

August 31, 2023

**REVISED: September 25, 2023**

Piney Ridge Treatment Center  
4253 N Crossover Rd  
Fayetteville, AR 72703-4593

The Division of Provider Services and Quality Assurance (DPSQA) 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 Services for Under 21. The Medicaid Manual for Inpatient Psychiatric Services for Under Age 21 was used in the completion of this report.

Observations and any deficiencies noted are listed below for the inspection conducted at the following service site on the following date:

**Piney Ridge Treatment Center**  
**Provider Medicaid ID:** [REDACTED]  
Onsite Inspection Date: August 29, 2023  
Onsite Inspection Time: 8:51 a.m.

A summary of the inspection and any deficiencies noted are outlined below.

The provider must submit a Corrective Action Plan (CAP) designed to correct any deficiency noted 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 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 follow the link provided in the email notice to submit either a Reconsideration or CAP for the inspection, all via AccessPoint.

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. AFMC staff signed in on the visitor log and copies of badges were made by receptionist. AFMC was immediately taken to a conference room where they were met by the Risk Manager. AFMC staff was given the completed and signed consent form listing approval for access to the AFMC portal. At this time the AFMC staff discussed the Inspection of Care process and the Document Request form with the Risk Manager.

A tour of the facility was completed with the Risk Manager. The areas toured included the gymnasium, two classrooms in the gymnasium area, five classrooms in the education hallway, two game rooms, two outside courtyards, cafeteria, four client units, the nurses' station, and the medication room. Overall, the facility environment was in good repair and well organized. The following is a list of environmental observations noted during the facility tour.

- Classrooms were well-organized and free of clutter. Educational classes and group activities were in session in the classrooms. The staff to client ratio was adequate. Most clients were engaged in educational activities. In several of the classrooms there were two to three clients with their heads down on the desks with eyes closed and appeared to be asleep.
- The cafeteria was noted to have food on the tables and in the floor left from breakfast. Housekeeping had just started to clean up as AFMC staff was walking through this area.
- In the food service area, there were boxes of soda flavoring sitting on a shelf just above the floor next to the soda machine. The tubes that connect the flavoring to the machine were hanging off the shelf causing a potential hazard. There was one bag of soda flavoring that was out of the box and lying on the floor in the walkway. This bag was connected to the soda machine. AFMC staff informed facility staff of the potential for contamination. The Risk Manager immediately reported this concern to appropriate facility staff so the bag could be removed, and machine appropriately cleaned.
- There was a multipurpose room just outside of the units that was currently closed due to a resident having kicked a hole in the wall and pulled the sprinkler down. The facility is awaiting repairs prior to opening this room back up for use.
- Three out of four of the units there were items cluttered on the floor, food wrappers, and trash on all units in the common areas, client rooms, and bathrooms. Housekeeping had not made it to these units at the time of the facility tour. The first unit toured was being cleaned while AFMC staff was on unit and was noted to be much tidier than the other units.
- In several client rooms and bathrooms, the client's hygiene totes had been left open on the floor. Facility staff stated these totes were not allowed to be left in the rooms for the safety of the clients.
- One unit of older girls had two rooms directly across the hallway from each other being utilized for several of the girls who were in isolation due to positive covid tests. The doors to both rooms were opened with staff sitting in the hallway monitoring the clients. Staff in direct contact were noted to be wearing masks. Not all staff and clients on this unit were noted to be wearing masks.
- Two outside courtyards were toured with noticeable updates since the last IOC visit. There are now several concrete pads with basketball goals and a gaga ball pit that have been added for recreational activities. The garden area has been moved to a locked gated area in the main courtyard and is supervised by staff when utilized by clients. Both courtyards were well maintained with no safety issues noted.

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, procedures, and certification requirements, there were no deficiencies noted.

#### Observations:

AFMC staff reviewed the final document request form with the Chief Executive Office, the Chief Operations Officer, and the Risk Manager at the completion of the on-site Inspection of Care. The provider signed the acknowledgement of manual requirements that were made available in the provider's policy and procedures. AFMC staff explained that these findings were preliminary and there was still an off-site portion to be completed.

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

There was a total of 30 personnel record(s) reviewed, eight (26%) professional and 22 (25%) paraprofessional. During the review of the personnel records, there were no deficiencies noted.

#### 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. The following is a summary of findings and noted deficiencies.

#### Client/Guardian Interviews:

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

#### Clinical Record Review Deficiencies:

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

#### Program Activity/Service Milieu Observation:

Clients were observed in multiple classrooms and in a group therapy session in the common area on one unit. Staff were engaged with the clients and were providing a therapeutic environment that was conducive to learning.

#### Medication Pass:

No active FFS Medicaid clients received medications during medication pass. Due to the observation of non-Medicaid clients not being compliant 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.

The tour of the medication room was completed with the Piney Ridge Treatment Center medication nurse. The medication room was clean and well-organized in a way to provide safety in medication administration. There were two vials of tuberculin skin test found to be open in the medication refrigerator. Both vials were not labeled with the date they were opened or with the initials of the nurse who opened them. This was reported immediately to the Director of Nursing who removed both vials and disposed of them properly. No other issues were noted during the medication room tour.

#### Corrective Action Plan:

The CAP must be completed within 30 calendar days of the date of the email notice of the IOC reports. Additionally, any findings that were noted in any Health and Safety Inspection(s), which are governed by certification rules and requirements, are shared with DPSQA and may result in other remedial actions, by DPSQA, if warranted.

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

Respectfully,

Inspection of Care Team  
InspectionTeam@afmc.org



Improving **health care**. Improving **lives**.

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LITTLE ROCK, AR 72201 • [afmc.org](http://afmc.org)

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Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR014712	241.100B	State Background Check	Failed	No file received

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LITTLE ROCK, AR 72201 • afmc.org





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## CAP-0007191

### Corrective Action Plan Details

CAP Number	CAP-0007191	Provider Response Due
Inspection	DPSQA-0007191	AFMC Response Due
Status	Approved	Due Date Override
Cancellation Reason		
Date Requested	9/7/2023	

### CAP Approval Process

Submitted Date	9/25/2023	Submitted By	
CAP Returned Date/Time			
Approved Date	9/27/2023	Approved By	

### Request for Reconsideration

Recon Submitted Date	9/25/2023 11:43 AM	Recon Submitted By	
Recon Reviewed Date/Time	9/25/2023 3:29 PM	Recon Reviewed By	
Revised Report Sent	9/25/2023	Recon Review Results	Of the 1 requests for reconsideration submitted: 0 were upheld. 1 was overturned.

### Notes

Provider Overdue	<input type="checkbox"/>
AFMC Overdue	<input type="checkbox"/>
CAP Response Notes	<p>For this CAP: Of the 1 deficiency areas submitted: 1 plan(s) have been approved as submitted 0 were rejected and will need changes</p> <p>Outcome: This CAP was Approved.</p> <p>Overall Feedback: Thank you for your response.</p>
Timeliness Notes	
Next Step:	Your CAP has been accepted by AFMC. AFMC recommends you download a copy of your accepted CAP for your records by selecting the Printable View button in the top right-hand corner.

### Followup

Require Followup	<input type="checkbox"/>
Followup Date	

**System Information**

Created By [REDACTED] 9/7/2023 2:13 PM

Last Modified By [REDACTED] 9/27/2023 12:01 PM

**Deficiency Areas****Med Pass/Administration**

Origin	Survey
Regulation	
Instances	1
Corrective Action	The identified charge nurse will check open vial/s for appropriate date of opening and expiration date. The charge nurse will complete the daily check off sheet and submit to the Director of Nursing. The Director of Nursing will report in monthly PI meeting until compliance of 90% is obtained three months in a row.
Person Responsible	Director of Nursing
Completion Date	1/1/2024

**State Criminal Background Check - IP Acute Para-professional**

Origin	Credential Validation
Regulation	
Instances	0
Corrective Action	
Person Responsible	
Completion Date	

**Deficiencies****DEF-0085651**

Status	Accepted
Related To	SURVEY-0006525
Regulation	
Deficiency Statement	Multi-dose vial facility policy was not followed.
Service Details	Two TB skin test vials were found to be open in the medication refrigerator. Both vials were not labeled with the date they were opened or with the initials of the nurse who opened them. This was reported immediately to the Director of Nursing who removed both vials and disposed of them properly.

**DEF-0085765**

Status	Overtured
Related To	SR014712
Regulation	
Deficiency Statement	Failed Validation
Service Details	No File Received

**CAP History****9/27/2023 12:01 PM**

User	[REDACTED]
Action	Changed Next Step:. Changed Record Type from Submitted to Completed. Changed CAP Response Notes. Changed Approved Date to 9/27/2023. Changed Approved By to [REDACTED] Changed Status from Submitted to Approved.

**9/25/2023 4:06 PM**

User	[REDACTED]
Action	Changed Submitted Date to 9/25/2023. Changed Submitted By to [REDACTED] Changed Next Step:. Changed Record Type from Recon Reviewed to Submitted. Changed Status from Recon Reviewed to Submitted.

**9/25/2023 3:29 PM**

User	[REDACTED]
Action	Changed Next Step:. Changed Record Type from Recon Requested to Recon Reviewed. Changed Recon Review Results. Changed Recon Reviewed Date/Time to 9/25/2023 3:29 PM. Changed Recon Reviewed By to [REDACTED]

**Changed Status from Recon Requested to Recon Reviewed.**

**9/25/2023 11:43 AM**

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User

**Changed Next Step: Changed Record Type from Requested to Recon Requested. Changed Recon Submitted By to [REDACTED] Changed Recon Submitted Date to 9/25/2023 11:43 AM. Changed Reconned from false to true. Changed Status from Requested to Recon Requested.**

**9/7/2023 2:14 PM**

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User

**Changed Next Step: Changed Record Type from New to Requested. Changed Date Requested to 9/7/2023. Changed Status from New to Requested.**

**9/7/2023 2:13 PM**

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User

**Created.**

Action

**Files**

**IOC Report - Piney Ridge Treatment Center - Fayetteville  
8 31 23 REVISED**

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Last Modified **9/25/2023 3:29 PM**

Created By **Service Account**

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