



Division of Provider Services & Quality Assurance P.O. Box 8059, Slot S404 Little Rock, AR 72203-8059

September 22, 2022

Justin Hoover, Administrator Piney Ridge Treatment Center, Inc 2805 E Zion Rd Fayetteville, AR 72703

Dear Mr. Hoover:

On September 14, 2022 a Complaint Investigation 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.

Theresa Forrest, LPN, Reviewer
OLTC, Survey & Certification Section
PO Box 8059, Slot S404
Little Rock, AR 72201-4608
(501) 320-6235
email to Theresa.Forrest@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 contact your Reviewer.

Sincerely,

DPSQA/Office of Long Term Care Survey & Certification Section

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cc: DRA

PRINTED: 09/22/2022 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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N 000	Initial Comments		N 0	00		
N 128	is an official, legal do remain unchanged excorrection, correction space. Any discrepancitation(s) will be reproffice (RO) for referr Inspector General (Conformation is inadve provider/supplier, the should be notified im Complaint #AR00028 or in part, with deficient N147, N188, N189 at The facility was not in Subpart G - Condition PROTECTION OF RCFR(s): 483.356(a)(3) Restraint or seclusion injury to the resident This ELEMENT is not Based on record revensure a physical restor 1 (Client #1) of 1 and head injury during a findings are: 1. Client #1 was admidiagnosis Post Trauma. The Emergency States of the correction of the control	8818 was substantiated, all encies cited at N128, N142, nd N207. In compliance with §483, ons of Participation for ital Treatment Center SESIDENTS	N 1	28		
APODATORY	NIPECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	 DE	TITI F	(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 F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG	, ,	OATE SURVEY COMPLETED
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N 128	[and] Time Actually 8/30/22; Time: 1425 Removed from Res [2:40 p.m.]; Date & Received from MD Time: 1420 [2:20 p. Standing 2 person; give detailed justific [Resident] kicking, serefusing to follow direct Four Four Four Four Four Four Four Four	Placed in Restraint; Date: 5 [2:25 p.m.]; Date & Time traint: 8/30/22; Time: 1430 Time Restraint Order [Medical Doctor] 8/30/22; m.]; Type of Restraint Used: Resident Behavior: Please ation for restraint: R slapping and biting staff rection, could not calm down ssment With RN [Registered om Initiation of ESI Event 5. dications resulting from oma to back of her head. 6. or the resident's plan of care, es: Sent to ER [Emergency Description of injuries: R had matoma on R [right] lower base; Description of Advanced Practice Registered dent sent to [Hospital] for CT phy] scan of head" gress Note, dated 08/30/22 at ted, "Resident [Client #1] was the refused all redirects. Nurse there. She became aggressive and kick staff members. She as restraint at 1425 [2:25 p.m.] the matoma to the right side as Resident given ice pack. deper APRN orders, sent to hing"	N 1	28		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	PLE CONSTRUCTION G		ATE SURVEY OMPLETED
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N 128	1 3	oses: Injury of head, initial on without loss of	N 1	28		
	d. The Nursing Progre 7:15 p.m. documente [Hospital] at 1915 [7: [facility] staff member	ess Note dated 08/30/22 at d, "Resident returned from 15 p.m.] accompanied by s. Diagnosis: "Injury of r. Concussion without loss				
N 142	Officers Administrative 9:19 a.m. documenter restraints and seclusis that is humanitarian as in which the resident's and safety are assured seclusion must not represidentF. Serious limpairment of the phyresident as determined personnel. This include burns, lacerations, because the personnel of the phyresident as determined personnel, and injurity whether self-inflicted else"	d from the Chief Executive e Assistant on 9/14/22 at d, "II. Policy:Physical ons shall be utilized in a way and caring and used in a way is rights, dignity, well-being ed Physical restraint or sult in harm or injury to the injury: Any significant risical condition of the ed by qualified medical des, but is not limited to, ine fractures, substantial es to internal organs, or inflicted by someone	N 1.	42		
	SECLUSION CFR(s): 483.358(c) A physician or other lipermitted by the state restraint or seclusion restrictive emergency most likely to be effect	censed practitioner and the facility to order must order the least safety intervention that is				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		IULTIPLE CONSTRUCTION ILDING		(X3) DATE SURVEY COMPLETED	
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N 142	Continued From page with staff.	÷ 3	N	142			
	Based on record revifailed to ensure an or chemical restraint watime and failed to ensutilized long enough the effectiveness before the chemical restraint for client. The findings are 1 Client #1 was admit diagnosis of Post Transa. The Emergency Salustification Progress documented, "Date Order Received from 07/29/22; Time: 1226 Chemical Restraint Onde: 07/29/22; Time	s not received at the same ure a physical restraint was o determine its the administration of a 1 (Client #1) of 1 sampled e: tted on 11/30/21 and had a umatic Stress Disorder. afety Intervention Note dated 7/29/22 & [and] Time Restraint MD [Medical Doctor]; Date: [12:26 p.m.]Date & Time rder Received from MD:					
	Restraint; Date: 8/3/2 Date & Time Remove 8/3/22 Time: 1702 [5: Restraint Order Rece Time: 1625 [4:25 p.m Standing 2 Person; re give detailed Justifica was being aggressive	Note dated 8/3/22 & Time Actually Placed in 2; Time: 1659 [4:59 p.m.]; d from Restraint: Date: 02 p.m.]; Date & Time ived from MD: Date: 8/3/22 .]; Type of Restraint Used: esident Behavior: Please tion for restraint: Resident a toward staff kicking, hitting the Index of the Ind					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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N 142	nurse's station. R re ongoing aggression Time Chemical Res MD Date: 8/3/22 Time Nurse Actually Restraint Date: 8/3/ Medication Adminis Dosage 50/50 Aft resident without suct to staff and nurses trying to take nurse given at this time for a. The physical rest and the chemical rep.m. The client was at 4:59 p.m., thirty frestraint was ordere administered at 5:00 being placed in a ph was released after the administered. The Elintervention) progrem "Resident Behavior Calm-crying & removed Calm-crying & removed to the composite of the piecetor of Nurs report documented restraint was received for a chemical restraint was restraint was administed in a physical after the order was restraint was administed in a physical and the physical	aming through the window at efusing to follow directives and Chemical Restraint: Date & traint Order Received from me: 1635 [4:35 p.m.]; Date & Administered Chemical 22 Time: 1702 [5:02 p.m.]; tered: Benadryl/Thorazine er trying to process c [with] cocess and ongoing aggression by kicking, hitting, biting and is items on then chemical restraint was ordered at 4:25 p.m. estraint was ordered at 4:35 placed in a physical restraint our minutes after the physical ed. The chemical restraint was 2 p.m., three minutes after the chemical restraint was est (Emergency Safety est note documented, or at Time of Release:	N 142			

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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N 142	The Director of Risk I have done physical, gif it doesn't call the physical, gif it doesn't call the physical, gif it doesn't call the physical physical physical physical release was calm, crychemical was given a released at 1702. Was chemical restraint to stated, "No." The Director of Same time. Should shouldn't have been of the stated	Management stated, "Should given a little time to work and hysician for further orders." the DON, "The ESI report dent's behavior at the time of ying, remorseful. The at 1702 and she was as that enough time for the have taken effect?" She ector of Risk Management till be released, but she salm." afety Intervention is Note dated 9/10/22 at Time Restraint Order Date: 9/10/12; Time: 0722 Time Chemical Restraint MD; Date: 9/10/22; Time dministered: Benadryl 50 mg AT a.m., the Surveyor asked as placed in a physical ren a chemical restraint. The energy ESI [Emergency Safety and ders were received at the nee orders for the physical and den given at the same time?" as Surveyor asked the DON, refor obtaining orders for visical restraints?" She stated, ave been called after the cessful and de-escalating,	N 1	42			

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N 147 N 147	Based on record revifailed to ensure the dephysician's Order and Safety Intervention Resolution (Client #1) of 1 sample a physical restraint. The Lient #1 was admit diagnosis Post Traumanta. The Emergency Sagustification Progress documented, "Date Placed in Restraint: Date: 7/29/Date & Time Restraint: [12:25 p.m.]; Date & Time Restraint: [Medical Doctor]: 7/29/Date & Time Restrain [Medical Doctor]: 7/29/Date & T	int or seclusion must time the order was of met as evidenced by: lew and interview, the facility ocumented times on the did the time on the Emergency eport were the same for 1 led client who was placed in the findings are: Itted on 11/30/21 and had natic Stress Disorder. In the findings are: Itted on 11/30/21 and had natic Stress Disorder. In the findings are: Itted on 11/30/21 and had natic Stress Disorder. In the findings are: Itted on 11/30/21 and had natic Stress Disorder. In the findings are: Itted on 11/30/21 and had natic Stress Disorder. In the findings are: Itted on 11/30/21 and had natic Stress Disorder. In the findings are: Itted on 11/30/21 and had natic Stress Disorder. In the findings are: Itted on 11/30/21 and had natic Stress Disorder. In the findings are: Itted on 11/30/21 and had natic Stress Disorder. In the findings are: Itted on 11/30/21 and had natic Stress Disorder. In the findings are: Itted on 11/30/21 and had natic Stress Disorder. In the findings are: Itted on 11/30/21 and had natic Stress Disorder. In the findings are: Itted on 11/30/21 and had natic Stress Disorder. In the findings are: Itted on 11/30/21 and had natic Stress Disorder. In the findings are: Itted on 11/30/21 and had natic Stress Disorder. In the findings are: Itted on 11/30/21 and had natic Stress Disorder. Itted on 11/30/21 and had natic Stress Di		147				
	the Director of Nursin	37 a.m., the Surveyor asked g (DON), "The time on the 220 for the physical restraint,						

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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N 147	the ESI report docum	e 7 ented 1226. Should both the d ESI times match?" She	N 1	47		
N 188	stated, "Yes."		N 1	88		
	seclusion, staff involvintervention and the reface-to-face discussion include all staff involvintervention and the reface-to-face discussion may jeopardize the work other staff and the reguardian(s) may partitive when it is deemed application facility must conduct language that is under by the resident's pare. The discussion must and staff the opportuncircumstances resulting seclusion and strateg	on. This discussion must red in the intervention except f a particular staff person rellbeing of the resident. resident's parent(s) or legal recipate in the discussion repropriate by the facility. The such discussion in a restood by the resident and rent(s) or legal guardian(s). reprovide both the resident rentity to discuss the reg in the use of restraint or ries to be used by the staff, restriction that the staff is that the staff, restriction that the staff is the				
	Based on record rev failed to ensure all sta safety intervention we	not met as evidenced by: iew and interview, the facility aff involved in an emergency ere present at the client at #1) of 1 sampled clients.				
	Client #1 was adm diagnosis Post Traum	itted on 11/30/21 and had natic Stress Disorder.				
	a. The Emergency Sa	afety Justification Progress				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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N 188	Restraint Used: Star Emergency Safety Ir 8/3/22, documented in the emergency sa events that led to it. Nurse] #1, RN [Regi There were only two attending the Reside Intervention Debriefi attending the debried documentation of whom the Emergency Safety Ir 9/10/22 documented involved in the emerand/or the events the Health Assistant] #1 There were only threattending the Reside Intervention Debriefi attending the Reside Intervention Debriefi attending the debried documentation of whom the Est [1]	ocumented, "Type of adding 2 person" The Staff intervention Debriefing, dated "List staff/resident involved afety intervention(s) and/or the LPN [Licensed Practical stered Nurse] #1, RN #2" staff members listed as ent Emergency Safety ing. RN #2 did not sign as fing. There was no iny RN #2 did not attend. Stafety Justification Progress documented, "Type of 2 person" The Staff intervention Debriefing dated 1, "List staff/resident gency safety intervention(s) at led to it: BHA [Behavioral BHA #2, RN #3, RN #4" is es staff members listed as ent Emergency Safety ing. BHA #2 did not sign as fing. There was no in BHA #2 did not attend.	N	188		
	procedure received officers Administration 9:19 a.m. document and Seclusion Debri	safety Interventions policy and from the Chief Executive ve Assistant on 9/14/22 at ed, "G. Physical Restraint efing: 1. Staff involved in the tervention as well as an				

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N 188	both participate in a f twenty-four (24) hour intervention"	ory staff and/or nember and the resident ace-to-face discussion within s of the emergency safety		188			
N 189	seclusion, all staff inv safety intervention, a and administrative sta debriefing session that review and discussion 483.370(b)(1) The en- that required the inter-	the use of restraint or rolved in the emergency and appropriate supervisory aff, must conduct a tat includes, at a minimum, a n of -	N ·	189			
	Based on record rev failed to ensure all standard Safety Intervention (Edebriefing for 1 (Client The findings are: 1. Client #1 was admidiagnosis Post Trauma. The Emergency Sandard Note dated 8/3/22 do Restraint Used: Standard Emergency Safety In 8/3/22 documented, '	ot met as evidenced by: iew and interview, the facility aff involved in an Emergency ESI) were present at the staff at #1) of 1 sampled client. itted on 11/30/21 and a had natic Stress Disorder. afety Justification Progress cumented, "Type of ding 2 person" Staff tervention Debriefing, dated 'List staff/resident involved ety intervention(s) and/or the					

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N 189	Nurse] #1, RN [Regist There were three state attending the Staff El Debriefing. RN #2 did debriefing. There wat RN #2 did not attend b. The Emergency State Note dated 9/10/22 destraint: Standing 2 Emergency Safety In 9/10/22 documented	LPN [Licensed Practical stered Nurse] #1, RN #2" Iff members listed as mergency Safety Intervention donot sign as attending the sono documentation of why the sono documentation of why the sono documentation of why the sono documentation Progress documented, "Type of	N	189		
	and/or the events that Health Assistant] #1, There were only three attending the Staff Edebriefing. BHA #2 debriefing. There was BHA #2 did not attended at the Director of Nursing Health American Staff Edebriefing. There was BHA #2 did not attended at the Director of Nursing Health American Staff Edebriefing.	at led to it: BHA [Behavioral BHA #2, RN #3, RN #4" e staff members listed as mergency Safety Intervention lid not sign as attending the s no documentation of why				
	procedure received f Officers Administrativ 9:19 a.m. documents and Seclusion Debric emergency safety int appropriate supervise administrative team in both participate in a fi	afety Interventions policy and rom the Chief Executive ve Assistant on 9/14/22 at ed, "G. Physical Restraint efing: 1. Staff involved in the tervention as well as an ory staff and/or member and the resident face-to-face discussion within its of the emergency safety				

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N 207 N 207	to both the State Med prohibited by State la Protection and Advoc Serious occurrences include; - a resident's deati - a serious injury to section §483.352 of ti - a resident's suici (1) Staff must report involving a resident to agency and the State Advocacy system by business the next bus occurrence. The report the name of the serious occurrence, - a description of ti	occurrences. rt each serious occurrence licaid agency and, unless w, the State designated acy system. that must be reported h; o a resident as defined in his part; and de attempt. any serious occurrence o both the State Medicaid designated Protection and no later than close of siness day after a serious rt must include resident involved in the he occurrence and, address, and telephone		207			
	Based on record revifailed to report a serior appropriate agencies sampled client who reaphysical restraint. T	for 1 (Client #1) of 1 eceived a head injury during he findings are:					
	diagnosis of Post Trad	ted on 11/30/21 and had a umatic Stress Disorder. afety Intervention (ESI) documented, "Date & [and]					

	ITATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) PROVIDER/SUPPLIER/CLIA (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X6) A. BUILDING		(X3) DATE SURVEY COMPLETED		
		04L117	B. WING		C 09/14/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703	03/14/2022
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
N 207	Time: 1425 [2:25 p.m from Restraint: 8/30/Date & Time Restraint [Medical Doctor] 8/30 Type of Restraint Us Resident Behavior: Figustification for restraislapping and biting sidirection, could not consider the complex of the complex	in Restraint; Date: 8/30/22; in.]; Date & Time Removed 22; Time: 1430 [2:30 p.m.]; int Order Received from MD 0/22; Time: 1420 [2:20 p.m.]; ed: Standing 2 person; Please give detailed int: R [Resident] kicking, taff refusing to follow alm down Face To Face I [Registered Nurse] one of ESI Event 5. Describe sulting from intervention: f her head. 6. List any dent's plan of care, s: Sent to ER [Emergency escription of injuries: R had latoma on R [right] lower base; Description of dvanced Practice Registered ent sent to [Hospital] for CT hy] scan of head" Tess Note dated 08/30/22 at ad, "Resident [Client #1] was a refused all redirects. Nurse er. She became aggressive and kick staff members. She restraint at 1425 and ant at 1430. Resident a to the right side of the back	N 20	07	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B. WING			1	
NAME OF P	ROVIDER OR SUPPLIER	04L117	B. WING	_	STREET ADDRESS, CITY, STATE, ZIP CODE	09/	14/2022
	OGE TREATMENT CENTE	ER, INC		;	2805 E ZION RD FAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)			(X5) COMPLETION DATE
N 207	of consciousness, init d. The [Hospital] After 8/30/22 received from Management on 9/12 documented, "Reas blurred vision; Diagnor encounter; Concussion consciousness, initial e. There was no docu Occurrence Report se agencies. f. On 9/13/22 at 3:07 the Director of Nursin with [Client #1] report stated, "No." g. On 9/13/22 at 3:15 the Director of Risk M all the State agencies licensing, we did not not 2. The facility Policy of Interventions received Officers Administrative 9:19 a.m. documente significant impairment the resident as detern personnel. This include burns, lacerations, both hematoma, and injurie whether self-inflicted elseG. Physical Res Debriefing:2. Serior serious injuries will be serious injuries will be	r. Concussion without loss ial encounter" r Visit Summary dated the Director of Risk //22 at 10:52 a.m. son for Visit: head injury, fall, oses: Injury of head, initial on without loss of encounter" Immentation of a Serious ent to the appropriate State p.m., the Surveyor asked g (DON), "Was the incident ed to the [Agency]?" She p.m., the Surveyor asked lanagement, "Did you notify it?" She stated, "We notified notify [Agency]." on Emergency Safety d from the Chief Executive e Assistant on 9/14/22 at d, "F. Serious Injury: Any to of the physical condition of mined by qualified medical des, but is not limited to, one fractures, substantial es to internal organs, or inflicted by someone	N	207			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		04L117	B. WING			C 09/14/2022	
NAME OF PR	OVIDER OR SUPPLIER		I	STREET ADDRESS, CITY, STATE, ZIP CODE	<u>'</u>	03/14/2	LUZZ
DINEY DID	GE TREATMENT CENTE	ED INC		2805 E ZION RD			
PINET KID	GE TREATMENT CENT	ER, INC		FAYETTEVILLE, AR 72703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X5) DMPLETION DATE





Division of Provider Services & Quality Assurance P.O. Box 8059, Slot S404 Little Rock, AR 72203-8059

October 6, 2022

Justin Hoover, Administrator Piney Ridge Treatment Center, Inc 2805 E Zion Rd Fayetteville, AR 72703

Dear Mr. Hoover:

On September 14, 2022, we conducted a complaint investigation survey at your facility. You have alleged that the deficiencies cited on that survey have been corrected. We are accepting your allegation of compliance and have approved your plan of correction and presume that you will achieve substantial correction by October 14, 2022.

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: Theresa Forrest at 501-320-6235 or email to theresa.forrest@dhs.arkansas.gov.

Sincerely,

Redney Reper for

Theresa Forrest, Reviewer

DPSQA/Office of Long Term Care

Survey & Certification Section

tf

APOC

10/06/2022

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

RR CP

PRINTED: 09/22/2022 FORM APPROVED OMB NO. 0938-0391

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04L117	B. WING		C 09/14/2022	
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	USI I-WEUZZ	
DIMEV BID	OF TREASURED APPEA	FR MA		2805 E ZION RD		
FINETRIC	GE TREATMENT CENT	er, inc		FAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		
N 000	Initial Comments		N 00	0		
		7 (Statement of Deficiencies)		Submission of this plan of correction is admission by the facility that all citation	1 3	
	remain unchanged ex correction, correction space. Any discrepar citation(s) will be repr Office (RO) for refer- Inspector General (O	cument. All information must xcept for entering the plan of dates, and the signature ncy in the original deficiency orted to the Dallas Regional all to the Office of the VIG) for possible fraud, If rtently changed by the		true.	is die	
	provider/supplier, the State Survey Agency (SA) should be notified immediately. Complaint #AR00028818 was substantiated, all or in part, with deficiencies cited at N128, N142, N147, N188, N189 and N207.			N128		
				Step1: On 08/30/2022, Senior Leaders notified about the injury that occurred the postraint on 08/30/3023. Correction	during	
N 128	Subpart G - Condition Psychiatric Residenti	the restraint on 08/30/2022. Corrective Action measures were taken. On LPN's new scheduled work shift after the injury OCTION OF RESIDENTS N 128		next ith the		
	injury to the resident This ELEMENT is no	n must not result in harm or and must be used only- ot met as evidenced by: riew, the facility failed to		counseling and additional education regarding improving communication of the release of a restraint, this was done ensure physical restraints do no result	e to	
	ensure a physical res for 1 (Client #1) of 1	straint did not result in injury sampled client who received a physical restraint. The		injury. Step 2: by date of 09/20/2022, the Dir	ector of	
	1. Client #1 was adm	nitted on 11/30/21 and had matic Stress Disorder.		Nursing/Designee identified 50 ESIs in he past 30 days by record review to en clients were not affected by checking	nsure he	
	report dated 8/30/22	afety Intervention (ESI) , documented, "Date &		ensure physical restraints do not resultinjury with any negative findings corre	i	
ABODATORY	DECTABLE OF SEALING	ICI IDDI IED DEDDECENTATIVEIO CICHATUD	·			

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.

			(X3) DATE : COMPL				
		04L117	B. WING	_		001	14/2022
NAME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE	1 09/	1412022
PINEY RIC	OGE TREATMENT CENT	ER, INC			805 E ZION RD AYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES BY 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 128			N	128	N128 (Cont.)		
	8/30/22; Time: 1425 Removed from Restr [2:40 p.m.]; Date & T Received from MD [I Time: 1420 [2:20 p.m Standing 2 person; F give detailed justifica [Resident] kicking, si refusing to follow dire Face To Face Asses Nurse] one Hour Fro Describe any compliintervention: Hemato List any revisions for treatment, or service Room] [Hospital]D silver dollar size hem occipital lobe @ [at] Treatment: APRN [A	Medical Doctor] 8/30/22; n.]; Type of Restraint Used: Resident Behavior: Please ation for restraint: R lapping and biting staff ection, could not calm down sment With RN [Registered im Initiation of ESI Event 5. cations resulting from at to back of her head. 6. Ithe resident's plan of care, is: Sent to ER [Emergency escription of injuries: R had natoma on R [right] lower base; Description of dvanced Practice Registered ent sent to [Hospital] for CT			Step 3: On 09/14/2022, The Director of Nursing provided written education to nursing staff to ensure physical restrain not result in injury. Step 4: The Director of Nursing/Designation of the Director of Nursing Designation	ali its fo ee Will o 101 or 8	
	b. The Nursing Prog 3:15 p.m. documents refusing outside. She came out to talk to he trying to bite, slap, a was then placed in a and released from received a of the back of head. Nurse assessed and [Hospital] for screen c. The [Hospital] Aft 8/30/22 received from Management on 9/1	ress Note, dated 08/30/22 at ed, "Resident [Client #1] was e refused all redirects. Nurse er. She became aggressive and kick staff members. She a restraint at 1425 [2:25 p.m.] estraint at 1430 [2:30 p.m.]. hematoma to the right side Resident given ice pack. It per APRN orders, sent to ing"					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIF A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		04L117	B. WNG		C 09/14/2022		
	ROVIDER OR SUPPLIER	ER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2806 E ZION RD FAYETTEVILLE, AR 72703				
(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 I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)			
N 128	encounter; Concussion consciousness, initial d. The Nursing Progrim 7:15 p.m. documente [Hospital] at 1915 [7: [facility] staff member head, initial encounter of consciousness, initial encounter of consciousness, initial encounter of consciousness, initial encounter of consciousness, initial encounter enc	esses: Injury of head, initial on without loss of encounter" ess Note dated 08/30/22 at d, "Resident returned from 15 p.m.] accompanied by s. Diagnosis: "Injury of er. Concussion without loss tial encounter" on Emergency Safety d from the Chief Executive er Assistant on 9/14/22 at ed, "II. Policy:Physical ions shall be utilized in a way and caring and used in a way se rights, dignity, well-being ed Physical restraint or esult in harm or injury to the Injury: Any significant sysical condition of the ed by qualified medical des, but is not limited to, one fractures, substantial ies to internal organs, or inflicted by someone OF RESTRAINT OR	N 13	N142 Step 1: By 09/20/2022, the Director of Nursing checked to ensure A. order for physical and chemical restraints are not received at the same time B. physical restraint is utilized long enough to det its effectiveness before the administration a chemical restraint for Client #1 Step 2: By 09/20/2022 the DON/Design identified 8 clients by record review to they were not affected by checking to ensure A. order for physical and characteristic and the same physical restraint is utilized long enough determine its effectiveness before the administration of a chemical restraint any negative findings to be corrected.	ermine tion of nee ensure emical lime, B, gh to		

		ALDIOVID OF KAIOLO			7714177 147	. 0930-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		04L117	B. WNG			0 14/2022
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		1776022
				2805 E ZION RD	•	
PINEY RIC	GE TREATMENT CENTI	ER, INC	1	FAYETTEVILLE, AR 72703		
				PATETIEVILLE, AR 72703		
(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 CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
N 142	Continued From page with staff.	e 3	N 14	N142 (Cont.)		
				Step 3: On 09/14/2022, the Dia	ector of	
				Nursing provided written educ	ation to the	
	This ELEMENT is not met as evidenced by:			nursing staff that A. order for p		
		lew and interview, the facility der for a physical and		chemical restraints are not rec	•	
		ider for a physical and is not received at the same		i		
		sure a physical restraint was		same time B. physical restraint	_	
	utilized long enough			enough to determine its effect	iveness before	
	effectiveness before the administration of a chemical restraint for 1 (Client #1) of 1 sampled			the administration of a chemic	al restraint.	
	client. The findings a			1		
				Step 4: Auditing and Monitorir	_	
	1	tted on 11/30/21 and had a		of Nursing/Designee will moni	tor: A. order for	
	diagnosis of Post Tra	iumatic Stress Disorder.		physical and chemical restrain	ts are not	
				received at the same time B. p	hysical restraint	
	a. The Emergency S			is utilized long enough to dete	•	
	Justification Progress	s Note dated 7729722 8 [and] Time Restraint		1		
		MD [Medical Doctor]; Date:		effectiveness before the admir	nistration of a	
		6 [12:26 p.m.]Date & Time		chemical restraint the next bu	siness day for 8	
		Order Received from MD:		weeks or until compliance is v	erified by OLTC.	
	•	zine/Benadryl 50/50 mg				
	[milligrams]"	,		Completion Date: 10/14/2022		
	Restraint; Date: 8/3/2 Date & Time Remove 8/3/22 Time: 1702 [5 Restraint Order Rect Time: 1625 [4:25 p.n Standing 2 Person; r give detailed Justific was being aggressiv pinching nurses. AP					

NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC O(4) D PREFIX SUMMAY STATEMENT OF GENICIENCIES O(4) D PREFIX CONDITIONED WITH THE PROVIDER OF MATTER OF THE PROVIDER OF TH		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC DISJUMMENT STATEMENT OF DESCRIPTIONS BISHMARY STATEMENT OF DESCRIPTIONS BISHMARY STATEMENT OF DESCRIPTIONS INFORMATION) N 142 Continued From page 4 [Resident] was screaming through the window at nurse's station. Chemical Restraint Date & Time Chemical Restraint Order Received from MD Date. 83/22 Time: 1935 (4:35 p.m.) Date & Time Chemical Restraint Date: 33/22 Time: 1935 (4:35 p.m.) Date & Time Chemical Restraint Date: 33/22 Time: 1935 (4:35 p.m.) Date & Time Chemical Restraint Date: 33/22 Time: 1935 (4:35 p.m.) Date & Time Chemical Restraint Date: 33/22 Time: 1935 (4:35 p.m.) Date & Time Chemical Restraint Date: 33/22 Time: 1935 (4:35 p.m.) Date & Time Chemical Restraint Date: 33/22 Time: 1935 (4:35 p.m.) Date & Time Chemical Restraint Date: 33/22 Time: 1935 (4:35 p.m.) Date & Time Chemical Restraint Date: 33/22 Time: 1935 (4:35 p.m.) Date & Time Chemical Restraint Date: 33/22 Time: 1935 (4:35 p.m.) Date & Time Chemical Restraint Was ordered at 4:25 p.m. and the chemical restraint was ordered at 4:25 p.m. and the chemical restraint was ordered. The chemical restraint was administered. The Chemical restraint was administered of the Chemical Restraint Was received at 4:25 p.m. and the order for a chemical restraint thirty four minutes after the physical restraint thirty four minutes after the chemical restraint thirty four minutes after the order was received at 4:25 p.m. and the order for a chemical restraint thirty four minutes after the order was received. The chemical restraint was received at 4:25 p.m. and the order for a chemical restraint thirty four minutes after the order was received. The Chemical			041 447				· .
PINEY RIDGE TREATMENT CENTER, INC 2895 E ZION RD 20	NAME OF B	PANADED OD SLIDDI IED	U4L117	B. WING _		300 - A - A - A - A - A - A - A - A - A -	/14/2022
PREFIX TAG REGULATORY OR LSC/IDENTIFYING INFORMATION) N 142 Continued From page 4 [Rasident] was screaming through the window at nurse's station. R refusing to follow directives and ongoing aggression Chemical Restraint Order Received from MD Date: 8/3/22 Time: 153 ft.25 p.m.], Date & Time Chemical Restraint Order Received from MD Date: 8/3/22 Time: 153 ft.25 p.m.], Date & Time Nurse Actually Administered Chemical Restraint Date: 8/3/22 Time: 1702 [5:02 p.m.]; Medication Administered: Benadry//Thorazine Dosage 50/50 After trying to process c [with] resident without success and ongoing aggression to staff and nurses by kicking, hitting, biting and trying to take nurse's items on then chemical given at this time for safety" a. The physical restraint was ordered at 4:25 p.m. and the chemical restraint was ordered at 4:25 p.m., thirty four minutes after the physical restraint was ordered. The chemical restraint was administered at 5:02 p.m., three minutes after being placed in a physical restraint, was administered. The ESI (Emergency Safety Intervention) progress note documented, "Resident Behavior at Time of Release: Calm-crying & remorseful" b. On 9/14/22, at 11:37 a.m., the Surveyor asked the Director of Nursing (DON), "On 8/3/22 the ESI report documented the order for a physical restraint was received at 4:25 p.m. and the order for a chemical restraint was received at 4:25 p.m. and the order for a chemical restraint was received at 4:25 p.m. and the order for a chemical restraint was received at 4:25 p.m. and the order for a chemical restraint was received at 4:25 p.m. and the order for a chemical restraint was received at 4:25 p.m. and the order for a chemical restraint was received at 4:25 p.m. and the order for a chemical restraint was received at 4:25 p.m. and the order for a chemical restraint was received at 4:25 p.m. and the order for a chemical restraint was received at 4:25 p.m. and the order for a chemical restraint was received at 4:25 p.m. and the order for a chemical restraint			TER, INC		2805 E ZION RD	DE	
[Resident] was screaming through the window at nurse's station. R refusing to follow directives and ongoing aggression Chemical Restraint: Date & Time Chemical Restraint Order Recolved from MD Date: 8/3/22 Time: 1635 [4:35 p.m.]; Date & Time Nurse Actually Administered Chemical Restraint Date: 8/3/22 Time: 1702 [5:02 p.m.]; Medication Administered: Benadry/IThorazine Dosage 50/50. After trying to process c (with) resident without success and ongoing aggression to staff and nurses by kicking, hitting, biting and trying to take nurse's items on then chemical given at this time for safety" a. The physical restraint was ordered at 4:25 p.m. and the chemical restraint was ordered at 4:35 p.m., thirty four minutes after the physical restraint was ordered. The chemical restraint was administered at 5:02 p.m., three minutes after being placed in a physical restraint. The client was released after the chemical restraint was administered at 5:02 p.m., three minutes after being placed in a physical restraint. The client was released after the chemical restraint was administered. The ESI (Emergency Safety Intervention) progress note documented, "Resident Behavior at Time of Release: Calm-crying & remorseful" b. On 9/14/22, at 11:37 a.m., the Surveyor asked the Director of Nursing (DON), "On 8/3/22 the ESI report documented the order for a physical restraint was received at 4:35 p.m. Documentation indicated the client was placed in a physical restraint was received. The chemical form that the order for a chemical restraint was received. The order was placed in a physical restraint was placed in a physical restraint was received. The chemical	PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	LL PREFIX (EACH CORRECTIVE ACTION SHOULD BE ON) TAG CROSS-REFERENCED TO THE APPROPRIATE			COMPLETION
restraint was administered three minutes after being placed in a physical restraint. Was that appropriate?" She stated, "No." The DON was asked, "What should have happened?" She	N 142	[Resident] was screenurse's station. R recongoing aggression. Time Chemical Res MD Date: 8/3/22 Time Nurse Actually Restraint Date: 8/3/Medication Adminis Dosage 50/50 Afteresident without suctostaff and nurses trying to take nurse given at this time for a. The physical restand the chemical rep.m. The client was at 4:59 p.m., thirty frestraint was ordered administered at 5:0 being placed in a pwas released after administered. The Intervention) progres "Resident Behavi Calm-crying & removed the Director of Nurseport documented restraint was received in a physical after the order was restraint was administered in a physical after the order was restraint was administered?" She	aming through the window at a fusing to follow directives and a Chemical Restraint: Date & straint Order Received from the: 1635 [4:35 p.m.]; Date & Administered Chemical 22 Time: 1702 [5:02 p.m.]; tered: Benadryl/Thorazine er trying to process o [with] coess and ongoing aggression by kicking, hitting, biting and is items on then chemical or safety" Itraint was ordered at 4:25 p.m. estraint was ordered at 4:35 is placed in a physical restraint four minutes after the physical ed. The chemical restraint was 22 p.m., three minutes after hysical restraint. The client the chemical restraint. The client the chemical restraint was ESI (Emergency Safety ess note documented, for at Time of Release: orseful" 1:37 a.m., the Surveyor asked sing (DON), "On 8/3/22 the ESI of the order for a physical ved at 4:25 p.m. and the order reint was received at 4:35 in indicated the client was all restraint thirty four minutes after physical restraint. Was that stated, "No." The DON was	N	142		

	PF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		04L117	B. WNG	-		C 09/14/2022	
	ROVIDER OR SUPPLIER DIEGE TREATMENT CENT	. A		STREET ADDRESS, CITY, STATE, ZIP C 2806 E ZION RD FAYETTEVILLE, AR 72703	DOMO-101-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	9/14/2022	
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE				ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
N 142	The Director of Risk have done physical, if it doesn't call the property of the Surveyor asked documented the respectate was calm, contentical was given released at 1702. When the documented the respectated, "No." The Distated, "No." The Distated, "No." The Distated, "She wouldn't have been and the series of the documented, " Date the documented, " Date the Director of Nurs of	At should have been longer." Management stated, "Should given a little time to work and shysician for further orders." It he DON, "The ESI report ident's behavior at the time of rying, remorseful. The at 1702 and she was fas that enough time for the have taken effect?" She rector of Risk Management still be released, but she calm." Safety Intervention as Note dated 9/10/22 at Time Restraint Order Date: 9/10/12; Time: 0722 at Time Chemical Restraint on MD; Date: 9/10/22; Time Administered: Benadryl 50 mg. 37 a.m., the Surveyor asked ing (DON), "On 7/29/22 and was placed in a physical iven a chemical restraint. The ne ESI [Emergency Safety indicates the physical and redrs were received at the the orders for the physical and een given at the same time?" he Surveyor asked the DON, ure for obtaining orders for mysical restraints?" She stated, have been called after the accessful and de-escalating,	N.	142			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUF (D PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING (X2) MULTIPLE CONSTRUCTION (X3) DATE SUF						
			V. BOILDING	<u> </u>	All Marie Constant	l c	
		04L117	B. WING			1 .	4/2022
NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
PINEY RIC	GE TREATMENT CENT	TER, INC			5 E ZION RD		
		-		FA	YETTEVILLE, AR 72703		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
N 147	Continued From pag	ge 6	N 14	47	N14 A7		
N 147	ORDERS FOR USE SECLUSION	OF RESTRAINT OR	N 14	47 '	N147		į
	CFR(s): 483.358(g)	(2)		5	Step 1: Director or Nursing had provide	ed	
	IT ask and a fee seek			- 10	education to all nursing staff regarding	g our	
	1.	raint or seclusion must d time the order was			policies with ESI orders. Including		
	include] the date and time the order was obtained; and			- 10	documented times match on: A. Physic	cian's	
				-	Order B. Emergency Safety Intervention	n	
	Based on record re	EMENT is not met as evidenced by: on record review and interview, the facility ensure the documented times on the			Report. Step 2: By the date of 09/20/2022 the	DÓN	
	1	nd the time on the Emergency		- 1	reviewed 50 ESI packet for the last 30		!
		Report were the same for 1			ensure clients were not affected by ch	•	
	a physical restraint.	pled client who was placed in The findings are:		- 1	to ensure documented times match or		
				- 1			
	1	nitted on 11/30/21 and had			Physicians Order, B. Emergency Safety		
	diagnosis Post Trau	ımatic Stress Disorder.		l	Intervention Report with any negative		
		Safety Intervention (ESI)			findings corrected.		
		ss Note dated 7/29/22 te & [and] Time Actually			Step 3: On 09/14/2022, the Director o	of	
	Placed in Restraint:	: Date: 7/29/22; Time: 1225			Nursing provided written education to	nursing	
	1	& Time Removed from 19/22; Time: 1232 [12:32 p.m.]			staff. The written education provided	included	
		aint Order Received from MD			ensuring documented times match or	n: A.	
	[Medical Doctor]: 7/	/29/22; Time: 1226 (12:26			Physician's Order B. Emergency Safety	/	
	p.m.)"				Intervention Report		
	b. The Emergency	Safety Intervention Physician's					
	Order dated 7/29/2	2 documented, "Date		İ	Step 4: Auditing and Monitoring: the	Director	
		20 [12:20 p.m.]" The times			of Nursing/Designee will monitor to e		
	Physician's Order of	Progress Note and the lid not match.			documented times match on: A. Phys		
					Order B. Emergency Safety Interventi		
		1:37 a.m., the Surveyor asked			Report by checking all ESI documenta		
		sing (DON), "The time on the 1220 for the physical restraint,			next business day for 8 weeks		

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE S	
			Tre concer			lo	.
		04L117	B. WING		-		4/2022
NAME OF PE	ROVIDER OR SUPPLIER			\$1	TREET ADDRESS, CITY, STATE, ZIP CODE		
DINEV SIN	GE TREATMENT CENTI	ED INC		21	BOS E ZION RD		
THE IND	OC INEXIMENT CENT			F	AYETTEVILLE, AR 72703		
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
N 147	Continued From page	a 7	N	147	N147 (Cont.)		
		ented 1226. Should both the d ESI times match?" She	6. Should both the				
N 188	POST INTERVENTION CFR(s): 483.370(a)	ON DEBRIEFINGS	N	188	Completion Date: 10/14/2022		
	Within 24 hours after the use of the restraint or seclusion, staff involved in an emergency safety intervention and the resident must have a face-to-face discussion. This discussion must				N188		
					Step1: Director of Nursing provided w	itten	
		/ed in the intervention except			education to all nursing staff, to ensure	e all staff	
	when the presence o	f a particular staff person			all staff involvement in an emergency	safety	
		vellbeing of the resident.			intervention are present at the client	•	
		esident's parent(s) or legal			debriefing.		
		icipate in the discussion			Contenting.		
	facility must conduct	ppropriate by the facility. The			Windowski wa		
		erstood by the resident and			Step 2: By the date of 09/20/2022 The	Director	
		ent(s) or legal guardian(s).	1		of Nursing reviewed 50 ESI packet		
		provide both the resident			or the last 30 days to ensure clients we	ere not	
	and staff the opportu				affected by checking to ensure all staf		
		ing in the use of restraint or				•	
		gies to be used by the staff,	İ		involvement in an emergency safety		
	the resident, or other future use of restrain	s that could prevent the			intervention are present at the client	debriefing	
	initing asa or rapitalit	t of seclusion.			with any negative findings corrected.		
	This STANDARD is	not met as evidenced by:	ļ		Step 3: Director of Nursing provided w	ritten.	L. Control of the Con
	Based on record rev	view and interview, the facility			education to all nursing staff, including		
		aff involved in an emergency				_	
		ere present at the client			policy that all staff involved in an eme	•	
		nt #1) of 1 sampled clients.			safety intervention are present at the	client	
ļ	The findings are:				debriefing.		
	1	nitted on 11/30/21 and had matic Stress Disorder.					
	a. The Emergency S	afety Justification Progress					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04L117	B. WNG		09/4	4/2022
	ROVIDER OR SUPPLIER	ER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE.	(X5) COMPLETION DATE
N 188	Restraint Used: Standergency Safety In 8/3/22, documented, in the emergency safevents that led to it. Nurse] #1, RN [Regiss There were only two attending the Reside Intervention Debriefir attending the debriefit documentation of whole the detection of the Emergency Safety In 9/10/22 documented involved in the emergand/or the events that Health Assistant] #1, There were only threattending the Reside Intervention Debriefin attending the debriefit documentation of whole the expectation of the ESI [Intervention] be at the "Yes." 3. The Emergency Sprocedure received in Cofficers Administrating 19 a.m. documentation Debriefit and Seclusion Debriefit a	cumented, "Type of ding 2 person" The Staff tervention Debriefing, dated "List staff/resident involved ety intervention(s) and/or the LPN [Licensed Practical tered Nurse] #1, RN #2" staff members listed as nt Emergency Safety ng. RN #2 did not sign as ng. There was no y RN #2 did not attend. The staff tervention Progress ocumented, "Type of person" The Staff tervention Debriefing dated "List staff/resident gency safety intervention(s) at led to it: BHA [Behavioral BHA #2, RN #3, RN #4" e staff members listed as nt Emergency Safety ng. BHA #2 did not attend.	N 18	Step 4: Director of Nursing or Designe monitor to ensure all staff involvemer emergency safety intervention are prothe client debriefing, this will be verification of involved parties being provided the debriefing sheet. ESI packets will a monitored the next business: lay for 8 or until compliance is verified with OI. Completion Date: 10/14/2022	et is an esent at ed by all resent on be weeks	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		04L117	B. WNG			0	l
NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)		ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
N 188 N 189	Continued From page 9 appropriate supervisory staff and/or administrative team member and the resident both participate in a face-to-face discussion within twenty-four (24) hours of the emergency safety intervention" POST INTERVENTION DEBRIEFINGS CFR(s): 483.370(b) Within 24 hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of - 483.370(b)(1) The emergency safety situation that required the intervention, including discussion of the precipitating factors that led up to the intervention;		N 188		N189 Step1: On 09/14/2022, the Director of Nursing provided written education to all nursing staff		
	Based on record rev failed to ensure all st Safety Intervention (i debriefing for 1 (Clien The findings are: 1. Client #1 was adm diagnosis Post Traun a. The Emergency S Note dated 8/3/22 do Restraint Used: Stant Emergency Safety In 8/3/22 documented,	ot met as evidenced by: ilew and interview, the facility aff involved in an Emergency ESI) were present at the staff int #1) of 1 sampled client. iitted on 11/30/21 and a had natic Stress Disorder, afety Justification Progress ocumented, " Type of ding 2 person" Staff itervention Debriefing, dated "List staff/resident involved fety intervention(s) and/or the			Step 3: On 09/14/2022, the Director of Nursing provided written education to nurses. Education was provided to all staff to ensure all staff involved in an Emergency Safety Intervention is present staff debriefing.	all nursing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE	SURVEY LETED
		04L117	B. WING		- 1	C 14/2022
NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703	1	T W Z V Z Z
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		OULD BE	(X5) COMPLETION DATE
N 189	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		N 18	N189 (Cont.) Step 4: Director of Nursing/Desig monitor to ensure all staff involve present at the staff debriefing by ESIs the next business day. ESI parmonitored for 8 weeks or until coverlfied with OL TC. Completion Date: 10/14/2022	ed in an ESI Is checking all ckets will be	

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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NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			09/14/2022 STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP		E COMPLETION		
N 207 N 207	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		N 201	INDO7	374(b) vention s. the / 30 days not ng of a rrected.		
	diagnosis of Post Tra a. The Emergency Sa	tted on 11/30/21 and had a umatic Stress Disorder. afety Intervention (ESI) documented, "Date & [and]			!		

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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NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION S		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 207	Time Actually Placed Time: 1425 [2:25 p.m from Restraint: 8/30/2 Date & Time Restrain [Medical Doctor] 8/30 Type of Restraint Use Resident Behavior: P justification for restrai slapping and biting st direction, could not ca Assessment With RN Hour From Initiation of any complications resident the resident treatment, or services Room] [Hospital] Desilver dollar size hemoccipital lobe @ [at] book Treatment: APRN [Act Nurse] notified, reside [computed tomograph bour to talk to he trying to bite, slap, and was then placed in a released from restrain received a hematoma of head. Resident gives assessed and per AP for screening"	in Restraint; Date: 8/30/22; .]; Date & Time Removed !2; Time: 1430 [2:30 p.m.]; It Order Received from MD /22; Time: 1420 [2:20 p.m.]; Id: Standing 2 person; Idease give detailed Int: R [Resident] kicking, Idease give detailed Int: R [Resident] kicking, Idease give detailed Int: R [Resident] kicking, Idease give detailed Int: R [Resident] kicking, Idease give detailed Int: R [Resident] kicking, Idease give detailed Int: R [Resident] kicking, Idease give detailed Int: R [Resident] to Face I [Registered Nurse] one I [Registered Nurse] one I [Sent to ER [Emergency I [Secription of Injuries: R had I [Secription of Injuries	N	207	N207 (Cont.) Step 4: Auditing and Monitoring: The E of Nursing/Designee will monitor to en reporting of a serious occurrence to the appropriate agencies by checking and documenting the next business day of serious occurrence for 8 weeks or unticompliance is verified by OL TC. Completion Date: 10/14/2022	e e a	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B, WNG			C 09/14/2022	
NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC				2	STREET ADDRESS, CITY, STATE, ZIP CODE 1806 E ZION RD FAYETTEVILLE, AR 72703	l oan	W 202E
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
N 207	ROVIDER OR SUPPLIER DGE TREATMENT CENTER, INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		N	207			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES							PRINTED: 09/22/2022 FORM APPROVED OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
04L117		B. WING	8. WING			C 09/14/2022		
NAME OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC				28	IREET ADDRESS, CITY, STATE, ZIP CODE 805 E ZION RD AYETTEVILLE, AR 72703	<u> </u>	1 1 2 2 2 2	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF COI PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		BF.	(X5) COMPLETION DATE	
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Division of Provider Services & Quality Assurance P.O. Box 8059, Slot S404 Little Rock, AR 72203-8059

December 28, 2022

Justin Hoover, Administrator Piney Ridge Treatment Center, Inc 2805 E Zion Rd Fayetteville, AR 72703

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear Mr. Hoover:

On September 14, 2022, a Complaint survey was conducted at your facility by the Office of Long Term Care to determine compliance with Federal requirements for Psychiatric Residential Treatment Facilities participating in the Medicaid program(s). This survey found your facility was not in substantial compliance with participation requirements. Please refer to our letter, dated September 22, 2022.

A revisit was conducted on December 14, 2022, and your facility was still not in substantial compliance with the following participation requirement(s):

N100 Use of Restraint and Seclusion **N130 Protection of Residents** N140 Orders for Use of Restraint or Seclusion N142 Orders for Use of Restraint or Seclusion **N188 Post Intervention Debriefings**

Plan of Correction (PoC)

A Plan of Correction (PoC) for the cited deficiencies must be submitted within 10 calendar days of receipt of this letter to:

> Theresa Forrest, LPN, Reviewer OLTC, Survey & Certification Section PO Box 8059, Slot S404 Little Rock, AR 72201-4608 (501) **320-6235**

email to Theresa.Forrest@dhs.arkansas.gov.

A revisit will be authorized after an acceptable PoC is received. A completion date for each

deficiency cited must be included. Your Plan of Correction must also include the following:

- 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- 2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system. At the revisit, the quality assurance plan is reviewed to determine the earliest date of compliance. If there is no evidence of quality assurance being implemented, the earliest correction date will be the date of the revisit; and
- 5. 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 and Human Services 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 concerning this letter, please contact your reviewer.

Sincerely,

DPSQA/Office of Long Term Care Survey & Certification Section

tf

cc: DRA

PRINTED: 12/28/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		ONSTRUCTION	(X3) DATE	SURVEY PLETED
		04L117	B. WING _				R-C / 14/2022
	ROVIDER OR SUPPLIER			280	REET ADDRESS, CITY, STATE, ZIP CODE 5 E ZION RD YETTEVILLE, AR 72703	<u> 121</u>	14/2022
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
{N 000}	Initial Comments		{N 0	00}			
N 100	is an official, legal d remain unchanged of correction, correction space. Any discrepation of the correction of the corr	in compliance with §483, ons of Participation for tial Treatment Center. IT AND SECLUSION In of Participation for the Use clusion in Psychiatric ent Facilities Providing a Services for Individuals one. In one met as evidenced by: view and interview, the facility condition of Participation for and Seclusion at N100 as	N 1	100			
	Standard for Protect	cility's failure to meet the tion of Residents at N130 and ers for the Use of Restraint or and N142.					
	Protection of Reside	to meet the Standard for ents at N130 as evidenced by a client was released from a					
AROBATORY	NIDECTOR'S OR DROVINE	R/SUPPLIER REPRESENTATIVE'S SIGNATUR	DE .		TITI F		(X6) DATE

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B. WING			1	-C 14/2022
	ROVIDER OR SUPPLIER	ER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		1 121	14/2022
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD I TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE
N 100	situation had resolved (Clients #1, #2 and #3 chemical restraint wa emergency situation I of 3 (Clients #1, #2 and #3 2. The facility failed to Orders for the Use of N142 as evidenced border for a physical a not received at the sa 3 (Clients #1, #2 and to ensure a physical renough to determine administration of a ch #3) of 3 (Clients #1, # and failure to ensure received for 1 (Client #3) sampled clients. PROTECTION OF RICFR(s): 483.356(a)(3) Until the emergency sand the resident's saft can be ensured, ever order has not expired. This ELEMENT is not Based on record revifailed to ensure a clie physical restraint as situation had resolved (Clients #1, #2 and #3 facility failed to ensure a facility failed to ensure a difference in the saft of	soon as the emergency of for 1 (Client #1) of 3 and a so not administered after the had ended for 1 (Client #2) and #3) sampled clients. In meet the Standard for Restraint or Seclusion at any the failure to ensure an and chemical restraint was a sime time for 1 (Client #2) of #3) sampled clients, failure restraint was utilized long its effectiveness before the remical restraint for 1 (Client #2 and #3) sampled clients an order for seclusion was #3) of 3 (Clients #1, #2 and ESIDENTS) (iii) Stafety situation has ceased fety and the safety of others in if the restraint or seclusion at met as evidenced by: we wand interview, the facility int was released from a soon as the emergency		130			

MALS OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC Continued From page 2 and #3) sampled clients. The findings are: 1. Client #1 was admitted on 7/19/22 and had diagnoses of Disruptive Mood Dysregulation Disorder, Depressive Disorder, Attention Deficit Hyperactivity Disorder, and Other Trauma and Stressor Restraint Date 11/17/22. Time 1517 [3-17], m.];	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
MANE OF PROVIDER OR SUPPLIER PINEY RIDGE TREATMENT CENTER, INC CALID CRASH CRA			041.447	B WING			l	
PINEY RIDGE TREATMENT CENTER, INC CAN ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PRECIDENCY PRECIDENCY N 130 Continued From page 2 and #3) sampled clients. The findings are: 1. Client #1 was admitted on 7/19/22 and had diagnoses of Disruptive Mood Dysregulation Disorder, Depressive Disorder, Attention Deficit Hyperactivity Disorder, and Other Trauma and Stressor Related Disorder. a. The Emergency Safety Intervention Justification Progress Note dated 11/17/22 documented, "Date & [and] Time Actually Placed in Restraint, Date: 11/17/22, Time 1515 p.m. [3:15 pm]; Date & Time Removed from Restraint; Date: 11/17/22; Time 1515 p.m. [3:17 pm.];Type of Restraint Used; Sitting 1 person;While in restrain/seclusion, resident is to be monitored and assessed continuously then documented, First entry below should be upon initiation of restrain/seclusion and every 15 minutes thereafter 1517 [3:17 p.m.] Observation/Behavior Code: (Cutting self/Attempting to cut) 5, (sitting/lying) 10; Care Code (Physical Restraint) 2, (Processing event with resident) 6, 1522 [3:22 p.m.] Observation/Behavior Code: (sitting/lying) 10; Care Code: 2, 6 1530 [3:30 p.m.] Observation/Behavior Code: 4, (Ext Criterion met, no longer a danger), Care Code (Informed of Exit Criteria-No Harm) 9, (Released from containment) 10" Documentation indicated Client #1 was calm, quiet and willing to talk for eight minutes before they were released from containment by the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the p			U4L117	b. WING			12/	14/2022
PREFEX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) N 130 Continued From page 2 and #3) sampled clients. The findings are: 1. Client #1 was admitted on 7/19/22 and had diagnoses of Disruptive Mood Dysregulation Disorder, Depressive Disorder, Attention Deficit Hyperactivity Disorder, and Other Trauma and Stressor Related Disorder. a. The Emergency Safety Intervention Justification Progress Note dated 11/17/22 documented, "Date & [and] Time Actually Placed in Restraint, Date: 11/17/22; Time: 1515 p.m. [3:15 pm]; Date & Time Removed from Restraint; Date: 11/17/22; Time: 1517 [3:17 p.m.];Type of Restraint Used; Sitting 1 person;While in restrain/seclusion, resident is to be monitored and assessed continuously then documented. First entry below should be upon initiation of restraint/seclusion and every 15 minutes thereafter 1517 [3:17 p.m.] Observation/Behavior Code: (Cutting self/Attempting to cut) 5, (sitting/lying) 10; Care Code (Physical Restraint) 2, (Processing event with resident) 6 1522 [3:22 p.m.] Observation/Behavior Code: (Sitting/lying) 10; (Calm/Quiet/Willing to talk) 14 Care Code: 2, 6 1527 [3:27 p.m.] Observation/Behavior Code 10, 14 Care Code 2, 6 1530 [3:30 p.m.] Observation/Behavior Code 14, (Exit Criterian No Harm) 9, (Released from containment) 10" Documentation indicated Client #1 was calm, quiet and willing to talk for ejight minutes before they were released from the			ER, INC	2805 E ZION RD		2805 E ZION RD		
and #3) sampled clients. The findings are: 1. Client #1 was admitted on 7/19/22 and had diagnoses of Disruptive Mood Dysregulation Disorder, Depressive Disorder, Attention Deficit Hyperactivity Disorder, and Other Trauma and Stressor Related Disorder. a. The Emergency Safety Intervention Justification Progress Note dated 11/17/22 documented, " Date & [and] Time Actually Placed in Restraint; Date: 11/17/22, Time 1515 p.m. [3:15 pm]; Date & Time Removed from Restraint; Date 11/17/22; Time 1515 p.m. [3:15 pm]; Date & Time Removed from Restraint; Date: 11/17/22; Time: 1517 [3:17 p.m.]; Type of Restraint Used; Sitting 1 person; While in restraint/seclusion, resident is to be monitored and assessed continuously then documented. First entry below should be upon initiation of restraint/seclusion and every 15 minutes thereafter 1517 [3:17 p.m.] Observation/Behavior Code: (Cutting self/Attempting to cut) 5, (sitting/lying) 10; Care Code (Physical Restraint) 2, (Processing event with resident) 6 1522 [3:22 p.m.] Observation/Behavior Code: (stitting/lying) 10; (Calm/Quiet/Willing to talk) 14 Care Code: 2, 6 1535 [3:30 p.m.] Observation/Behavior Code 14, (Exit Criterion met, no longer a danger), Care Code (Informed of Exit Criteria-No Harm) 9, (Released from containment) 10 "Documentation indicated Client #1 was calm, quiet and willing to talk for eight minutes before they were released from the	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI	PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIATE OF THE APPR			COMPLETION
b. On 12/13/22 at 3:37 p.m., the Surveyor asked the Director of Nursing (DON), "It was documented that [Client #1] was in a physical	N 130	and #3) sampled clier 1. Client #1 was admidiagnoses of Disruptiv Disorder, Depressive Hyperactivity Disorde Stressor Related Discrete Stressor Rel	itted on 7/19/22 and had we Mood Dysregulation Disorder, Attention Deficit r, and Other Trauma and order. afety Intervention Note dated 11/17/22 & [and] Time Actually Date: 11/17/22; Time 1515 & Time Removed from //22; Time: 1517 [3:17 p.m.]; sed; Sitting 1 person; clusion, resident is to be sed continuously then try below should be upon eclusion and every 15 1517 [3:17 p.m.] r Code: (Cutting) 5, (sitting/lying) 10; Care straint) 2, (Processing event 22 [3:22 p.m.] r Code; (sitting/lying) 10; o talk) 14 Care Code: 2, 6; ervation/Behavior Code 10, 1530 [3:30 p.m.] r Code 14, (Exit Criterion ger), Care Code (Informed of) 9, (Released from ocumentation indicated uiet and willing to talk for they were released from the	N	130			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		041 447	B. WING				-C
		04L117	B. WING	_		12/	14/2022
	ROVIDER OR SUPPLIER OGE TREATMENT CENTE	ER, INC		2	STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD I TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE
N 130	quiet. Should he have The DON stated, "Yes "When should he have DON stated, "As soor 1522 [3:22 p.m.]." c. The facility's Emergion policy received from the 12/14/22 at 3:04 p.m. restraint or seclusion injury to the resident at following situations: as afety situation has contain the security of the s	utes when he was calm and be been released earlier?" s." The Surveyor asked, e been released?" The mas he was calm, at least by gency Safety Interventions he Risk Manager on documented, "Physical must not result in harm or and must be used only in the .B. Until the emergency easedWhen the resident he or she will be removed sical restraint by the sited on 1/7/22 and had epressive Disorder, d Attention Deficit r, Combined Presentation. Afety Intervention Note dated 12/3/22 & Time Actually Placed in 22; Time: 1447 [2:47 p.m.]; d from Restraint; Date: 2:47 p.m.]; but from MD [Medical 2; Time: 1439 [2:39 p.m.]; ed: Standing 2 person; lease give justification for 3 stripped all of his clothes time out. He refused to put He began tearing items up ttempting to expose himself	N	130			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		04L117	B. WING		R-C 12/14/2022	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703	12/14/2022	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
N 130	Nurse Actually Admir Medication; Date: 12 Medication; Date: 12 Medication Administer mg [milligrams]/50 m Please give detailed Medication: Continuiteveryone. He was stricted items on the unitW resident is to be more continuously then do should be upon initial and every 5 minutes p.m.], Observation/B (Calm/Quiet/Willing to no longer a danger) LIP (Licensed Physical Restraint) (Informed of Exit Crit Containment) 10" client was calm, quiet time the chemical restricted be DON was asked, should a chemical restricted from 12/14/22 at 3:04 p.m medications are a criterisolve an emergence out of control behavior which is likely to cause other residents, or strespolicy received by the physician extender in	[2:40 p.m.]; Date & Time histered Emergency /3/22; Time 1449 [2:49 p.m.]; gred: Thorazine/Benadryl 100 gResident Behavior: justification for Emergency ing to try to expose himself to ripping He was tearing up hile in restraint/seclusion, itored and assessed cumented. First entry below tion of restraint/seclusion thereafter 1449 [2:49 ehavior Code. to talk) 14, (Exit criterion met, 15; Care Code: (Obtained iian) Authorization) 1, 2, (Emergency Medication) 4, eria-No Harm) 9, (Released Documentation indicated the t, and willing to talk at the straint was administered. 15 p.m., the Surveyor asked "If a client is calm and quiet, straint be administered?" o."	N 130			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION G	, ,	COMPLETED		
		04L117	B. WING			R-C 12/14/2022	
	ROVIDER OR SUPPLIER	TER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703	'	12)1-12022	
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
N 130	Continued From pag		N 1:	30			
N 140	exhibited by the resi- ORDERS FOR USE SECLUSION CFR(s): 483.358(a)	dent" OF RESTRAINT OR	N 14	40			
	physician, or other liby the State and the seclusion and trainer safety interventions. CFR 441.151 requires services for beneficial provided under the compart of the state of the services of the services for beneficial provided under the compart of the services of the s	or seclusion must be by a censed practitioner permitted facility to order restraint or d in the use of emergency Federal regulations at 42 e that inpatient psychiatric aries under age 21 are direction of a physician. In the tas evidenced by: view and interview, the facility order for seclusion was t #3) of 3 (Clients #1, #2 and The findings are:					
	diagnoses of Major I Recurrent, Severe a Hyperactivity Disord a. The Nursing Prog	er, Combined Presentation. ress Note dated 12/03/22 at					
	chance to go into the wanted to take a selfallowed in the timeon for about 30 minutes irritable and started to Staff act quickly and outside to keep them naked. Staff tried to room because the de [malfunction] and we	ed, "Resident was given a etimeout room because he f-timeout. Resident was ut room and stayed in there is before he started becoming to take off all of his clothes. The remove the other resident in from seeing the resident stand in front of the time out our had a mild function buld not lock and resident out to expose his naked					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		04L117	B. WING _			R-C 12/14/2022
	ROVIDER OR SUPPLIER	ER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703	I	12/14/2022
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
N 140	body Staff redirecte they would remove the door if he put on down" There was found in the client's not be the Director of Nursing progress note dated [Client #3] was in the stood in front of the the door had a malfunction standing in front of the and not allowing a client seclusion?" The DON because we are still the asked, "Should there order for the seclusion should have been." c. The facility's Emery policy received from the physical restraint, esclusion" ORDERS FOR USE SECLUSION CFR(s): 483.358(c) A physician or other I permitted by the state restraint or seclusion restrictive emergency most likely to be effective.	ed resident and told him that themselves from in front of his clothes and calm no order for the seclusion medical record. 5 p.m., the Surveyor asked ag (DON), "A nursing 12/3/22 at 1430 documented timeout room and staff meout room because the on and would not lock. Is the door of the timeout room ent to leave considered at stated, "It is a seclusion blocking it." The Surveyor have been a physician's n?" The DON stated, "There the Risk Manager on a documented, " A written the Risk Manager on a documented, " A written the Risk Manager on a documented, " A written the Risk Manager on a documented, " A written the Risk Manager on a documented, " A written the regency medication, or the content of the second practitioner and the facility to order must order the least or safety intervention that is	N 14			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		04L117	B. WING _			R-C 12/14/2022
	ROVIDER OR SUPPLIER	ER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		12/14/2022
(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 SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
{N 142}	Continued From pag	e 7	{N 14	2}		
	Based on record reversal failed to ensure an orchemical restraint water time for 1 (Client #2) physical restraint water for 1 (Client #2) physical restraint water for 1 (Client #3) of 3 (Clients #1, Figure 17) of 3 (Clients #1, Figure 18) of 3 (Clients #1, Figure 18) of 3 (Clients #1, Figure 19) of 3 (Clients #2) of	nemical restraint for 1 (Client #2 and #3) sampled clients. nitted on 5/3/22 and had ive Mood Dysregulation ine Intellectual Functioning. afety Intervention is Note dated 10/30/22 is & [and] Time Restraint in MD [Medical Doctor]; Date: 140 p.m.] Date & Time on Order Received from MD; is 1940Medication zine/Benadryl 100 mg				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						R.	-C
		04L117	B. WING			12/	14/2022
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
DIMEY DI	OF THE ATMENT OF HE	TR INC		:	2805 E ZION RD		
PINEY RIL	OGE TREATMENT CENTE	:R, INC		1	FAYETTEVILLE, AR 72703		
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD I TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE
{N 142}	have." The Surveyor been done?" The DO was given at 1940 an hold him anymore, the called the doctor for control of the called the doctor for control of the called the doctor for control of the called the doctor for control of the called the doctor for control of the called the doctor for control of the called the doctor for control of the called the doctor for control of the called	N stated, "They should not asked, "What should have N stated, "The restraint, if it d they decided they couldn't at is when they should have ontinuing orders." Itted on 1/7/22 and had epressive Disorder, d Attention Deficit r, Combined Presentation. If they decided they couldn't at is when they should have ontinuing orders." Itted on 1/7/22 and had epressive Disorder, d Attention Deficit r, Combined Presentation. If they Intervention Note dated 12/3/22 & Time Actually Placed in 22; Time: 1447 [2:47 p.m.]; d from Restraint; Date: 2:49 p.m.]; Date & Time ived from MD (Medical 2: Time: 1439 [2:39 p.m.]; d: Standing 2 person; lease give justification for a stripped all of his clothes time out. He refused to put He began tearing items up ttempting to expose himself Time Emergency Medication MD: Date: 12/3/22; Time: e & Time Nurse Actually ency Medication; Date: Medication Administered: 00 mg/50 mgResident e detailed justification for in: Continuing to try to	{N 1	142)			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		DATE SURVEY COMPLETED
		04L117	B. WING			R-C 12/14/2022
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		12/14/2022
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{N 142}	determine if the clie chemical was admin physical restraint when the order for the chemical restraint at the DON, "On 12/3/physical restraint at was administered a Should there have I physical restraint ar chemical?" The DO there was time betwoen the chemical. It looks lill him the chemical. Time. "The Surveyor documented at 143 physical restraint ar was ordered. Was to The DON stated, "Not interventions." 3. The facility's Ememolicy received from 12/14/22 at 3:04 p.r. the policy of [facility right to be free from seclusion, of any for coercion, discipline retaliationThe use seclusion shall always the least restrictive resident from injurir emergency situation the least restrictive that is most likely to	lized long enough to ant could calm before the histered. The order for the as received one minute before emical restraint was received. 245 p.m., the Surveyor asked 22, [Client #3] was put in a 1447 and a chemical restraint to 1449 two minutes later. Deen more time between the administration of the N stated, "It does not look like ween the restraint and the kee they restrained him to give there should have been more asked, "A physician's order the order was given for a and at 1440 a chemical restraint his an appropriate order?" 30, not enough time between the nether that each resident has the physical restraint or and the state of the physical restraint and asys be implemented utilizing measures to prevent a neg self or others in an and the physician must order emergency safety intervention to be effective in resolving the ituation based upon	{N 14	2}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		04L117	B. WING _			R-C 12/14/2022
	ROVIDER OR SUPPLIER	ER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		12/14/2022
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
{N 188}	seclusion, staff involvintervention and the reface-to-face discussion include all staff involving when the presence of may jeopardize the word of the staff and the reguardian(s) may part when it is deemed appropriate facility must conduct language that is under by the resident's pare The discussion must and staff the opportucircumstances result seclusion and strategers.	the use of the restraint or yed in an emergency safety resident must have a on. This discussion must yed in the intervention except of a particular staff person yellbeing of the resident. esident's parent(s) or legal icipate in the discussion oppropriate by the facility. The such discussion in a erstood by the resident and ent(s) or legal guardian(s). provide both the resident nity to discuss the ing in the use of restraint or gies to be used by the staff, is that could prevent the	{N 18	38}		
	Based on record rev failed to ensure all st physical restraint were debriefing for 1 (Clien and #3) sampled clies. 1. Client #2 was adm diagnoses Disruptive Disorder and Borderla. The Emergency Substification Progress documented, " Stat Supported Supervisor	ine Intellectual Functioning.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		04L117	B. WING			R-C 12/14/2022	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703			
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
{N 188}	from Restraint Date: p.m.] Type of Restr person" PSS #1's n having attended the o at 8:30 p.m. b. On 12/13/22 at 3:4 the Director of Nursin debriefing, I did not s present. Do you see a he was present at the DON stated, "No, I do anything." c. The Emergency Sa received from the Ris 3:04 p.m. documente emergency safety inte appropriate superviso administrative team in both participate in a fi	.]; Date & Time Removed 10/30/22 Time: 1949 [7:49 aint Used: Sitting Standing 2 ame was not listed as client debriefing on 10/30/22 2 p.m., the Surveyor asked g (DON), "On the client ee where [PSS #1] was any documentation of where e client debriefing?" The on't see where he signed afety Interventions policy k Manager on 12/14/22 at d, "Staff involved in the ervention as well as an	{N 1	88}			





Division of Provider Services & Quality Assurance P.O. Box 8059, Slot S404 Little Rock, AR 72203-8059

January 13, 2023

Justin Hoover, Administrator Piney Ridge Treatment Center, Inc 2805 E Zion Rd Fayetteville, AR 72703

Dear Mr. Hoover:

On December 14, 2022, we conducted a Complaint Investigation, Follow-Up/Revisit 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 January 13, 2023.

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: Theresa Forrest at 501-320-6235 or email to Theresa.Forrest@dhs.arkansas.gov.

Sincerely,

Theresa Forrest, Reviewer

David E. Miller for

DPSQA/Office of Long Term Care

Survey & Certification Section

tf

APOC 01/13/2023

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

DM

PRINTED: 12/28/2022 FORM APPROVED OMB NO. 0938-0391

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE COL IDENTIFICATION NUMBER: A. BUILDING			COMPLETED	
		04L117	B. WING		R-C 12/14/2022
	ROVIDER OR SUPPLIER	TER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703	1 12 112
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE COMPLETION
{N 000}	Initial Comments		{N 000	Submission of this plan of corre admission by the facility that all true.	
N 100	is an official, legal of remain unchanged correction, correction space. Any discreption citation(s) will be recommended in the control of the	in compliance with §483, tons of Participation for nitial Treatment Center. NT AND SECLUSION on of Participation for the Use inclusion in Psychiatric ent Facilities Providing c Services for Individuals	N 10	Step 1: by date of 12/20/2022, Nursing/designee identified 48 past 30 days by record review to clients were not affected. Recowere checked to ensure emerginterventions were not administ emergency situation had resolved client #1: staff was reeducated releasing a client from physical soon as emergency has resolved client #2: staff involved was renot administering a chemical rethe emergency had ended. Reference about ensuring they obtain order emergency safety interventions also reeducated about what conseclusion including that having but blocking a resident's exit st seclusion.	ESIs in the or ensure the order reviewed ency safety ered after the ed. Related to about restraint as ed. Related to educated about estraint after eated to Client was not as reeducated ers for all to the staff was enstitutes a the door open
	Based on record refailed to meet the C the Use of Restrair evidenced by the fa Standard for Protect the Standard of On Seclusion at N140 1. The facility failed Protection of Residuals	is not met as evidenced by: eview and interview, the facility Condition of Participation for at and Seclusion at N100 as acility's failure to meet the ction of Residents at N130 and ders for the Use of Restraint or and N142. It to meet the Standard for lents at N130 as evidenced by e a client was released from a		Step 2: by date of 12/20/2022 Nursing/designee identified 11 record review to ensure they waffected by checking to ensure Safety Interventions were not a after the emergency situation h	clients by ere not Emergency administered

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: NWBY12

Facility ID: 3016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						R-C	
		04L117	B. WING_	-		12/1	4/2022
	OVIDER OR SUPPLIER GE TREATMENT CENTE	ER, INC		28	FREET ADDRESS, CITY, STATE, ZIP CODE 305 E ZION RD AYETTEVILLE, AR 72703		
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 130	situation had resolved (Clients #1, #2 and #chemical restraint was emergency situation of 3 (Clients #1, #2 and #2. The facility failed to Orders for the Use of N142 as evidenced border for a physical anot received at the sa 3 (Clients #1, #2 and to ensure a physical enough to determine administration of a chemical was a compared to ensure received for 1 (Clients #3) sampled clients. PROTECTION OF R CFR(s): 483.356(a)(3). Until the emergency and the resident's sa can be ensured, even order has not expired. This ELEMENT is not a situation had resolve (Clients #1, #2 and #6 facility failed to ensure a facility fa	for 1 (Client #1) of 3 3) sampled clients and a s not administered after the nad ended for 1 (Client #2) and #3) sampled clients. The meet the Standard for Restraint or Seclusion at y the failure to ensure an and chemical restraint was ame time for 1 (Client #2) of #3) sampled clients, failure restraint was utilized long its effectiveness before the memical restraint for 1 (Client #2 and #3) sampled clients an order for seclusion was #3) of 3 (Clients #1, #2 and ESIDENTS By (iii) Seafety situation has ceased fety and the safety of others in if the restraint or seclusion		130	(N100 continued) Step 3: On 12/15/2022 Director of Nursi with the RN involved in the Restraint to counseling and additional education reg improving documentation to ensure ESI documentation reflects an accurate depithe ESI event. By 01/09/2023 the direct Nursing provided written and/or verbal education to the nursing staff regarding ensuring that clients are released from prestraint as soon as emergency is resolvential restraint after the emergency rended and 3) ensuring that there is an oclient seclusion. Step 4 Auditing & Monitoring: The Direct Nursing/designee will monitor to ensure Emergency Safety Interventions were madministered after the emergency situating resolved and that ESI documentation rean accurate depiction of the ESI Event. Monitoring will continue for a period of eweeks or until the Office of Long Term (exercised compliance). Completion Date: 01/13/2023 N130: Step 1: by date of 12/20/2022, the Director Nursing/designee identified 48 ESIs in the days by record review to ensure the client not affected. Records reviewed were cheer ensure emergency safety interventions were days by record review to ensure the client not affected. Records reviewed were cheer ensure emergency safety interventions were days by record and that the documentation accureflected the ESI event. Related to Client involved were reeducated about releasing from physical restraint as soon as the emergency stream are resolved. Related to Client #2 staff in was reeducated on proper documentation ensure that it reflects an accurate demonstration are removed. Related to Client #2 staff in was reeducated on proper documentation ensure that we are not administering a chemical that we are not administering a chemical	provide provide parding liction of or of liction of liction of liction of liction of liction had liflects liction	

		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BUILDIN	NG		R-C		
		04L117	B. WING			1	4/2022	
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	120	TI LE VALLO	
					05 E ZION RD			
PINEY RIC	GE TREATMENT CEN	TER, INC	l	FA	YETTEVILLE, AR 72703			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
N 130	1. Client #1 was ad diagnoses of Disrup Disorder, Depressing Hyperactivity Disor Stressor Related Da. The Emergency Justification Progredocumented, "Da Placed in Restraint p.m. [3:15 pm]; Dar Restraint; Date 11/Type of RestraintWhile in restraint monitored and asses documented. First initiation of restrain minutes thereafter. Observation/Behavior	#3) sampled clients. The findings are: lient #1 was admitted on 7/19/22 and had noses of Disruptive Mood Dysregulation order, Depressive Disorder, Attention Deficit eractivity Disorder, and Other Trauma and ssor Related Disorder. The Emergency Safety Intervention ification Progress Note dated 11/17/22 tumented, "Date & [and] Time Actually sed in Restraint; Date: 11/17/22; Time 1515 [3:15 pm]; Date & Time Removed from traint; Date 11/17/22; Time: 1517 [3:17 p.m.]; type of Restraint Used; Sitting 1 person; hille in restrain/seclusion, resident is to be intored and assessed continuously then tumented. First entry below should be upon ation of restraint/seclusion and every 15 tutes thereafter 1517 [3:17 p.m.] ervation/Behavior Code: (Cutting lient/Attempting to cut) 5, (sitting/lying) 10; Care		130	(N130 continued) Step 2: by date of 12/20/2022 the Director of Nursing/designee identified 11 clients by record review to ensure they were not affected. Client files were checked to ensure Emergency Safety Interventions were not administered after the emergency situation had resolved and that the documentation accurately reflected the ESI event. Step 3: On 12/15/2022 Director of Nursing met with the nurses involved in the emergency safety interventions to provide counseling and additional education regarding improving documentation to ensure ESI documentation reflects an accurate depiction of the ESI event. By 01/09/2023 the director of Nursing provided written and/or verbal education to the nursing staff about 1) ensuring that clients are released from physical restraint as soon as the emergency situation has resolved and 2) ensuring that documentation accurately reflects that we are not administering a chemical restraint after the emergency has ended.			
	Observation/Behavior Code; (sitting/lying) 10; (Calm/Quiet/Willing to talk) 14 Care Code: 2, 6; 1527 [3:27 p.m.] Observation/Behavior Code 10, 14 Care Code 2, 6 1530 [3:30 p.m.] Observation/Behavior Code 14, (Exit Criterion met, no longer a danger), Care Code (Informed of Exit Criteria-No Harm) 9, (Released from containment) 10" Documentation indicated Client #1 was calm, quiet and willing to talk for eight minutes before they were released from the physical restraint. b. On 12/13/22 at 3:37 p.m., the Surveyor asked the Director of Nursing (DON), "It was documented that [Client #1] was in a physical			-	Step 4 Auditing & Monitoring: The Dire Nursing/designee will monitor to ensur Emergency Safety Interventions were administered after the emergency situal had resolved and that ESI documentate reflects an accurate depiction of the EMonitoring will continue for a period of weeks or until the Office of Long Term has verified compliance. Completion Date: 01/13/2023	e not ation ion SI Event. eight		

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		04L117	B. WING_			R-C		
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZII	P CODE	12/14/2022		
SIMPLY SIS		T. 1470		2805 E ZION RĐ				
PINEY RIDGE TREATMENT CENTER, INC		l	FAYETTEVILLE, AR 72703		ŀ			
(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 ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE		
N 130			N 1	30				
		utes when he was calm and be been released earlier?"	***************************************					
	The DON stated, "Yes	s." The Surveyor asked,						
	-	re been released?" The						
	1522 [3:22 p.m.]."	n as he was calm, at least by						
		gency Safety Interventions						
	policy received from t							
		documented, "Physical must not result in harm or						
	F.	and must be used only in the						
		.B. Until the emergency						
		easedWhen the resident						
	has regained control, from seclusion or phy	he or she will be removed						
	nurse"	sical restraint by the						
	£	itted on 1/7/22 and had						
	diagnoses of Major D Recurrent, Severe ar							
		er, Combined Presentation.						
	, , , , , , , , , , , , , , , , , , , ,							
	a. The Emergency Sa							
	Justification Progress							
		& Time Actually Placed in /22; Time: 1447 [2:47 p.m.];				-		
		ed from Restraint; Date:						
	E .	[2:47 p.m.]; Date & Time		·				
		eived from MD [Medical						
		2; Time: 1439 [2:39 p.m.];						
		ed: Standing 2 person;						
		lease give justification for						
	_	t] stripped all of his clothes i-time out. He refused to put						
	_	He began tearing items up						
		attempting to expose himself						
	to everyone Date 8	,						
	Medication Order Re	ceived from MD: Date:						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUILT		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		04L117	B. WING		į	R-C 2/14/2022	
	ROVIDER OR SUPPLIER DIGE TREATMENT CEN	TER, INC		STREET ADDRESS, CITY, STATE, ZIP CO 2805 E ZION RD FAYETTEVILLE, AR 72703			
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
N 130	12/3/22; Time: 1440 Nurse Actually Adm Medication; Date: 1 Medication Adminis mg [milligrams]/50 or Please give detailed Medication: Continue everyone. He was sitems on the unit\(1) resident is to be mode and the continuously then deshould be upon initiand every 5 minute p.m.], Observation/ (Calm/Quiet/Willing no longer a danger) LIP (Licensed Phys) (Physical Restraint) (Informed of Exit Cr Containment) 10" client was calm, que time the chemical in b. On 12/14/22 at 1 the DON was asked should a chemical in The DON stated, "No c. The facility's Emerolicy received from 12/14/22 at 3:04 p.1 medications are a coresolve an emerger out of control behave which is likely to ca other residents, or be prescribed by th physician extender	D [2:40 p.m.]; Date & Time inistered Emergency 2/3/22; Time 1449 [2:49 p.m.]; tered: Thorazine/Benadryl 100 mgResident Behavior: d justification for Emergency using to try to expose himself to stripping He was tearing up While in restraint/seclusion, unitored and assessed ocumented. First entry below ation of restraint/seclusion is thereafter 1449 [2:49 Behavior Code. to talk) 14, (Exit criterion met, 15; Care Code: (Obtained ician) Authorization) 1, 12, (Emergency Medication) 4, interia-No Harm) 9, (Released Documentation indicated the iet, and willing to talk at the estraint was administered.	N 1	30			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		04L117	B. WNG			R- 12/	C 14/2022
	ROVIDER OR SUPPLIER	ER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	physician, or other lic by the State and the facture secusion and trained safety interventions. If CFR 441.151 require services for beneficial provided under the difference of the security of the secure of the se	ent" OF RESTRAINT OR T seclusion must be by a ensed practitioner permitted facility to order restraint or in the use of emergency Federal regulations at 42 that inpatient psychiatric ries under age 21 are rection of a physician. Into the met as evidenced by: iew and interview, the facility der for seclusion was #3) of 3 (Clients #1, #2 and The findings are: itted on 1/7/22 and had epressive Disorder,	N 1	130	Step 1: by date of 12/20/2022, the Director Nursing/designee identified 48 ESIs in the 30 days by record review to ensure the clawere not affected. Records reviewed were checked to ensure each emergency safet intervention had a corresponding physicial order. An order for the seclusion was not obtained. The staff involved was reeduce about ensuring they obtain orders for all emergency safety interventions. The staff also reeducated about what constitutes a seclusion including that having the door of blocking a resident's exit still counts as a seclusion. Step 2: by date of 12/20/2022 the Director Nursing/designee identified 11 clients by review to ensure they were not affected be checking to ensure Emergency Safety Interventions had a corresponding physic order. Step 3: On 12/15/2022 Director of Nursing with the individual nurses involved emerging safety interventions to provide counseling additional education to ensure each emergancy intervention receives a physician's By 01/09/2023 the Director of Nursing provide and/or verbal education to the nursing about obtaining physician orders for emergency safety interventions. Step 4 Auditing & Monitoring: The Director Nursing/designee will monitor to ensure emergency safety intervention has a corresponding physician's order. Monitoricontinue for a period of eight weeks or ur Office of Long Term Care has verified compliance. Completion date: 01/13/2023	e past ients e y in's ted was pen but r of record y ian's g met ency and rgency order. byided sing or of each ing will	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 12/28/2022 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES 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 R-C 04L117 B. WING 12/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD PINEY RIDGE TREATMENT CENTER, INC **FAYETTEVILLE, AR 72703** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N 140 Continued From page 6 N 140 body... Staff redirected resident and told him that they would remove themselves from in front of the door if he put on his clothes and calm down...." There was no order for the seclusion found in the client's medical record. b. On 12/14/22 at 1:45 p.m., the Surveyor asked the Director of Nursing (DON), "A nursing progress note dated 12/3/22 at 1430 documented [Client #3] was in the timeout room and staff stood in front of the timeout room because the door had a malfunction and would not lock. Is standing in front of the door of the timeout room and not allowing a client to leave considered seclusion?" The DON stated, "It is a seclusion because we are still blocking it." The Surveyor asked, "Should there have been a physician's order for the seclusion?" The DON stated, "There should have been." c. The facility's Emergency Safety Intervention policy received from the Risk Manager on 12/14/22 at 3:04 p.m. documented, "... A written order from the physician is required for the use of a physical restraint, emergency medication, or seclusion..." {N 142} ORDERS FOR USE OF RESTRAINT OR {N 142} **SECLUSION** CFR(s): 483.358(c) A physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must order the least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L117	B. WING			R-C		
NAME OF PROVIDER OR SUPPL	ER		J. Yillo		STREET ADDRESS, CITY, STATE, ZIP CODE	12	/14/2022	
PINEY RIDGE TREATMENT		ER, INC		2	806 E ZION RD EAYETTEVILLE, AR 72703			
PREFIX (EACH DE	ICIENC	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)	Ξ .ΤΕ	(X5) COMPLETION DATE	
Based on recofailed to ensure chemical restratime for 1 (Clier physical restratime for 1 (Clier physical restratime for 3 (Clients determine its etadministration of #3) of 3 (Clients The findings and 1. Client #2 was diagnoses of Dibisorder and Both a. The Emerger Justification Product and Both a. The Emerger Justification Product and Both a. The Emerger Justification Product and Both a. The Emerger Justification Product and Both a	is not review an ordinate was fective of a charactive of a charactive of a charactive orderlines. Date from 40 [7:4] lication Time: horazing" cy Sa (/30/22) 1940 [utes for Time: b mg E orderline orderlines"	at met as evidenced by: lew and interview, the facility der for a physical and s not received at the same sampled client and a le utilized long enough to eness before the emical restraint for 1 (Client 2 and #3) sampled clients. Itted on 5/3/22 and had le Mood Dysregulation le Intellectual Functioning. If the Modical Functioning. If the Modical Doctor; Date: If p.m., Date & Time le Order Received from MD; Intervention Physician's Intervent	(N 1		N142	the der for ved at dilized efore and we to ensure aint are cal dischemical ected. g y safety ducation themical and that the mical and that the mical and the end of the extend of the e		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING	- 1	(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER	1 042117	B. WING_			12/14/2022	
PINEY RI	OGE TREATMENT CENT	·		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(= ioi iooi ii ve Aciioli	SHOULD BE	(X5) COMPLETION DATE	
	same time?" The DOI have." The Surveyor a been done?" The DOI was given at 1940 and hold him anymore, that called the doctor for control of the called the doctor for control of the called the doctor for control of the called the doctor for control of the called the doctor for control of the called the doctor for control of the called the doctor for control of the called the doctor for control of the called the doctor of the called the c	N stated, "They should not asked, "What should have N stated, "The restraint, if it of they decided they couldn't at is when they should have continuing orders." Ited on 1/7/22 and had expressive Disorder, at Attention Deficit, Combined Presentation. They Intervention Note dated 12/3/22 Time Actually Placed in 2; Time: 1447 [2:47 p.m.]; I from Restraint; Date: 149 p.m.]; Date & Time and from MD (Medical Time: 1439 [2:39 p.m.]; Ites Standing 2 person; ase give justification for stripped all of his clothes me out. He refused to put the began tearing items up the permitted to expose himself me Emergency Medication ID: Date: 12/3/22; Time: & Time Nurse Actually by Medication; Date: adication Administered: Dimg/50 mgResident detailed justification for Continuing to try to one. He was and up items on the unit."	{N 14				
		The physical				1	

PRINTED: 12/28/2022 FORM APPROVED

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPL	E CONSTRUCTION	(X3) DATE SURVEY	
7 (140) E/((40)	OOKKECTION	IDENTIFICATION NUMBER:	A. BUILD			COMPLETED	
		04L117	B. WING			R-C	
NAME OF P	ROVIDER OR SUPPLIER		D. WING			12	2/14/2022
	OGE TREATMENT CENTE			2	STREET ADDRESS, CITY, STATE, ZIP CODE 1805 E ZION RD FAYETTEVILLE, AR 72703		
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	b. On 12/14/22 at 1:45 the DON, "On 12/3/22 physical restraint at 12 was administered at 13 Should there have been physical restraint and chemical?" The DON sthere was time between chemical. It looks like thim the chemical. The time." The Surveyor as documented at 1439 the physical restraint and a was ordered. Was this The DON stated, "No, interventions." 3. The facility's Emerge policy received from the 12/14/22 at 3:04 p.m. of the policy of [facility] the right to be free from pheseclusion, of any form, coercion, discipline, coretaliationThe use of seclusion shall always the least restrictive mearesident from injuring semergency situationThe least restrictive emergency situation	ed long enough to could calm before the tered. The order for the received one minute before nical restraint was received. 5 p.m., the Surveyor asked, [Client #3] was put in a lat7 and a chemical restraint 449 two minutes later. In more time between the administration of the stated, "It does not look like the restraint and the stated, "It does not look like they restrained him to give re should have been more sked, "A physician's order ne order was given for a lat 1440 a chemical restraint an appropriate order?" not enough time between locumented, "It shall be at each resident has the sysical restraint or used as a means of novenience, or physical restraint and be implemented utilizing assures to prevent a leff or others in an The physician must order lergency safety intervention effective in resolving the tion based upon	{N 1	42}			

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATI	(X3) DATE SURVEY COMPLETED	
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PINEY RI	ROVIDER OR SUPPLIER DGE TREATMENT CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 2805 E ZION RD FAYETTEVILLE, AR 72703		1/14/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
	seclusion, staff involve intervention and the reface-to-face discussio include all staff involve when the presence of may jeopardize the we Other staff and the resiguardian(s) may partic when it is deemed appfacility must conduct s language that is under by the resident's parer. The discussion must p and staff the opportunicircumstances resulting seclusion and strategies the resident, or others future use of restraint of the staff physical restraint were debriefing for 1 (Client and #3) sampled client. 1. Client #2 was admitted diagnoses Disruptive Materials and Borderline. The Emergency Safe Justification Progress Materials and Supported Supervisor (Supported Supervisor (Supported Supervisor (Supported Supervisor).	the use of the restraint or and in an emergency safety sesident must have a serident must have a serident must have a serident must have a serident must staff person a particular staff person ellbeing of the resident. Sident's parent(s) or legal sipate in the discussion propriate by the facility. The such discussion in a stood by the resident and staff to regal guardian(s), rovide both the resident try to discuss the g in the use of restraint or set to be used by the staff, that could prevent the facility of the present at the client staff and interview the facility of the present at the client staff and intervie	{N 18	N188 Step 1: On 01/09/2023, Director of provided written education to all nu including patient support supervisor all staff involved in an emergency sintervention are present at the client Step 2: By the date of 12/20/2022, of Nursing reviewed 48 ESI packets clients for the last 30 days to ensure were not affected by checking to eninvolved in an emergency safety into were present at the client debriefing negative findings corrected. Step 3: On 01/09/2023, Director of provided written education to all nurincluding the policy that all staff involved were green y safety intervention are provided to ensure all staff involved in an emergency safety intervention are present at the debriefing. Step 4: Director of Nursing/designer to ensure all staff involved in an emsafety intervention are present at the debriefing. This will be verified by all of involved parties being present on debriefing sheet. ESI Packets will be the next business day for eight week compliance is verified by the Office Term Care. Completion date: 01/13/2023	sing staff s, to ensure afety t debriefing. he Director for 11 e clients sure all staff ervention with any Jursing sing staff, lved in an resent at e will monitor ergency e client signatures the monitored s or until		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CI

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA				OMB NO. 0938-0391			
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER			T	STREET ADDRESS, CITY, STATE, ZIP CODE		1 12	2/14/2022	
DIMEVOI	DOE TOEATMENT OF US				2805 E ZION RD				
1 11461 331	DGE TREATMENT CENTI	ER, INC		1	FAYETTEVILLE, AR 72703				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES			· 1 · · · · · · · · · · · · · · · · · ·				
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					DEFICIENCY)				
	Time: 1943 [7:43 p.m. from Restraint Date: 1 p.m.] Type of Restra person" PSS #1's ni having attended the c at 8:30 p.m. b. On 12/13/22 at 3:42 the Director of Nursing debriefing, I did not se present. Do you see a he was present at the DON stated, "No, I do anything." c. The Emergency Saf received from the Risk 3:04 p.m. documented emergency safety interappropriate supervisor administrative team me both participate in a fair	2 p.m., the Surveyor asked (DON), "On the client was not debriefing on 10/30/22 2 p.m., the Surveyor asked (DON), "On the client was not debriefing on 10/30/22 2 p.m., the Surveyor asked (DON), "On the client was ny documentation of where client debriefing?" The not see where he signed 5 p.m., the Surveyor asked (DON), "On the client was ny documentation of where client debriefing?" The not see where he signed 6 p. T. Staff involved in the revention as well as an	{N ·	188}					