ARKANSAS DEPARTMENT OF HUMAN SERVICES

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

June 18, 2024

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

Dear Ms. Lockhart:

On June 7, 2024, a Recertification, and Complaint Investigation survey was conducted at your facility by the Office of Long Term Care to determine if your facility was in compliance with Federal requirements for Psychiatric Residential Treatment Facilities participating in the Medicaid (Title XIX) Program. This survey found that your facility had deficiencies requiring correction/substantial correction prior to a revisit as specified in the attached CMS-2567.

Plan of Correction

A POC must be submitted within 10 calendar days of you receipt of the Statement of Deficiencies. Failure to submit a POC may result in termination. Include a completion date for each deficiency cited.

Theresa Forrest, 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.

Your Plan of Correction must also include the following:

a. Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice;

b. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;

c. Address what measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur;

d. 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.

e. 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 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
ADH.HFS@Arkansas.gov

If you have any questions, please contact your Reviewer.

Sincerely,

Jeff Rosenbaum

DPSQA/Office of Long Term Care
Survey & Certification Section

tf

cc: DRA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04L115	A. BUILDING _____ B. WING _____	C 06/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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. A 5 year Validation survey was conducted from 06/03/2024 through 06/07/2024. Complaint #AR00033421, was not in compliance, all or in part, with deficiencies cited at N0142 and N0156. 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	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	Continued From page 1	N 142		

failed to ensure an order for a physical and chemical restraint were not received at the same time for 5 (Clients #1, #4, #5, #8 and #9) case mix clients.

The findings are:

1. Client #1 had diagnoses of disruptive mood dysregulation disorder and attention deficit hyperactivity disorder.

a. The "Physician Order Physical Restraint" form dated 10/01/2023 was reviewed and read in part, "Order date: 10/01/2023, Time of order: 1950 [7:50 PM]..., From: [Physician's Name]".

b. The "Physician Order Emergency Medication" order form dated 10/01/2023 was reviewed and read in part, "Today's date: 10/01/2023..., Time: 1950..., Benadryl 100 mg [milligram]..., Thorazine 50 mg..., From: [Physician's Name]".

c. The "Physician Order Physical Restraint" form dated 11/05/2023 was reviewed and read in part, "Order date: 11/05/2023, Time of order: 1445 [2:45 PM]..., From: [Physician's Name]".

d. The "Physician Order Emergency Medication" order form dated 11/05/2023 was reviewed and read in part, "Today's date: 11/05/2023..., Time: 1445..., Benadryl 50 mg..., Zyprexa 10 mg..., From: [Physician's Name]".

2. Client #4 had diagnoses of generalized anxiety disorder, attention deficit hyperactivity disorder and post traumatic stress disorder.

a. The "Physician Order Physical Restraint" form dated 05/04/2024 was reviewed and read in part

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"Order date: 05/04/2024, Time of order: 0325 [3:25 AM]..., From: [Physician's Name]".

b. The "Physician Order Emergency Medication" order form dated 05/04/2024 was reviewed and read in part "Today's date: 05/04/2024..., Time: 0325..., Thorazine 25 mg..., Benadryl 25 mg..., From: [Physician's Name]".

3. Client #5 had diagnosis of major depressive disorder, severe with psychotic features, and generalized anxiety disorder.

a. The "Physician Order Physical Restraint" form dated 12/09/2023 was reviewed and read in part "Order date: 12/09/2023, Time of order: 1949 [7:49 PM]..., From: [Physician's Name]".

b. The "Physician Order Emergency Medication" order form dated 12/09/2023 was reviewed and read in part "Today's date: 12/09/2023..., Time: 1949..., Benadryl 25 mg..., Thorazine 25 mg..., From: [Physician's Name]".

4. Client #8 had diagnosis of major depressive disorder, severe with psychotic features, and generalized anxiety disorder.

a. The "Physician Order Physical Restraint" form dated 04/01/2024 was reviewed and read in part "Order date: 04/01/2024, Time of order: 2022 [10:22 PM]..., From: [Physician's Name]".

b. The "Physician Order Emergency Medication" order form dated 04/01/2024 was reviewed and read in part "Today's date: 04/01/2024..., Time: 2022..., Benadryl 25 mg..., Thorazine 25 mg..., From: [Physician's Name]".

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c. The "Physician Order Physical Restraint" form dated 04/12/2024 was reviewed and read in part "Order date: 04/12/2024, Time of order: 0927 [09:27 AM]..., From: [Physician's Name]".

d. The "Physician Order Emergency Medication" order form dated 04/12/2024 was reviewed and read in part "Today's date: 04/12/2024..., Time: 0927..., Benadryl 50 mg..., Thorazine 25 mg..., From: [Physician's Name]".

e. The "Physician Order Physical Restraint" form dated 04/26/2024 was reviewed and read in part "Order date: 04/26/2024, Time of order: 1545 [3:45 PM]..., From: [Physician's Name]".

f. The "Physician Order Emergency Medication" order form dated 04/26/2024 was reviewed and read in part "Today's date: 04/26/2024..., Time: 1545..., Thorazine 25 mg..., Benadryl 50 mg..., From: [Physician's Name]".

g. The "Physician Order Physical Restraint" form dated 05/08/2024 was reviewed and read in part "Order date: 05/08/2024, Time of order: 1805 [6:05 PM]..., From: [Physician's Name]".

h. The "Physician Order Emergency Medication" order form dated 05/082024 was reviewed and read in part "Today's date: 05/08/2024..., Time: 1805..., Zyprexa 10 mg..., Benadryl 50 mg [milligram]..., From: [Physician's Name]".

i. The "Physician Order Physical Restraint" form dated 05/17/2024 was reviewed and read in part "Order date: 05/17/2024, Time of order: 1521 [3:21 PM]..., From: [Physician's Name]".

j. The "Physician Order Emergency Medication"

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order form dated 05/17/2024 was reviewed and read in part "Today's date: 05/17/2024..., Time: 1521..., Thorazine 50 mg..., Benadryl 50 mg..., From: [Physician's Name]".

5. Client #9 had diagnosis of

a. The "Physician Order Physical Restraint" form dated 10/08/2023 was reviewed and read in part "Order date: 10/08/2023, Time of order: 1500 [3:00 PM]..., From: [Physician's Name]".

b. The "Physician Order Emergency Medication" order form dated 10/08/2023 was reviewed and read in part "Today's date: 10/08/2023..., Time: 1500..., Benadryl 50 mg..., Thorazine 50 mg..., From: [Physician's Name]".

c. An "Emergency Safety Interventions" policy was received on 06/04/2024 at 8:56 AM, it was reviewed and read in part, "...The use of physical restraint shall always be implemented, utilizing the least restrictive measure to prevent a resident from injuring self or others in an emergency safety situation..., Medication is a crisis intervention used to resolve an emergency safety situation to contain severe, out of control behavior, exacerbation of psychosis which is likely to cause harm to the resident other residents, or staff..., A written order from the physician is required or the use of a physical restraint, or emergency medication..., The physician must order the least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety intervention based on the consultation with staff. The ordering physician must sign the verbal order within forty-eight (48) hours..."

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N 142	Continued From page 5 d. On 06/04/2024 at 3:00 PM, the Director of Nursing (DON) stated the facility had "been written for that before" when asked about getting physical and chemical restraint orders at the same time. e. On 06/06/2024 at 2:24 PM, the DON was asked when should a chemical restraint be considered with a behavior incident. She stated when a behavior continues to escalate in a physical restraint. The Surveyor asked should a physical restraint and chemical restraint be ordered at the same time. She stated, "No."	N 142		
N 156	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(j) The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must sign the restraint or seclusion order in the resident's record as soon as possible. This ELEMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure physician's orders were signed and, in the clients, record for 4 (Clients #4, #5, #8 and #10) case mix clients. The findings are: 1. Client #4 had diagnoses of generalized anxiety disorder, attention deficit hyperactivity disorder and post-traumatic stress disorder. a. Client #4's record of Emergency Safety Interventions were reviewed, and the following	N 156		

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deficient practice was identified.

b. The "Physician Order Physical Restraint" forms dated 04/01/2024 for the following times 1:40 PM, 2:23 PM, 3:52 PM, and 4:04 PM; 04/24/2024 for 7:25 AM; 05/02/2024 for 7:12 AM; 05/02/2024 for 7:15 AM; 05/04/2024 for 3:25 AM; 05/04/2024 for 3:25 AM; 05/08/2024 for 3:28 PM; 05/13/2024 for 9:27 AM were reviewed, the physician's signature was absent and the order was not in the clients record.

c. The "Physician Order Emergency Medication" order forms dated 04/01/2024 for 4:05 PM; 05/02/2024 for 7:15 AM; 05/04/2024 for 3:25 AM; and 05/13/2024 for 9:35 AM were reviewed, the physician's signature was absent, and the order was not in the clients record.

2. Client #5 had diagnoses of major depressive disorder severe with psychotic features, and generalized anxiety disorder.

a. The "Physician Order Physical Restraint" form dated 05/11/2024 for 7:25 PM was reviewed, the physician's signature was absent, and the order was not in the clients record.

b. The "Physician Order Emergency Medication" order form dated 05/11/2024 for 7:30 PM was reviewed, the physician's signature was absent, and the order was not in the client's record.

3. Client #8 had diagnoses of major depressive disorder severe with psychotic features and generalized anxiety disorder.

a. The "Physician Order Physical Restraint" forms dated 04/01/2024 for 3:05 PM and 10:22 PM;

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N 156	Continued From page 7	N 156		

04/04/2024 at 12:30 PM; 04/05/2024 at 9:05 AM; 04/09/2024 for 8:52 AM and 12:40 PM; 04/10/2024 for 12:49 PM, 1:22 PM, and 5:54 PM; 04/14/2024 for 5:04 PM; 4/15/2024 for 8:06 AM and 2:16 PM; 04/16/2024 for 8:50 AM; 04/18/2024 for 5:07 PM; 04/19/2024 for 12:26 PM; 04/23/2024 for 12:52 PM; 04/24/2024 for 4:32 PM; 04/27/2024 for 9:40 AM and 1:02 PM; 05/16/2024 for 2:14 PM; and 05/17/2024 for 3:21 PM were reviewed, the physician's signature was absent, and the order was not in the clients record.

b. The "Physician Order Emergency Medication" order forms dated 04/05/2024 for 9:07 AM; 04/09/2024 for 9:05 AM and 12:41 PM; 04/10/2024 for 1:06 PM; 04/15/2024 for 8:12 AM; 04/16/2024 for 9:00 AM; 04/18/2024 for 5:13 PM; 04/19/2024 for 12:36 PM; 04/23/2024 for 12:53 PM; 05/16/2024 for 2:15 PM; and 5/17/2024 for 3:21 PM were reviewed, the physician's signature was absent, and the order was not in the clients record.

4. Client #10 had diagnoses of disruptive mood dysregulation disorder and psychosis.

a. The "Physician Order Physical Restraint" forms dated 04/21/2024 for 7:40 PM, and 05/17/2024 at 7:48 AM were reviewed, the physician's signature was absent, and the order was not in the client's record.

b. An "Emergency Safety Interventions" policy was received on 06/04/2024 at 8:56 AM, it was reviewed and read in part, "...A written order from the physician is required or the use of a physical restraint, or emergency medication...The ordering physician must sign the verbal order within

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N 156	Continued From page 8 forty-eight (48) hours..." c. On 06/06/2024 at 2:24 PM, the Director of Nursing (DON) was asked when the physician's orders should be signed and put in the client's record. She said, within 24 hours. The Surveyor asked what was hindering the physician in signing the orders. She said that when the nurses get the orders, they are then scanned to the physician where she signs them every morning. The DON said she doesn't know what the reason is that the orders haven't been signed, stating she has a "whole stack" that needs to be signed.	N 156		

ARKANSAS DEPARTMENT OF HUMAN SERVICES

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

June 26, 2024

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

Dear Ms. Lockhart:

On June 7, 2024, we conducted a Recertification and Complaint Investigation 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 June 26, 2024.

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,

Theresa Forrest, Reviewer
DPSQA/Office of Long Term Care
Survey & Certification Section

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APOC 06/26/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/18/2024
FORM APPROVED
OMB NO. 0938-0391

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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	N 142	Perimeter Behavioral of Forrest City will conduct a mandatory, in-service retraining with all Nurses led by the Director of Nursing 06/25/2024. The in service training will include the following competencies: reviewing daily nursing procedures, Emergency Safety Intervention documentation, and obtaining Physician signature within 48 hours. Training will also cover ordering interventions from least restrictive to emergency intervention. Director of Nursing and Director of Quality/Risk Management will review Incident Reports daily during Safety meeting to evidence least restrictive attempts at de-escalation before ordering emergency interventions. This practice will be begin 06/25/2024 and ongoing indefinitely.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Charlotte Lockhart | TITLE: CEO | (X6) DATE: 06-26-2024

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	Continued From page 1 failed to ensure an order for a physical and chemical restraint were not received at the same time for 5 (Clients #1, #4, #5, #8 and #9) case mix clients. The findings are: 1. Client #1 had diagnoses of disruptive mood dysregulation disorder and attention deficit hyperactivity disorder. a. The "Physician Order Physical Restraint" form dated 10/01/2023 was reviewed and read in part, "Order date: 10/01/2023, Time of order: 1950 [7:50 PM]..., From: [Physician's Name]". b. The "Physician Order Emergency Medication" order form dated 10/01/2023 was reviewed and read in part, "Today's date: 10/01/2023..., Time: 1950..., Benadryl 100 mg [milligram]..., Thorazine 50 mg..., From: [Physician's Name]". c. The "Physician Order Physical Restraint" form dated 11/05/2023 was reviewed and read in part, "Order date: 11/05/2023, Time of order: 1445 [2:45 PM]..., From: [Physician's Name]". d. The "Physician Order Emergency Medication" order form dated 11/05/2023 was reviewed and read in part, "Today's date: 11/05/2023..., Time: 1445..., Benadryl 50 mg..., Zyprexa 10 mg..., From: [Physician's Name]". 2. Client #4 had diagnoses of generalized anxiety disorder, attention deficit hyperactivity disorder and post traumatic stress disorder. a. The "Physician Order Physical Restraint" form dated 05/04/2024 was reviewed and read in part	N 142	Milieu makeup including general ages, diagnosis, and cognitive development will be reviewed during Staff training 06/26/2024. Training will be provided to further itinerate the importance of interventions and de-escalation attempts starting from least restrictive to emergency interventions. This is to prevent any interventions that do not follow the de-escalation model.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04L115	A. BUILDING _____ B. WING _____	C 06/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE OF FORREST CITY, LLC	1521 ALBERT ST FORREST CITY, AR 72335

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N 142	Continued From page 2 "Order date: 05/04/2024, Time of order: 0325 [3:25 AM]..., From: [Physician's Name]". b. The "Physician Order Emergency Medication" order form dated 05/04/2024 was reviewed and read in part "Today's date: 05/04/2024..., Time: 0325..., Thorazine 25 mg..., Benadryl 25 mg..., From: [Physician's Name]". 3. Client #5 had diagnosis of major depressive disorder, severe with psychotic features, and generalized anxiety disorder. a. The "Physician Order Physical Restraint" form dated 12/09/2023 was reviewed and read in part "Order date: 12/09/2023, Time of order: 1949 [7:49 PM]..., From: [Physician's Name]". b. The "Physician Order Emergency Medication" order form dated 12/09/2023 was reviewed and read in part "Today's date: 12/09/2023..., Time: 1949..., Benadryl 25 mg..., Thorazine 25 mg..., From: [Physician's Name]". 4. Client #8 had diagnosis of major depressive disorder, severe with psychotic features, and generalized anxiety disorder. a. The "Physician Order Physical Restraint" form dated 04/01/2024 was reviewed and read in part "Order date: 04/01/2024, Time of order: 2022 [10:22 PM]..., From: [Physician's Name]". b. The "Physician Order Emergency Medication" order form dated 04/01/2024 was reviewed and read in part "Today's date: 04/01/2024..., Time: 2022..., Benadryl 25 mg..., Thorazine 25 mg..., From: [Physician's Name]".	N 142		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 142	Continued From page 3 c. The "Physician Order Physical Restraint" form dated 04/12/2024 was reviewed and read in part "Order date: 04/12/2024, Time of order: 0927 [09:27 AM]..., From: [Physician's Name]". d. The "Physician Order Emergency Medication" order form dated 04/12/2024 was reviewed and read in part "Today's date: 04/12/2024..., Time: 0927..., Benadryl 50 mg..., Thorazine 25 mg..., From: [Physician's Name]". e. The "Physician Order Physical Restraint" form dated 04/26/2024 was reviewed and read in part "Order date: 04/26/2024, Time of order: 1545 [3:45 PM]..., From: [Physician's Name]". f. The "Physician Order Emergency Medication" order form dated 04/26/2024 was reviewed and read in part "Today's date: 04/26/2024..., Time: 1545..., Thorazine 25 mg..., Benadryl 50 mg..., From: [Physician's Name]". g. The "Physician Order Physical Restraint" form dated 05/08/2024 was reviewed and read in part "Order date: 05/08/2024, Time of order: 1805 [6:05 PM]..., From: [Physician's Name]". h. The "Physician Order Emergency Medication" order form dated 05/082024 was reviewed and read in part "Today's date: 05/08/2024..., Time: 1805..., Zyprexa 10 mg..., Benadryl 50 mg [milligram]..., From: [Physician's Name]". i. The "Physician Order Physical Restraint" form dated 05/17/2024 was reviewed and read in part "Order date: 05/17/2024, Time of order: 1521 [3:21 PM]..., From: [Physician's Name]". j. The "Physician Order Emergency Medication"	N 142		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 142	Continued From page 4 order form dated 05/17/2024 was reviewed and read in part "Today's date: 05/17/2024..., Time: 1521..., Thorazine 50 mg..., Benadryl 50 mg..., From: [Physician's Name]". 5. Client #9 had diagnosis of a. The "Physician Order Physical Restraint" form dated 10/08/2023 was reviewed and read in part "Order date: 10/08/2023, Time of order: 1500 [3:00 PM]..., From: [Physician's Name]". b. The "Physician Order Emergency Medication" order form dated 10/08/2023 was reviewed and read in part "Today's date: 10/08/2023..., Time: 1500..., Benadryl 50 mg..., Thorazine 50 mg..., From: [Physician's Name]". c. An "Emergency Safety Interventions" policy was received on 06/04/2024 at 8:56 AM, it was reviewed and read in part, "...The use of physical restraint shall always be implemented, utilizing the least restrictive measure to prevent a resident from injuring self or others in an emergency safety situation..., Medication is a crisis intervention used to resolve an emergency safety situation to contain severe, out of control behavior, exacerbation of psychosis which is likely to cause harm to the resident other residents, or staff..., A written order from the physician is required or the use of a physical restraint, or emergency medication..., The physician must order the least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety intervention based on the consultation with staff. The ordering physician must sign the verbal order within forty-eight (48) hours..."	N 142		

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N 142	Continued From page 5 d. On 06/04/2024 at 3:00 PM, the Director of Nursing (DON) stated the facility had "been written for that before" when asked about getting physical and chemical restraint orders at the same time. e. On 06/06/2024 at 2:24 PM, the DON was asked when should a chemical restraint be considered with a behavior incident. She stated when a behavior continues to escalate in a physical restraint. The Surveyor asked should a physical restraint and chemical restraint be ordered at the same time. She stated, "No."	N 142	During mandatory in-service retraining, Director of Nursing will ensure to cover ordering emergency interventions and delineating in proper escalation with all Nurses and Physician 06/25/2024.	
N 156	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(j) The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must sign the restraint or seclusion order in the resident's record as soon as possible. This ELEMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure physician's orders were signed and, in the clients, record for 4 (Clients #4, #5, #8 and #10) case mix clients. The findings are: 1. Client #4 had diagnoses of generalized anxiety disorder, attention deficit hyperactivity disorder and post-traumatic stress disorder. a. Client #4's record of Emergency Safety Interventions were reviewed, and the following	N 156	Director of Nursing and Director of Quality/Risk Management will conduct twice weekly chart audits to ensure ongoing compliance with Emergence Safety Intervention documentation. Director of Quality/Risk Management will track Emergency Safety Intervention compliance rate as a compliance metric and share compliance data during monthly Key Performance Indicator meetings, indefinitely beginning 06/26/2024. Emergency Safety Interventions procedure and expectations will be revisited with the Physician to ensure compliance with signing orders within 48 hours per facility policy.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 156	Continued From page 6 deficient practice was identified. b. The "Physician Order Physical Restraint" forms dated 04/01/2024 for the following times 1:40 PM, 2:23 PM, 3:52 PM, and 4:04 PM; 04/24/2024 for 7:25 AM; 05/02/2024 for 7:12 AM; 05/02/2024 for 7:15 AM; 05/04/2024 for 3:25 AM; 05/04/2024 for 3:25 AM; 05/08/2024 for 3:28 PM; 05/13/2024 for 9:27 AM were reviewed, the physician's signature was absent and the order was not in the clients record. c. The "Physician Order Emergency Medication" order forms dated 04/01/2024 for 4:05 PM; 05/02/2024 for 7:15 AM; 05/04/2024 for 3:25 AM; and 05/13/2024 for 9:35 AM were reviewed, the physician's signature was absent, and the order was not in the clients record. 2. Client #5 had diagnoses of major depressive disorder severe with psychotic features, and generalized anxiety disorder. a. The "Physician Order Physical Restraint" form dated 05/11/2024 for 7:25 PM was reviewed, the physician's signature was absent, and the order was not in the clients record. b. The "Physician Order Emergency Medication" order form dated 05/11/2024 for 7:30 PM was reviewed, the physician's signature was absent, and the order was not in the client's record. 3. Client #8 had diagnoses of major depressive disorder severe with psychotic features and generalized anxiety disorder. a. The "Physician Order Physical Restraint" forms dated 04/01/2024 for 3:05 PM and 10:22 PM;	N 156		

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N 156	Continued From page 7 04/04/2024 at 12:30 PM; 04/05/2024 at 9:05 AM; 04/09/2024 for 8:52 AM and 12:40 PM; 04/10/2024 for 12:49 PM, 1:22 PM, and 5:54 PM; 04/14/2024 for 5:04 PM; 4/15/2024 for 8:06 AM and 2:16 PM; 04/16/2024 for 8:50 AM; 04/18/2024 for 5:07 PM; 04/19/2024 for 12:26 PM; 04/23/2024 for 12:52 PM; 04/24/2024 for 4:32 PM; 04/27/2024 for 9:40 AM and 1:02 PM; 05/16/2024 for 2:14 PM; and 05/17/2024 for 3:21 PM were reviewed, the physician's signature was absent, and the order was not in the clients record. b. The "Physician Order Emergency Medication" order forms dated 04/05/2024 for 9:07 AM; 04/09/2024 for 8:55 AM and 12:41 PM; 04/10/2024 for 1:06 PM; 04/15/2024 for 8:12 AM; 04/16/2024 for 9:00 AM; 04/18/2024 for 5:13 PM; 04/19/2024 for 12:36 PM; 04/23/2024 for 12:53 PM; 05/16/2024 for 2:15 PM; and 5/17/2024 for 3:21 PM were reviewed, the physician's signature was absent, and the order was not in the clients record. 4. Client #10 had diagnoses of disruptive mood dysregulation disorder and psychosis. a. The "Physician Order Physical Restraint" forms dated 04/21/2024 for 7:40 PM, and 05/17/2024 at 7:48 AM were reviewed, the physician's signature was absent, and the order was not in the client's record. b. An "Emergency Safety Interventions" policy was received on 06/04/2024 at 8:56 AM, it was reviewed and read in part, "...A written order from the physician is required or the use of a physical restraint, or emergency medication...The ordering physician must sign the verbal order within	N 156		

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N 156	Continued From page 8 forty-eight (48) hours..." c. On 06/06/2024 at 2:24 PM, the Director of Nursing (DON) was asked when the physician's orders should be signed and put in the client's record. She said, within 24 hours. The Surveyor asked what was hindering the physician in signing the orders. She said that when the nurses get the orders, they are then scanned to the physician where she signs them every morning. The DON said she doesn't know what the reason is that the orders haven't been signed, stating she has a "whole stack" that needs to be signed.	N 156		

ARKANSAS DEPARTMENT OF HUMAN SERVICES

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

July 10, 2024

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

Dear Ms. Lockhart:

During the Revisit Survey conducted on July 8, 2024, your facility was found to be in compliance with program requirements. **Please email the signed CMS 2567 Theresa.Forrest@dhs.arkansas.gov.**

If you have any questions, please contact your reviewer: **Theresa Forrest at 501-320-6235 or email to Theresa.Forrest@dhs.arkansas.gov.**

Sincerely,

Jeff Rosenbaum

DPSQA/Office of Long Term Care
Survey and Certification Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04L115	A. BUILDING _____ B. WING _____	R 07/08/2024

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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. A revisit was conducted on July 8, 2024, for all deficiencies cited on June 7, 2024. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.	{N 000}		

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.