

October 21, 2022

Piney Ridge Treatment Center, LLC  
Attn: Justin Hoover, Chief Executive Officer  
[justin.hoover@acadiahealthcare.com](mailto:justin.hoover@acadiahealthcare.com)  
4253 North Crossover Road  
Fayetteville, Arkansas 72703

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

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

**Piney Ridge Treatment Center, LLC**  
**Provider ID #:** [REDACTED]  
Onsite Inspection Date: October 6, 2022

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

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

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

The contractor (AFMC) will:

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

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

## Inspection of Care Summary

### Facility Tour:

Upon arrival to facility, AFMC staff was promptly greeted at the entrance by a Piney Ridge Treatment Center staff member and a COVID-19 screening was conducted. AFMC was immediately taken to a conference room where they were met by the Risk Manager, Chief Executive Officer, and the Human Resource Director. AFMC staff was given the completed and signed consent form listing approval for access to the AFMC portal.

A tour of the facility was completed with the Chief Executive Officer. The facility environment was clean and well organized. Educational classes and group activities were in session. All staff members were observed interacting calmly and therapeutically with clients throughout the facility. Staff were able to answer questions regarding the facility.

### Facility Review-Policies and Procedures:

Upon review of the site's policies and procedures, there were no deficiencies noted.

### Personnel Records- Licenses, Certifications, Training:

There was a total of thirty-one personnel records reviewed, eight (26%) professional staff and twenty-three (25%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

<b>Personnel Record Number</b>	<b>Rule</b>	<b>Credential Validated</b>	<b>Outcome</b>	<b>Reviewer Notes</b>
SR011391	241.110B	State Background Check- IP Acute	Failed	Provider lacked evidence of state background check.

### General Observations:

Provider lacked evidence of a current professional licenses for SR011397, however AFMC staff was able to obtain a verification report from the Arkansas State Board of Nursing to show a current RN licenses.

## Clinical Summary

As a part of the Quality of Care survey of the IOC, an active Fee for Service (FFS) Medicaid client list was requested, client and/or guardian interviews were conducted, and a clinical record review was completed. There were no active Medicaid clients currently admitted at the time of IOC. The following is a summary of findings and noted deficiencies.

### Client/Guardian Interviews:

No active FFS Medicaid clients currently admitted at the time of IOC. Therefore, there were no client interviews were conducted.

### Program Activity/Service Milieu Observation:

Staff and residents were observed in the classroom setting and on the unit in actively participating in group therapy. Staff were calmly interacting with residents and providing a therapeutic environment that was conducive for learning and treatment therapies.

### Medication Pass:

### General Observations:

No active FFS Medicaid clients received medications during medication pass. Due to the observation of non-Medicaid clients not being complaint with the HIPAA minimal necessary rule, no medication pass

was observed. AFMC RN visited with the Piney Ridge Treatment Center medication nurse who was able to show AFMC RN the facility policies and procedures regarding medication administration, narcotic count/reconciliation/handling, and medication discrepancies. Tour of medication room completed with the Piney Ridge Treatment Center medication nurse and no discrepancies with medication storage, cleanliness of medication room, and knowledge of medication dispensing found.

**Clinical Record Review Deficiencies:**

No active FFS Medicaid clients currently admitted at the time of IOC. Therefore, there were no clinical records reviewed.

**Corrective Action Plan:**

The CAP must be completed within 30 calendar days of the date of the email notice of the IOC reports. Please complete the attached Corrective Action Plan document and submit it via email to [InspectionTeam@afmc.org](mailto:InspectionTeam@afmc.org).

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

Respectfully,

AFMC Inspection Team  
[InspectionTeam@afmc.org](mailto:InspectionTeam@afmc.org)



1020 W. 4TH ST., SUITE 300  
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**REVISED: October 28, 2022**

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Onsite Inspection Date: October 6, 2022

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Respectfully,

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