



Placement and Residential Licensing Unit

P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437

P: 501.682.8590 F: 501.683.6060 TDD: 501.682.1550

Notice of Serious Incident

Case Number: 020396

Date of Incident: 4/7/2024

Date Received: 4/8/2024

Facility Name: Neurorestorative Timber Ridge

Facility Number: 102

Incident Type: Dual

Report Description: On 4/7/24 at around 6pm [REDACTED] was engaged in a behavioral outburst during the outburst scratches appeared on his face. The documentation reads that the staff were trying to assist him with staying safe and in the midst of it his face was scratched by staff [REDACTED] When case manager and residential supervisor asked client this morning what happened he stated what was above. When he was pulled for therapy he said the staff did it ?on purpose?. The therapist asked what does it mean when he says they did it ?on purpose? and he said that during the outburst she was scratching his face. During the incident the staff to client ratio was 5:11. [REDACTED]

[REDACTED] Since he is from [REDACTED] [REDACTED] We have notified the guardian and funder on this incident. [REDACTED] is currently suspended.

Interim Action Narrative: [REDACTED] Staff member has been suspended.

Maltreatment Narrative: On 4/7/24 at around 6pm [REDACTED] was engaged in a behavioral outburst during the outburst scratches appeared on his face. The documentation reads that the staff were trying to assist him with staying safe and On 4/7/24 at around 6pm [REDACTED] was engaged in a behavioral outburst during the outburst scratches appeared on

his face. The documentation reads that the staff were trying to assist him with staying safe and

Licensing Narrative: Program Coordinator reviewed complaint for licensing concerns. Program Coordinator will inquire about investigator and request permission to contact the facility. Program Coordinator will inquire about camera footage. Program Coordinator checked CHRIS no investigator has been assigned as of today. Facility reported no cameras. Program Coordinator inquired about documentation (nursing note, witness statements, and other staff involved). Facility provided documentation. 4/11/2024- Case has now been assigned to an investigator, email sent requesting permission. Program Manager spoke with the facility and requested documentation showing both staff involved in this incident had been trained in de-escalation and restraints. The facility provided the PRLU with CPI training certificates for both staff. The facility stated that the staff did not put the resident in a restraint, but instead used an L2 seated. The facility explained this to the PRLU that it means the staff placed their hands on the child without applying force or restricting movement. This is to ensure the child does not harm themselves, others or property. 4/12/2024-Permission to contact was received by the assigned investigator. 4/15/24-Facility visited in response to complaint that staff [REDACTED] injured client [REDACTED] during an incident. Witness Statements from A/O staff [REDACTED] and witness [REDACTED] reviewed. No other staff witnessed the incident. Statements do not indicate that either staff scratched [REDACTED] during incident. Both witness statements indicate that [REDACTED] had banged his head against a chair. [REDACTED] interviewed. No observable scratch today. When asked if [REDACTED] could tell what happened when he got his faced scratched "I don't know". [REDACTED] stated he liked the food at facility. [REDACTED] stated facility staff were nice. [REDACTED] was given the opportunity to share any facility issues he would like at which time he explained levels, indicating that he was a level 2 and aiming for a level 4. [REDACTED] was given the opportunity again to speak about the incident when he got his face scratched which he declined. Staff [REDACTED] placed in administrative leave pending investigation. Licensing is not prepared to make a finding at this time.



Division of Child Care & Early Childhood Education
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521 Visit Compliance Report

Licensee: Neurorestorative Timber Ridge

Facility Number: 102

Licensee Address: 15000 TIMBERRIDGE LANE
BENTON AR 72019

Licensing Specialist: Clayton DeBoer

Person In Charge:

Record Visit Date: 4/15/2024

Home Visit Date: 4/15/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

4/15/24-Facility visited in response to complaint that staff [REDACTED] injured client [REDACTED] during an incident. Witness Statements from A/O staff [REDACTED] and witness [REDACTED] reviewed. No other staff witnessed the incident. Statements do

not indicate that either staff scratched [REDACTED] during incident. Both witness statements indicate that [REDACTED] had banged his head against a chair.

[REDACTED] interviewed. No observable scratch today. When asked if [REDACTED] could tell what happened when he got his faced scratched "I don't know". [REDACTED] stated he liked the food at facility. [REDACTED] stated facility staff were nice. [REDACTED] was given the opportunity to share any facility issues he would like at which time he explained levels, indicating that he was a level 2 and aiming for a level 4. [REDACTED] was given the opportunity again to speak about the incident when he got his face scratched which he declined. Staff [REDACTED] placed in administrative leave pending investigation.

Licensing is not prepared to make a finding at this time.

Provider Comments:

CCL Staff Signature :

Date: 4/15/2024



Provider Signature :

Date: 4/15/2024





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521 Visit Compliance Report

Licensee: Neurorestorative Timber Ridge

Facility Number: 102

Licensee Address: 15000 TIMBERRIDGE LANE
BENTON AR 72019

Licensing Specialist: Clayton DeBoer

Person In Charge: Kenleigh Bennett

Record Visit Date: 5/31/2024

Home Visit Date: 5/31/2024

Purpose of Visit: Revisit Complaint

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Licensing complaint case#020396 was investigated and determined to be unfounded.

Provider Comments:

CCL Staff Signature :

Date: 5/31/2024



Provider Signature :

Date: 5/31/2024