and [YCW #	irtii. [Resident #1] was			1	ĺ	
attempting to get an as	m around [Resident #1].			[í	
[Resident #1] was struct	ggling a lot. I had no idea			[i	
what had happened be	hypen the time I - II .				- 1	
[Resident #1] to get his	medicines and 5-4				í	
them [Resident #1 and	[YCW #1] on the floor. A			j	i	
lot of struggle was goin	g on, [YCW #1] couldn't			1	1	
seem to get him in the	Broner hold and was	1 1		1	- 1	
struggling with him [Res	sident #11 DN #1 was	1 1				
asked, "Are you SAMA	[Satori Alternatives for]		1	1	
Managing Aggression 1	trained?" She stated	1			- 1	
"Yes." RN #1 was asked	d. "Is it appropriate	1				
technique, per SAMA, fo	Of one person to restrain a	1 1				
resident?" RN #1 stated	. "No. it is not safe. Not]			1	
lypically, you are suppor	sed to have someone with	1		1	1	
you, it might happen if the	here is no other way to			ŀ		
protect someone." She t	was asked. "When you	1				
watched [YCW #1] with	Resident #11 in the	1		1		
naliway, was that proper	SAMA technique?" PN			1	1	
# I Stated, "Not what I sa	IW. that was not a proper					
I note. I'm not sure if he fy	CW #11 initially had him				1	
in proper technique and	Resident #1) started				[
ignting or what happene	d there. I didn't see the	1			1	
actual take down. When	IYCW #21 ant his				ľ	
[Resident #1] legs that w	as right with him under				1	

-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
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N 132	Continued From page	24	N 1	132	2			
		elbows out, but [Resident						
		free with [YCW #1] trying to						
	hold[Resident #1's] a							
		ling 'You're hurting my arms"						
	_	'CW #1] switch out. I'm not						
	sure why it happened							
		e for medicine and they said						
		s out of area." She was then						
		sk you to assess for the						
	need for restraint or to							
		ned?" She stated, "No. Like	İ					
		nat happened and when I	Ĭ					
		ard, no one could or would						
		he had been restrained."						
		id you see [YCW #1] do	1					
		lly hurt [Resident #1]?" She						
		V #3] to take his place,						
		like [YCW #1] was being a						
		W #3] to replace [YCW #1].						
		p to switch out, it could nt, but he pushed off of						
		sident #1's] head hit the						
		nd very loud. One of the						
		, that was his head.' I'm not						
		might have been [YCW #4].						
		ave pushed back from	ì					
	-	e was relieved, but instead						
		ent #1]. All of the staff made						
		gry his expression was						
		about it afterward." She						
		sident #1] injured?" She						
		I hit the floor he stopped						
		at me. I asked him 'Was						
	that your head?' and I							
		d I walked him into the						
		Imly followed me, I closed						
		im over. He complained of						
		nd his ear hurting. He had a						
		orming on the side of his						

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA		OMB N	OMB NO. 0938-0391	
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		LLC		FORREST CITY, AR 72335		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES				
PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOLUDBE	(X5) COMPLETION DATE
N 132	Continued From page		N 13	2		
	forehead. I asked him why the restraint					ļ
	паррелеd, and he said	he didn't know. They				
	knew I had called him to get his medicine. I told]
İ	them two times before	this started, because t		İ		[
	neard them talking with	him in the hallway before	1			1
İ	door with becker (YC)	N #2]. She had to open the	1	1		[
	snoke with IVCM #31 -	to let him into my area. I	1	1		
	spoke with [YCW #2] o	n the radio when they et him out or she was the				
	One standing at the doc	or. I heard someone telling				
	him to get back in his a	rea but I couldn't a	1		ı	
	because I was in the nu	rse's station. I thought it	1			
	was [Supervisor #1's] v	oice, but I was told later	1			l
	she wasn't even there.	was talking through the				ł
11	side of the nurse's static	on window and I sure			ļ	1
- 1	thought it was her. I told	them, it could have been				
	[TCVV #2], I had called t	or him. I went hack to the				1
- 11	medication room and th	en I heard the door to the				
	nurse's station rocking .)))-				
i	. On 11/23/21 at 9:31 A	M, YCW #1 was asked by				ł
	worle, can you tell me	When staff is allowed to	1			i
[]	use a restraint?" He sta	ted, "They try to resist	1		1	- 1
"	statt, tight statt, you nee	d to keep them safe, they	ŀ			
,	ion't want to come back	, if they walk out." He	1			
ľ	vas asked, "Tell me abo Resident #11 on the 440	ut the restraint on			ľ	1
1 10	oget him go come book	h. YCW #1 stated, "I tried]
l 'n	e was swinging. He was	. He tried to hit me and			i	J
rs	Supervisor #11 called ma	e over from where I was			!	J
w	orking because I was the	ne only male. I was told				
h	e was aggressive with t	he female staff I was			1	
II	ying to do my job. My si	Upervisor (Supervisor #1)			,	ſ
l C	aned for me. I didn't slar	n him down hard I did]			
į ne	ot nurt him. I was the or	Ily man on staff. I try not				1
10	i louch them. I don't do i	t very often. I try not to			j	İ
[ru	in benind them or wrest	le with them." He was				i
as	sked. "Was [Supervisor	#11 there when the				1
ге	straint happened?" He	stated, "Yes Ma'am she				ľ
CMS.2567/02		T, TO THE GITT ONC				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		04L115	B. WING			C 1/23/2021	
NAME OF PI	ROVIDER OR SUPPLIER	1.2		STREET ADDRESS, CITY, STATE, ZIP		1/23/2021	
				1521 ALBERT ST			
WOODRID	GE OF FORREST CIT	Y, LLC		FORREST CITY, AR 72335			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	** I	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
N 132	hallway." He was as were angry at the ti wasn't angry." He wasn't angry." He wasn't angry." He wasn't angry." He was sitting down He had his back to grab him and put hi "Who was the some "[Supervisor #1] and to grab them and broaked, "Who is they one in charge and owith me. I grabbed he was tussling." He reached for him wasnyone else?" He swas but I didn't see you reached him wasn't see you reached him wasn't see, "Did he on him that you saw using to hurt himsel	in charge. She was in the sked, "Do you feel like you me?" He stated, "No Ma'am I was asked, "What did you see oing when you came into the up to him?" He stated, "I think in, he didn't want to come back, the wall. Someone told me to im down." He was then asked, wone?" He replied, dimaybe others. They want us ring them back." He was was asked, "Before you she trying to hurt staff? Or tated, No Ma'am. I was told he it." He was asked, "Before as, he trying to hurt himself?" am I didn't see that." He was have anything in his hands or withat could be used or he was for staff?" YCW #1 see anything in his hands. I	N	132	ICY)		
	Officer (CEO)/Admi are the justifications She stated, "Immine She was asked, "Or started the ESI or re #1] doing anything to imminent danger to answered, "What I se window for her [the [medicines], not the	:04 AM, the Chief Executive nistrator was asked, "What is for restraining a resident?" ent danger to self or others." in the video when [YCW #1] estraint did you see [Resident hat could be considered self or others?" She saw, he was blocking the nurse] to give meds door but the window. But I is going on before. I did not					

STATEMENT	OF DEFICIENCIES				OMB N	OMB NO. 0938-0391	
AND PLAN O	FCORRECTION			PLE CONSTRUCTION G	(X3) DA1	TE SURVEY MPLETED	
		04L115	B. WING		C		
NAME OF P	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		1/23/2021	
WOODRII	DGE OF FORREST CITY,	ПС	1	1521 ALBERT ST FORREST CITY, AR 72335	E		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID.				
TAG	REGULATORY OR L	ORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECT TAG CROSS-REFERENC		PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
	of his area." The CEO, asked, "You signed that committee that reviewed the incident. Were their voiced about the ESI?' have a signed safety sin that meeting, the risk has that." The CEO/Ad would like a copy of the discussion." She stated was asked, "Do you rer	inent danger, but I did not before. I do know he was out l'Administrator was then at you were on the led the video the day after re any notes or concerns l' She stated, "We should heet of what we discussed to director does those, she ministrator was told, "I lose notes from the I, "I'll contact her." She member anyone at the less or stating it was not a	N 13				
h n w	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'il see if there is anything else." No notes from the meeting were received prior to exit.						
ear (N) he ba we kr hu ar me	ack." He was asked, "C ere restrained?" He sta now." He was then aske art yourself or trying to h nswered, "No I was just edicine." He was asked e medication room area	nember about being o on the 14th "I remember I hit my ed out. I was just fighting an you tell me why you ted, "No. I still don't ed, "Were you trying to nurt someone else?" He waiting to take my d. "How did you get into					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING.			(X3) DATE SURVEY COMPLETED			
			1			۱ ،	c
		04L115	B. WING		<u> </u>		23/2021
NAME OF P	ROVIDER OR SUPPLIER	N			STREET ADDRESS, CITY, STATE, ZIP CODE		
WOODDIE	OF OF FORREST CITY	110		1	521 ALBERT ST		
MOODKIL	GE OF FORREST CITY,	LLC		F	FORREST CITY, AR 72335		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 132	restrained you?" He r [Supervisor #1] was to some reason. She was upset because staff he told me to get my act home." Resident #1 we think any of the staff wanswered, "No, but I were in the wrong." 2. Facility Policy #7.5 Intervention [ESI] with included under Section policy of Perimeter Beeach resident has the physical restraint or some as a means of coercidor retaliation "A. To resident or others dur An emergency safety unanticipated resident resident or others at sinjury if no intervention emergency safety interpolicy." Section III. Do restraint Physical mintervention use to resistuation to contain see behavior, which is like resident, other resident procedure: Section A Seclusion Justification seclusion, chemical real clinical assessment psychiatrist or clinical use of emergency saf approaches to assist	rou think of any reason they replied, "I don't know. No, but there, she was upset for as following me. She was add pushed me. She also together if I want to do was also asked, "Do you were trying to hurt you?" He did fight back. I felt like they be the did fight back. I felt like they a revision date of 9/2013 on II. Policy: "It shall be the enavioral of Forrest City that e right to be free from eclusion, of any form, used on, discipline, convenience, or ensure the safety of the ing an emergency situation. situation means at behavior that places the serious threat of violence or an occurs and it calls for an ervention as defined in this efinitions:D. Physical restraint is a crisis solve an emergency safety evere, out of control ely to cause harm to the ents, or staff" Section IV Physical Restraint and in: "1. Prior to use of estraint, or physical restraint	N	132			

O		(X1) PROVIDER/SUPPLIER/CLIA	(V2) A## Time		OMB I	OMB NO. 0938-039	
		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L115	L115 B. WING		С		
NAME OF PROVIDER OR SUPPLIER WOODRIDGE OF FORREST CITY, LLC				1	11/23/2021		
(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 CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	I SHOULD BE		
N 132	stimulus, processing vand encouraging mover environment. 2. The objective sectors of the sectors	with another staff member, rement to a quieter only justification for use of restraint in an emergency revent physical injury to:	N 132				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	
		04L115	B. WING			R-C	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		12/29/2021	
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 PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL				CROSS-REFERENCED TO THE APPROPRIA	ICIENCY)	

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.