



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: 021805

Date of Incident: 6/6/2024

Date Received:6/7/2024

Facility Name: Piney Ridge Treatment Center

Facility Number:203

Incident Type: Dual

Report Description: On 6/6/24 at approximately 1520, [REDACTED] reported that on the weekend of 5/25/24-5/26/24 (unclear on which day), he was awoken by [REDACTED] groping his private area over clothing and over his blankets while he was sleeping. [REDACTED] noticed their other roommate, [REDACTED] watching the interaction from his bed. [REDACTED] told [REDACTED] to get off of him and that he doesn't like that. [REDACTED] reportedly immediately stopped and got back in his bed with no further incident. The next morning, other roommate [REDACTED] [REDACTED] approached [REDACTED] to tell him that he was the one who told [REDACTED] to grope him and laughed it off like it was a joke. When [REDACTED] and [REDACTED] spoke with [REDACTED] about the incident, he denied ever engaging in SAO behavior with any resident. Neither resident [REDACTED] nor [REDACTED] are reliable sources. [REDACTED] denies knowing what the motive would be, sexual or horseplay. [REDACTED] [REDACTED] visited with [REDACTED] late this afternoon. [REDACTED] denied that any sexual behavior occurred. At this point [REDACTED] will have a single room to be assessed at a later date. All residents involved will process with primary therapist.

Interim Action Narrative:

[REDACTED]

[REDACTED]

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Licensing Narrative: 6/11/2024 - The provider reported incident was reviewed by the licensing specialist. Licensing specialist will obtain permission [REDACTED] to follow up with the facility regarding the incident. Permission received [REDACTED] to follow up with the facility regarding the report. 6/12/2024 - Licensing specialist conducted a visit at the facility to review supervision and bed check q-15 documentation. Facility will send documentation for the logged bed checks for incident dates for the report 6/13/2024 - Q15 logs have been uploaded to ELS 6/28/2024 - Findings 521 inspection report sent to the facility for signature. 7/1/2024, Approved by Program Coordinator. Case complete.



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

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## 521 Visit Compliance Report

**Licensee:** Piney Ridge Treatment Center

**Facility Number:** 203

**Licensee Address:** 2805 E ZION RD  
FAYETTEVILLE AR 72703

**Licensing Specialist:** Jarred Parnell

**Person In Charge:**

**Record Visit Date:** 6/12/2024

**Home Visit Date:** 6/12/2024

**Purpose of Visit:** Complaint Visit

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

6/12/2024 - A visit was conducted at the facility to speak with staff regarding case # 021805.

Licensing specialist spoke to facility staff regarding the reported incident. There is no video footage available for review. Bed check logs were requested from the facility review. The safety plan enacted for the residents is separation of the residents.

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

**Provider Comments:**

CCL Staff Signature :

Date: 6/25/2024

Provider Signature :

Date: 6/25/2024



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**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

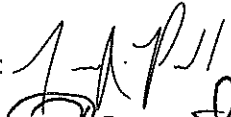
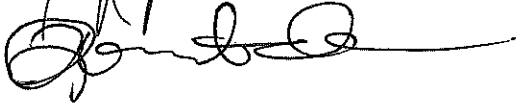
**Narrative:**

6/12/2024 - A visit was conducted at the facility to initiate and follow up with complaint #021805. The incident was discussed with facility staff. Bed check logs were reviewed and sent to licensing. Video footage

of the incident is not available for review. The residents have been separated and no longer in the same bedroom.

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

**Provider Comments:**

CCL Staff Signature :   
Provider Signature : 

Date: 6/20/2024

Date: 6/20/2024



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**Facility Number:** 203

**Licensee Address:** 2805 E ZION RD  
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**Licensing Specialist:** Jarred Parnell

**Person In Charge:**

**Record Visit Date:** 6/28/2024

**Home Visit Date:** 6/28/2024

**Purpose of Visit:** Complaint Visit

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**


**Narrative:**

No in-person licensing visit completed on 6/28/2024.


Licensing Specialist received a complaint on 6/7/2024 for ELS Case #021805.

This complaint has been **UNFOUNDED** by licensing.

**Provider Comments:**

CCL Staff Signature : 

Date: 6/28/2024

Provider Signature : 

Date: 6/28/2024