

July 2, 2021

Piney Ridge Treatment Center, LLC
[REDACTED]
[REDACTED]

4253 North Crossover Road
Fayetteville, Arkansas 72703

The Division of Provider Services and Quality Assurance of the Arkansas Department of Human Services has contracted with Arkansas Foundation for Medical Care (AFMC) to perform Inspections of Care (IOC) for Inpatient Psychiatric for Under 21. The Medicaid Manual for Inpatient Psychiatric Services for Under Age 21 was used in the completion of this report.

Deficiencies were noted during the Inpatient Psychiatric Inspection of Care (IOC) conducted at the following service site on the specified dates:

Piney Ridge Treatment Center, LLC
Provider ID: 162602125
Onsite Inspection Date: June 22, 2021

A summary of the inspection and deficiencies noted are outlined below. The provider must submit a Corrective Action Plan (CAP) designed to correct any deficiency notes in the written report of the IOC. Accordingly, you must complete and submit to AFMC a Corrective Action Plan for each deficiency noted. The Corrective Action Plan must state with the specificity the:

- (a) Corrective action to be taken.
- (b) Person(s) responsible for implementing and maintaining the corrective action; and
- (c) Completion date or anticipated completion date for each corrective action.

The CAP must be completed within 30 calendar days of the date of the email notice of the IOC report. Please complete the attached Corrective Action Plan document and submit it via email to Inspectionteam@afmc.org.

The contractor (AFMC) will:

- (a) Review the Corrective Action Plan.
- (b) Determine whether the Corrective Action Plan is sufficient to credibly assure future compliance; and
- (c) Provide the Corrective Action Plan to the Division of Provider Services and Quality Assurance (DPSQA).

Please see § 160 of the Medicaid Manual for an explanation of your rights to administrative reconsideration and appeal. Additionally, the imposition of this Corrective Action Plan does not prevent the Department of Human Services from prescribing additional remedial actions as may be necessary.

Inspection of Care Summary

Facility Tour:

AFMC staff determined there was a priority for the annual inspection per DPSQA based on received allegations of sexual misconduct between peers at Piney Ridge. Upon arrival to facility, AFMC staff was promptly greeted at the entrance by a Piney Ridge Treatment Center staff member and a COVID-19 screening was conducted and temperatures noted. AFMC was immediately taken to a conference room where they were met by the Risk Manager, Chief Executive Officer, and the Chief Operating Officer.

A tour of the facility was completed with the Program Director. The facility environment was clean and is in the process of completing building renovations. Staff were able to answer questions regarding the facility. The following are observations noted during the facility tour:

- Renovations are ongoing throughout entire facility. They are in the process of painting and adding age-appropriate décor to “dress up” the units for aesthetic purposes. All doors are currently being replaced throughout facility with scan in entry. Renovations on the outside are ongoing for safety and security of the residents.
- Staff have decreased the number of residents per room from six to four and those beds are spread out, so each resident has plenty of space. Bedroom doors are opened while residents are in rooms and 15-minute visual checks are done on each resident.
- Seclusion Room door frame was broken on one unit. A magnetic closure only had one screw holding the frame on. The magnetic closure was able to be removed to show wiring for magnetic closure. This was broken the previous evening by a resident and had not been repaired at time of facility tour. The door was repaired by maintenance before AFMC staff left facility.
- Boy’s unit had multiple clothes, books, personal items scattered in hallway and common area floor and chairs.
- All staff were noted as wearing masks unless they have been fully vaccinated.

Facility Review-Policies and Procedures:

Upon review of the site’s policies and procedures, the following deficiencies were noted:

Rule	Deficiency Statement	Reviewer Notes
Medicaid IP Sec. 2; CFR 42 482.130, 483.376	HR records did not indicate that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).	One staff member had no proof of CPR training.

Personnel Records- Licenses, Certifications, Training:

Twenty-five percent of personnel records were requested. Of those requested, there were 8 professional staff and 15 paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR00 [REDACTED]	Medicaid IP Sec. 2: 241.100B	Adult Maltreatment Check - IP Acute	Expired	exp. 8/11/14

SR00 [REDACTED]	Medicaid IP Sec. 2: 241.100B	Child Maltreatment Check - IP Acute	Registry Outcome Missing	
SR00 [REDACTED]	Medicaid IP Sec. 2: 221.804C	CPR training - IP Acute	No File Received	
SR00 [REDACTED]	Medicaid IP Sec. 2: 241.200D	State Criminal Background Check - IP Acute Para-professional	Other	The state criminal background check does not identify that the information is from the state police database.

General Observations:

- Eight staff members were observed to have driver's license or state I.D. that were expired or had no file submitted for review.
- One staff member had an expired adult maltreatment check.
- One staff member had no file submitted for review for child maltreatment check.
- One staff member had no proof of CPR training.
- One staff member had a state background check that did not identify that the information is from the state police database.

Clinical Summary

As a part of the Quality-of-Care survey of the IOC, an active Medicaid client list was requested, client and/or guardian interviews were conducted, and a clinical record review was completed. The following is a summary of findings and noted deficiencies.

Client/Guardian Interviews:

There were no active Medicaid clients currently admitted at the time of IOC. Therefore, there were no clinical records reviewed and no client interviews were conducted.

Program Activity/Service Milieu Observation:

See facility tour details for observations during the onsite visit.

Medication Pass:

General Observations:

No Medicaid clients received medications during medication pass. Due to the observation of non-Medicaid clients not being compliant with the HIPAA minimal necessary rule, no medication pass was observed. AFMC RN visited with the Piney Ridge Treatment Center medication nurse who was able to show AFMC RN the facility policies and procedures regarding medication administration, narcotic count/reconciliation/handling, and medication discrepancies. Tour of medication room completed with the Piney Ridge Treatment Center medication nurse and no discrepancies with medication storage, cleanliness of medication room, and knowledge of medication dispensing found.

Clinical Record Review Deficiencies:

There were no active Medicaid clients currently admitted at the time of IOC, so no clinical record review was completed.

Corrective Action Plan:

The CAP must be completed within 30 calendar days of the date of the email notice of the IOC reports.

Please complete the attached Corrective Action Plan document and submit it via email to InspectionTeam@afmc.org.

**For more details on the individual related deficiencies, please log into the portal.*

Respectfully,

AFMC Inspection Team
InspectionTeam@afmc.org



1020 W. 4TH ST., SUITE 300
LITTLE ROCK, AR 72201 • afmc.org

Notice of Action Required

Corrective Action Plan

Reconsideration Request

Piney Ridge Treatment Center, LLC
Attn: [REDACTED] M. Ed, LPC, Risk Manager
4253 North Crossover Road
Fayetteville, Arkansas 72703

Deficiencies were noted during the Inspection of Care visit conducted at the following service site on the following dates:

Piney Ridge Treatment Center, LLC
Provider ID: 162602125
Onsite Inspection Date: June 22, 2021

Correction Action Plan

Note: Please use this format (copy and paste as needed) to complete a corrective action for each deficiency noted on the Inspection of Care Report.

Deficiency: Adult Maltreatment Check - IP Acute – One expired – Upon further review, the check was ran and we received the form back from Adult Maltreatment Central Registry on 9-30-2019.

Corrective Action: While the needed check was performed and results were returned back in 2019, it appears the results were inadvertently not provided during audit. New HR Director or designee will perform HR file audits on all employees in the next month.

Identify Person Responsible: [REDACTED] HR

Completion Date: 8/20/2021

Deficiency: Child Maltreatment Check - IP Acute – one registry outcome missing – While a form was notarized, we do not have proof of the results obtained.

Corrective Action: A new Child Maltreatment Check occurred on 7/20/2021. We have asked the state agency for another copy, but the state was unable to provide. The staff member completed a new child maltreatment form and the results have been received. New HR Director or designee will perform HR file audits on all employees in the next month.

Identify Person Responsible: [REDACTED] HR

Completion Date: 8/20/2021

Notice of Action Required

_____ **Corrective Action Plan**

_____ **Reconsideration Request**

Piney Ridge Treatment Center, LLC
Attn: [REDACTED], RN, Risk Manager
4253 North Crossover Road
Fayetteville, Arkansas 72703

Deficiencies were noted during the Inspection of Care visit conducted at the following service site on the following dates:

Piney Ridge Treatment Center, LLC
Provider ID: 162602125
Onsite Inspection Date: June 22, 2021

Correction Action Plan

Note: Please use this format (copy and paste as needed) to complete a corrective action for each deficiency noted on the Inspection of Care Report.

Deficiency: _____

Corrective Action: _____

Identify Person Responsible: _____

Completion Date: _____

Deficiency: _____

Corrective Action: _____

Identify Person Responsible: _____

Completion Date: _____

Upon completion of this CAP, please email:

InspectionTeam@afmc.org

Or fax: 501-375-0705
Attention: Inspection of Care Team

Reconsideration Request Notice

NOTE: If you have additional documentation to refute a deficiency identified in your Inspection of Care or Desk Review Report, please request a reconsideration. You have thirty (30) calendar days from the date of this notice to request reconsideration, in writing, or email to InspectionTeam@afmc.org. Please include all additional information that you believe supports the refuted deficiency.

I have attached a copy of the Inspection of Care report pertaining to _____.
(Site for Inspection of Care)

The date of the Inspection of Care report was _____.

Using the table below list elements and chart numbers requested for each reconsideration item.

Regulation #	Record Review Number (RR#) for QOC or Staff Record (SR#) for H/S	Deficiency Comment (Specifically copied from report)	Reason for Reconsideration Request *Please attach supporting evidence.

Provider Name

Provider's Medicaid ID Number

Provider Site

Provider Site Address

Provider Representative

Telephone Number

For Provider reconsiderations please send your request to:

AFMC –
InspectionTeam@AFMC.org

1020 West 4th, Suite 300
Little Rock, AR 72201

Rights and Responsibilities Notice of Action

NOTE: If you have additional documentation to refute a deficiency identified in your Inspection of Care or Desk Review Report, please request a reconsideration. You have thirty (30) calendar days from the date of this notice to request reconsideration, in writing, or email to InspectionTeam@afmc.org. Please include all additional information that you believe supports the refuted deficiency. The timeframe for the requirement for a Corrective Action Plan is suspended until the determination of the reconsideration.

Beneficiary and Provider Right to Appeal This Decision

Pursuant to ACT 1758 of 2005, both the beneficiary and the provider have the right to appeal this decision. If either party is not satisfied with the decision on your case, the beneficiary may request a fair hearing from the Office of Appeals and Hearings or the provider may request a fair hearing from the Arkansas Department of Health. If both the provider and beneficiary are requesting a hearing, these will also go to the Arkansas Department of Health. Please enclose a copy of this Notice of Action with your appeal. Failure to provide a copy of this Notice of Action will result in your appeal being delayed.

How and When to Appeal

Beneficiary:

The Office of Appeals and Hearings must receive a written hearing request within thirty (30) calendar days of the date on this letter. Send your request to Office of Appeals and Hearings, PO Box 1437, Slot N401, Little Rock, AR 72203-1437.

Provider or Provider/Beneficiary:

The Arkansas Department of Health must receive a written hearing request within thirty (30) calendar days of the date on this letter. Send your request to Arkansas Department of Health, Attn: Medicaid Provider Appeals Office, 4815 West Markham Street, Slot 31, Little Rock, AR 72205.

Continuation of Services Pending Appeal (Beneficiary only)

If you are already receiving services and the Department's decision was to reduce or eliminate those services, you may postpone the reduction or elimination of services until the appeal is decided by sending your appeal request in time to be received by the Office of Appeals and Hearings or Arkansas Department of Health within ten (10) calendar days from the date of this letter. However, if you do that and you lose or abandon the appeal, you will be responsible for the cost of all services that are not approved in Section I (above). The Department will take action against you to recover those costs.

Your Right to Representation

If you request a Hearing, you have the right to appear in person and to be represented by a lawyer or other person you select. If you wish to have a lawyer, you may ask the local County Office to help you identify one. If free legal services are available where you live, you may ask your County Office for their address and phone number.