

December 2, 2021

Woodridge of the Ozarks  
Attn: Derek Thompson, Chief Executive Officer  
[dthompson@perimeterhealthcare.com](mailto:dthompson@perimeterhealthcare.com)  
2466 South 48<sup>th</sup>, STE B  
Springdale, AR 72762

Thank you for your timely response to the request to submit a Corrective Action Plan (CAP) for the deficiencies noted during the Inspection of Care (IOC) conducted at the following service site on the following date:

**Woodridge of the Ozarks**  
**Provider ID #** [REDACTED]  
Onsite Inspection Date: October 26, 2021

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), which will include a review of all CAPs. AFMC has completed the review and has determined the CAP is sufficient to credibly assure future compliance.

A copy of the CAP will be forwarded to the Division of Provider Services and Quality Assurance (DPSQA).

Respectfully,

Inspections of Care Team  
[InspectionTeam@afmc.org](mailto:InspectionTeam@afmc.org)



1020 W. 4TH ST., SUITE 300  
LITTLE ROCK, AR 72201 • [afmc.org](http://afmc.org)

## Notice of Action Required

### Corrective Action Plan

Woodridge of the Ozarks  
Attn: Derek Thompson, Chief Executive Officer  
dthompson@perimeterhealthcare.com  
2466 South 48<sup>th</sup> Street, STE B  
Springdale, AR 72762

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

**Woodridge of the Ozarks**  
Provider ID #: [REDACTED]  
Onsite Inspection Date: October 26, 2021

### Correction Action Plan

**Deficiency #1:** Medicaid IP Sec. 2; CFR 42 482.130, 483.376 and 221.804. C.1  
HR records did not indicate that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).

**Corrective Action:** All personnel files have been audited completely. Each employee has been given a documentation packet personalized according to the file needs to be complete by the end of the year. Additional CPR classes are being held to make this facilitation possible with multiple dates to attend.

**Identify Person Responsible:** Jessica Hogan and Tara Weaver Human Resources Manager

**Completion Date:** 10/26/21-12/10/21

**Deficiency #2:** Medicaid IP Sec. 2; CFR 42 482.130, 483.376  
There is no documentation in the HR records that all direct care personnel are trained in facility's Restraint and Seclusion policy.

**Corrective Action:** All personnel files have been audited completely. Each employee has been given a documentation packet personalized according to the file needs to be complete by the end of the year. Additional SAMA classes are being held to make this facilitation possible with multiple dates to attend for a refresher course.

Personnel Record Number SR008505: Updated documentation replaced in employee file.

**Identify Person Responsible:** Jessica Hogan and Tara Weaver Human Resources Manager

**Completion Date:** 10/26/21-12/10/21

**Deficiency #3: 241.100B**

Adult Maltreatment Check, State Background Check, and Federal Background Check

**Corrective Action:** Each personnel missing the Adult Maltreatment, Child Maltreatment, State Background and Federal Background has been given appropriate documentation to complete and have notarized. Processing all background checks online and waiting for verification records to update the individual's file.

**Identify Person Responsible:** Jessica Hogan and Tara Weaver Human Resources Manager

**Completion Date:** 10/26/21-12/10/21

Upon completion of this CAP, please email:

[InspectionTeam@afmc.org](mailto:InspectionTeam@afmc.org)

Or fax: 501-375-0705

Attention: Inspection of Care Team

## 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](mailto: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.