

## **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: 022639

Date of Incident: 7/17/2024

**Date Received: 7/17/2024** 

Facility Name: Neurorestorative Timber Ridge

Facility Number: 102

Incident Type:

Report Description:				
The summary of the incident is below: Client was making loud noises in an				
attempt to provoke another client. Staff utilized verbal de-escalation skills however the				
intervention was not effective. Team lead, then intervened to assist the				
client away from the one he was trying to provoke. Team lead pre-taught client				
about going to his room, but client went and sat on the couch. Client got up off of the				
couch, independently, and started walking towards his room. Client stopped at the				
beginning of the hallway and began to be aggressive towards team lead. Staff,				
, came to assist team lead, and when she went in to intervene, client turned and				
spat in staff, slapped client in				
the back of the head/neck area with an open hand. Staff, then tried to hit the				
client a second time when client fell to the ground, but witness, team lead, unsure if she				
made contact, but team lead was attempting to move closer to staff, Shundra, and client to				
intervene and maintain safety. Client attempted to kick staff but team lead moved				
staff back when the staff reach to attempt to hit client again. Team lead unsure if staff made				
contact to the client. When team lead intervened he asked staff to step away. Team				
lead went with client to his room and switched out with a different staff,				
and immediately notified Director, Director directed team lead to send				
staff home and off of premises. complied and left. This				
client is . Staff to client ratio was 4:4 and this occurred in the RSPD				
program.				

Interim Action Narrative: A/O was suspended pending certain termination.

Licensing Narrative: 7/17/24-Witness statements, case manager notes, nursing notes and prior proof of trainings for A/O sent to licensing and reviewed. Witness statements support allegation did indeed occur. Facility cited 109.1g and 404.4h.



## **Division of Child Care & Early Childhood Education**

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

P: 501.508.8910 F: 501.683.6060 TDD: 501.682.1550

## **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: 7/17/2024
Home Visit Date: 7/17/2024
Purpose of Visit: Complaint Visit
Regulations Out of Compliance:
Regulations Needing Technical Assistance:
Regulation Not Applicable:
Regulations Not Correctable:
Regulation Number: 100.109.1.g
<b>Regulation Description:</b> Unprofessional conduct in the practice of child welfare activities shall include, but no limited to the following:
Finding Description: Witness statement support that staff slapped client in the back of the head/neck area with an open hand.

Action Due Date: 2024-07-17					
Action Due Description: Staff immediately suspended pending certain termination.					
Comply Date:					
<b>Sub-Regulation Level 1 Description:</b> Engaging in behavior that could be viewed as sexual, dangerous exploitative, or physically harmful to children.					
Action Due Description: Staff immediately suspended pending certain termination.					
Regulation Number: 400.404.4.h					
Regulation Description: The following actions shall not be used, including as discipline:					
Finding Description: Witness statements support that staff slapped client in the back of the head/neck area with an open hand.					
Action Due Date: 2024-07-17					
Action Due Description: Staff suspended pending certain termination.					
Comply Date:					
Sub-Regulation Level 1 Description: Physical injury or threat of bodily harm;					
Action Due Description: Staff support suspended pending certain termination.					
Narrative:					
No site visit conducted. This is to document response to complaint that slapped client in the back of the head/neck area with an open hand. Alleged incident occurred at Neurorestorative Timber Ridge Americana Residential House. Facility provided licensing with nursing notes, staff witness statements and case management notes which were all reviewed. Witness statements support that alleged incident did indeed occur. Facility cited 109.1g and 404.4h. Prior de-escalation and CPI training for A/O provided to licensing. Staff was immediately suspended pending certain termination.					
Provider Comments:					
CCL Staff Signature : Date: 7/17/2024					
Maa					
Provider Signature : Date: 7/17/2024					