



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

May 9, 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 Of Restraint Or Seclusion

A revisit was conducted on April 25, 2023, and your facility was still not in substantial compliance with the following participation requirement(s):

N142 Orders For Use Of Restraints 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.

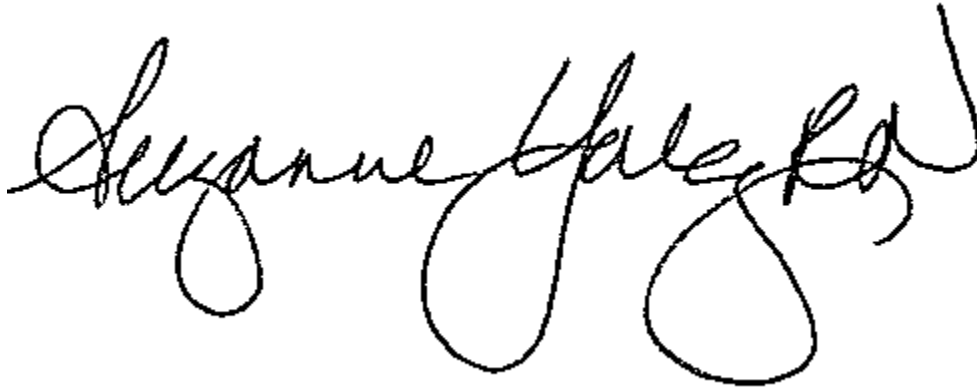
Please submit your request to:

**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, appearing to read "Suzanne Gale". 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: 05/09/2023
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 04/25/2023
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 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. The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center.	{N 000}			
{N 142}	ORDERS FOR USE OF RESTRAINT OR 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. This ELEMENT is not met as evidenced by: Based on record review, and interview, the facility failed to ensure an order for a physical restraint and a chemical restraint was not received at the same time for 2 (Clients #1 and #2) sampled clients. The findings are: 1. Client #1 had diagnoses of Attention Deficit Hyperactivity Disorder (ADHD) and Post	{N 142}			

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 Traumatic Stress Disorder (PTSD).</p> <p>a. An Incident Notification Report dated 04/15/23 documented, "...Physical Restraint (Hold) start 1318 [1:18 PM] Stop 1332 [1:32 PM] Emergency Medication Administration Medication(s) Administered Thorazine/Benadryl Time Given: 1321 [1:21 PM]..."</p> <p>b. A Physician Order Physical Restraint documented, "Order Date: 1323 [1:23 PM] Time of Order 4/15/23 Order for physical restraint for up to: 1 hour due to aggression... by [Licensed Practical Nurse (LPN) #1's]..."</p> <p>c. A Physician Order Emergency Medication documented, "Today's Date 4/15/23 Time 1325 [1:25 PM] Order for emergency Medication due to aggression Medication to be given: Thorazine... Dose: 50 mg [milligram] Route [Intramuscular]... by [LPN #1].</p> <p>2. Client #2 had a diagnosis of Disruptive Mood Dysregulation Disorder (DMDD).</p> <p>a. An Incident Notification Report dated 04/16/23 documented, "...Physical Restraint (Hold) start 1305 [1:05 PM] Stop:1313 [1:13 PM] Emergency Medication Administration Medication(s) Administered: Benadryl 50 mg/Thorazine 50 mg. Time given 1305 [1:05 PM]..."</p> <p>b. A Physician Order Physical Restraint Order documented, "Order Date 4-16-23 Time of Order 1305 Order for physical restraint for up to 1 hour due to physical aggression towards staff... by [Registered Nurse (RN) #1]..."</p> <p>c. A Physician Order Emergency Medication</p>	{N 142}			

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{N 142}	<p>Continued From page 2</p> <p>documented, "Today's Date 4-16-23 Time 1305 Order for emergency Medication due to phys [physical] aggression toward staff Medication to be given Benadryl... Dose: ...50 mg Route: IM... by [RN #1]..."</p> <p>3. On 04/25/23 at 12:00 PM, the Surveyor asked the Chief Executive Officer (CEO) how long nursing staff should wait between a physical restraint order and a chemical restraint order. She stated, "Ten minutes."</p> <p>4. On 04/25/23 at 1:24 PM, the Surveyor asked the Director of Nursing (DON) if she did the nurses inservice. She stated, "Yes." The Surveyor asked if part of the inservice was that physical ESI (Emergency Safety Intervention) order and emergency medicine orders should not be obtained at the same time. She stated, "Yes. I had to put that part on there, it was new, since the last survey."</p> <p>5. The Nurse Meeting Agenda for 04/13/23 documented, "...Obtaining ESI Orders - 1. Nurse is notified of initiation of ESI. The Nurse calls [Physician] to obtain order for the physical ESI. 2. If the restraint continues for 10 minutes or longer, The Nurse contacts [Physician] for additional orders. 3. If order received include emergency medications, The Nurse is to carry out orders by: Writing a separate order for emergency medications to include date, time, & rationale Administer medication if client continues to be a danger to self or others... *Physical ESI orders and Emergency medicine orders should not be obtained at the same time, therefore the orders should not have the same times documented for "time received"."</p>	{N 142}			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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{N 142}	Continued From page 3 6. A Sign In Sheet for the Nurse Training, dated 4/13/2023, contained both LPN #1's and RN #1's names and signatures.	{N 142}		



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P.O. Box 8059, Slot S404
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May 16, 2023

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

Dear Ms. Lockhart:

On April 25, 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 May 15, 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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APOC
05/16/2023
DM

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{N 142}	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) 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. This ELEMENT is not met as evidenced by: Based on record review, and interview, the facility failed to ensure an order for a physical restraint and a chemical restraint was not received at the same time for 2 (Clients #1 and #2) sampled clients. The findings are: 1. Client #1 had diagnoses of Attention Deficit Hyperactivity Disorder (ADHD) and Post	{N 142}	Perimeter Behavioral of Forrest City will conduct a mandatory re-education In-Service for all LPN' and RN's. This in-service will be led by the facilities Director of Nursing. a. The re-education in-service will be conducted on 5/15/2023 at 9:00am. The in-service will cover the following competencies: a. Reviewing daily nursing processes b. Emergency Safety Intervention Documentation. c. Obtaining and documenting physician orders.	

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

Charlotte Rockhart

TITLE

CEO

(X8) DATE

5-16-23

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