



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

December 28, 2022

Charlotte Lockhart, Administrator
Woodridge Of Forrest City, Llc
1521 Albert St
Forrest City, AR 72335

Dear Ms. Lockhart:

On December 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 deficiency 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

tf

cc: DRA

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

PRINTED: 12/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2022
NAME OF PROVIDER OR SUPPLIER WOODRIDGE OF FORREST CITY, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335		
(X4) ID PREFIX TAG	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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
N 000	Initial Comments Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately. Complaint #AR000029294 was in compliance.	N 000			
N 134	PROTECTION OF RESIDENTS CFR(s): 483.356(c)(2) [At admission, the facility must] communicate its restraint and seclusion policy in a language that the resident, or his or her parent(s) or legal guardian(s) understands (including American Sign Language, if appropriate) and when necessary, the facility must provide interpreters or translators; This ELEMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure that a physician's order for a physical restraint was obtained and documented for 1(Client#1). The findings are: 1. Client #1 had diagnoses of Psychiatric and Unspecified bereavement.	N 134			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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

PRINTED: 12/27/2022
FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2022
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N 134	Continued From page 1 a. The Emergency Safety Intervention (ESI) log documented Client #1 was placed in a physical restraint on 11/3/22 at 8:00 p.m. b. On 12/13/22 at 3:50 p.m. the ESI packet for the restraint of Client #1 on 11/3/22 was reviewed. There was no physician order found for the restraint. c . A Nurse's Note dated 11/3/22 8:30 pm documented,"Resident (R) walked up on per 38834 threatening to physically hit him. Altercation took place. Staff removed R from dayroom to verbally process and calm R. ESI was initiated with 2 - person hold until R became calm. d. On 12/13/22 at 4:00 p.m. the Quality & Risk Director was asked if there was a physician order for the restraint for Client #1 on 11/3/22 at 8:00 p.m. The Quality & Risk Director reviewed the ESI packet and responded "no."	N 134			



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

January 9, 2023

Charlotte Lockhart, Administrator
Woodridge Of Forrest City, LLC
1521 Albert St
Forrest City, AR 72335

Dear Ms. Lockhart:

On December 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 January 10, 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,

David E. Miller for

Theresa Forrest, Reviewer
DPSQA/Office of Long Term Care
Survey & Certification Section

tf

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

APOC
01/09/2023
DM

PRINTED: 12/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/14/2022
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NAME OF PROVIDER OR SUPPLIER WOODRIDGE OF FORREST CITY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335
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N 134	PROTECTION OF RESIDENTS CFR(s): 483.356(c)(2) [At admission, the facility must] communicate its restraint and seclusion policy in a language that the resident, or his or her parent(s) or legal guardian(s) understands (including American Sign Language, if appropriate) and when necessary, the facility must provide interpreters or translators; This ELEMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure that a physician's order for a physical restraint was obtained and documented for 1(Client#1). The findings are: 1. Client #1 had diagnoses of Psychiatric and Unspecified bereavement.	N 134	Due to the nature of this incident and the potential for future impact on all current and future residents. All nursing employee's will be re-educated by the company Director of Nursing on the following information: 1. Re-education will be conducted on 01/10/2023 at 10:00am on the required documentation standards for an Emergency Safety Intervention on how to obtain and document orders from the physician. 2.D.O.N and Quality Risk Director will review and audit ESI packets daily to ensure ongoing compliance and follow-up with any delinquent documentation.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Charlotta Rockhart* TITLE *CEO* (X6) DATE *1-9-23*

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.

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

PRINTED: 12/27/2022
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N 134	Continued From page 1 a. The Emergency Safety Intervention (ESI) log documented Client #1 was placed in a physical restraint on 11/3/22 at 8:00 p.m. b. On 12/13/22 at 3:50 p.m. the ESI packet for the restraint of Client #1 on 11/3/22 was reviewed. There was no physician order found for the restraint. c. A Nurse's Note dated 11/3/22 8:30 pm documented, "Resident (R) walked up on per 38834 threatening to physically hit him. Altercation took place. Staff removed R from dayroom to verbally process and calm R. ESI was initiated with 2 - person hold until R became calm. d. On 12/13/22 at 4:00 p.m. the Quality & Risk Director was asked if there was a physician order for the restraint for Client #1 on 11/3/22 at 8:00 p.m. The Quality & Risk Director reviewed the ESI packet and responded "no."	N 134	3. D.O.N or Quality Risk Director will report ongoing compliance rates during daily leadership meeting. 4. The facility D.O.N obtained and documented a physician's order for Client #1 on 12/19/2022.	01/10/2023	



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

April 5, 2023

Charlotte Lockhart, Administrator
Woodridge Of Forrest City, Llc
1521 Albert St
Forrest City, AR 72335

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear Ms. Lockhart:

On December 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 December 28, 2022.

A revisit was conducted on March 30, 2023, and your facility was still not in substantial compliance with the following participation requirement(s):

N142- Orders For Use Restraint Or Seclusion

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.

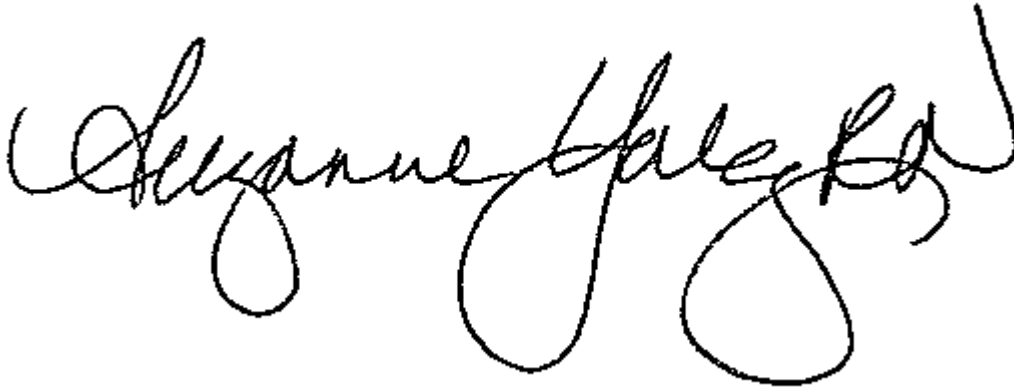
An incomplete informal dispute resolution procedure will not delay the effective date of any enforcement action or the requirement for timely submission of an acceptable plan of correction. Informal dispute resolution in no way is to be construed as a formal evidentiary hearing. It is an informal administrative 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,

A handwritten signature in black ink, reading "Suzanne Gale, RA". The signature is written in a cursive style with large, flowing loops.

DPSQA/Office of Long Term Care
Survey & Certification Section

tf

cc: DRA

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

PRINTED: 04/05/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/30/2023
NAME OF PROVIDER OR SUPPLIER WOODRIDGE OF FORREST CITY, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335		
(X4) ID PREFIX TAG	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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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N 142	<p>Continued From page 1 clients. The findings are:</p> <p>1. Client #1 had diagnosis of Attention Deficit Hyperactivity Disorder and Post Traumatic Stress Disorder.</p> <p>a. An "Emergency Safety Intervention Reporting Form" [ESI Report] dated 02/04/23 at 2012 [8:12 PM] documented Client #1 was placed in the physical restraint at 2012 [8:12 PM] and was taken out of the physical restraint at 2025 [8:25 PM] and was given Benadryl 50 mg [milligram] IM [intramuscularly]. The Physician's Order included in the ESI report documented, "...2/4/23 2020 [8:20 PM] Order for physical restraint for up to: 1 hour...; 2/4/23 2020 Order for emergency medication to Aggression toward staff and peers Medication to be given: Benadryl x's [times] 1 (one) dose; Dose 50 mg route IM..."</p> <p>b. The Medication Administration Record (MAR) documented, "...Benadryl 50 mg IM @ [at] 2025..."</p> <p>2. Client #2 had diagnoses of Major Depressive Disorder (MDD) and Trauma Subsequent Substantiated.</p> <p>a. An Incident Notification Report dated 01/13/23 documented, "...Physical Restraint (Hold)... Start 0912 [9:12 AM] Stop 0913 [9:13 AM] / 0918 [9:18 AM] to 0925 [9:25 AM] Emergency Medication Administration. Time given 0930 [9:30 AM]..."</p> <p>b. A Physician's Order Physical Restraint documented, "...Order Date: 1-13-23 Time of Order 0912 [9:12 AM] Order for physical restraint for up to: 1 hour due to aggression towards staff..."</p>	N 142			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/30/2023
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N 142	Continued From page 2 c. A Physician's Order Emergency Medication documented, "...Order Date 1-13-23. Time of Order 0912 Order for emergency Medication due to aggression towards staff. Medication to be given: Benadryl... Dose: 50 mg Route IM Medication to be given: Thorazine... Dose: 50 mg Route IM..." d. The January 2023 Medication Administration Record documented Client #2 was given Thorazine 50 milligrams (mg) and Benadryl 50 mg intramuscularly (IM) on 1/13/23 at 9:30 a.m. 3. Client #3 had diagnoses of Disruptive Mood Dysregulation Disorder (DMDD) and MDD. a. An Incident Notification Report dated 03/23/23 documented, "...Physical Restraint (Hold) Start 6:46 p [pm] Stop 6:51 pm. Emergency Medication Administration Medication(s) Benadryl 50 mg/Thorazine 25 mg Time given 6:48 p.m..." b. A Physician's Order Physical Restraint documented, "Today's Date 3/23/23 Time 1848 [6:48 PM] Order for physical restraint for up to 1 hour due to physical towards staff, yelling and kicking doors." c. A Physician's Order Emergency Medications documented, "Today's Date 3/23/23 Time 1848 Order for emergency Medication due to physical aggression toward staff kicking doors, threatening staff Medication to be give: Benadryl 50 mg... Dose X1 Route IM..." 4. On 03/30/23 at 2:57 PM, the Surveyor asked the QA [Quality Assurance] staff if the orders for a physical restraint and chemical restraint were	N 142			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/30/2023
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N 142	<p>Continued From page 3</p> <p>taken from the Physician at the same time. She stated, "...No they shouldn't..., They should try the physical restraint first, before they call for a chemical restraint..."</p> <p>5. On 03/30/23 at 2:59 PM, the Surveyor asked the Medical Director if the orders for a physical restraint and chemical restraint were given at the same time. She stated, "...Sometimes they were, but they always try a physical restraint first, and she likes for them to try at least 30 minutes before going to a chemical restraint, unless it was a severe emergent situation. She didn't automatically give orders for an injection..."</p> <p>6. On 03/30/23 at 4:00 PM, the Surveyor asked the CEO [Chief Executive Officer, RN, APN] how long nursing staff should wait between a physical restraint order and a chemical restraint order. She stated, "...At least 10 minutes..." The Surveyor asked, "Are the orders for a physical restraint and chemical restraint received at the same time?" She stated, "...No..."</p>	N 142			



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

April 14, 2023

Charlotte Lockhart, Administrator
Woodridge Of Forrest City, LLC
1521 Albert St
Forrest City, AR 72335

Dear Ms. Lockhart:

On March 30, 2023, 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 April 14, 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,

David E. Miller for

Theresa Forrest, Reviewer
DPSQA/Office of Long Term Care
Survey & Certification Section

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

APOC
04/14/2023
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{N 000}	Initial Comments	{N 000}		4/14/2023
N 142	<p>Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center. ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(c)</p> <p>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.</p> <p>This ELEMENT is not met as evidenced by: Based on record review, and interview, the facility failed to ensure an order for a physical and chemical restraint was not received at the same time for 3 (Clients #1, #2 and #3) sampled clients and a physical restraint was utilized long enough to determine its effectiveness before the administration of a chemical restraint for 1 (Client #3) of 4 (Clients #1, #2, #3 and #4) sampled</p>	N 142	<p>Perimeter Behavioral of Forrest City will conduct a mandatory re-education In-Service for all RN's and LPN's led by the facilities Director of Nursing.</p> <p>a. The re-education in-service will be conducted on 4/14/2023 at 9:00am.</p> <p>Re-education will cover the following competencies:</p> <p>a. Emergency Safety Intervention Documentation</p> <p>b. Obtaining and documenting physician orders.</p> <p>c. Review the facilities policy NS 7.13 Physician Transcribing and Authentication.</p> <p>d. Review the facilities policy NS 7.55 Emergency Safety Intervention</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Charlotta Rothman

TITLE

CEO

(X8) DATE

4-14-2023

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.

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

PRINTED: 04/05/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/30/2023
NAME OF PROVIDER OR SUPPLIER WOODRIDGE OF FORREST CITY, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335		
(X4) ID PREFIX TAG	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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
N 142	<p>Continued From page 1 clients. The findings are:</p> <p>1. Client #1 had diagnosis of Attention Deficit Hyperactivity Disorder and Post Traumatic Stress Disorder.</p> <p>a. An "Emergency Safety Intervention Reporting Form" [ESI Report] dated 02/04/23 at 2012 [8:12 PM] documented Client #1 was placed in the physical restraint at 2012 [8:12 PM] and was taken out of the physical restraint at 2025 [8:25 PM] and was given Benadryl 50 mg [milligram] IM [intramuscularly]. The Physician's Order included in the ESI report documented, "...2/4/23 2020 [8:20 PM] Order for physical restraint for up to: 1 hour...; 2/4/23 2020 Order for emergency medication to Aggression toward staff and peers Medication to be given: Benadryl x's [times] 1 (one) dose; Dose 50 mg route IM..."</p> <p>b. The Medication Administration Record (MAR) documented, "...Benadryl 50 mg IM @ [at] 2025..."</p> <p>2. Client #2 had diagnoses of Major Depressive Disorder (MDD) and Trauma Subsequent Substantiated.</p> <p>a. An Incident Notification Report dated 01/13/23 documented, "...Physical Restraint (Hold)... Start 0912 [9:12 AM] Stop 0913 [9:13 AM] / 0918 [9:18 AM] to 0925 [9:25 AM] Emergency Medication Administration. Time given 0930 [9:30 AM]..."</p> <p>b. A Physician's Order Physical Restraint documented, "...Order Date: 1-13-23 Time of Order 0912 [9:12 AM] Order for physical restraint for up to: 1 hour due to aggression towards staff..."</p>	N 142	<p>Continued from page #1</p> <p>e. The facilities Director of Nursing and Quality Risk Director will conduct daily chart audits including client #1, client #2, and client #3 to ensure 100% compliance on documentation use for Emergency Safety Interventions.</p> <p>f. The D.O.N will discuss the daily compliance rate in Quality/Safety Meeting for continued ongoing compliance.</p> <p>g. Compliance rates will be documented and submitted in the organizations monthly Quality Patient Dashboard.</p>	4/14/2023	

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NAME OF PROVIDER OR SUPPLIER WOODRIDGE OF FORREST CITY, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335	
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N 142	Continued From page 2 c. A Physician's Order Emergency Medication documented, "...Order Date 1-13-23. Time of Order 0912 Order for emergency Medication due to aggression towards staff. Medication to be given: Benadryl... Dose: 50 mg Route IM Medication to be given: Thorazine... Dose: 50 mg Route IM..." d. The January 2023 Medication Administration Record documented Client #2 was given Thorazine 50 milligrams (mg) and Benadryl 50 mg intramuscularly (IM) on 1/13/23 at 9:30 a.m. 3. Client #3 had diagnoses of Disruptive Mood Dysregulation Disorder (DMDD) and MDD. a. An Incident Notification Report dated 03/23/23 documented, "...Physical Restraint (Hold) Start 6:46 p [pm] Stop 6:51 pm. Emergency Medication Administration Medication(s) Benadryl 50 mg/Thorazine 25 mg Time given 6:48 p.m..." b. A Physician's Order Physical Restraint documented, "Today's Date 3/23/23 Time 1848 [6:48 PM] Order for physical restraint for up to 1 hour due to physical towards staff, yelling and kicking doors." c. A Physician's Order Emergency Medications documented, "Today's Date 3/23/23 Time 1848 Order for emergency Medication due to physical aggression toward staff kicking doors, threatening staff Medication to be give: Benadryl 50 mg... Dose X1 Route IM..." 4. On 03/30/23 at 2:57 PM, the Surveyor asked the QA [Quality Assurance] staff if the orders for a physical restraint and chemical restraint were	N 142		4/14/2023

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NAME OF PROVIDER OR SUPPLIER WOODRIDGE OF FORREST CITY, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1521 ALBERT ST FORREST CITY, AR 72335		
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N 142	<p>Continued From page 3</p> <p>taken from the Physician at the same time. She stated, "...No they shouldn't..., They should try the physical restraint first, before they call for a chemical restraint..."</p> <p>5. On 03/30/23 at 2:59 PM, the Surveyor asked the Medical Director if the orders for a physical restraint and chemical restraint were given at the same time. She stated, "...Sometimes they were, but they always try a physical restraint first, and she likes for them to try at least 30 minutes before going to a chemical restraint, unless it was a severe emergent situation. She didn't automatically give orders for an injection..."</p> <p>6. On 03/30/23 at 4:00 PM, the Surveyor asked the CEO [Chief Executive Officer, RN, APN] how long nursing staff should wait between a physical restraint order and a chemical restraint order. She stated, "...At least 10 minutes..." The Surveyor asked, "Are the orders for a physical restraint and chemical restraint received at the same time?" She stated, "...No..."</p>	N 142		4/14/2023	