



**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: 022227

Date of Incident: 6/24/2024

Date Received: 6/25/2024

Facility Name: Neurorestorative Timber Ridge

Facility Number: 102

Incident Type: Dual

Report Description: [REDACTED] private placement was dysregulated and being aggressive towards property and others. Case manager entered the room to help with de-escalation and then the client told case manager that staff, [REDACTED], pushed me against the wall and put her arm on my neck and abused me. Case manager made the [REDACTED]. Staff is suspended and guardian notified. Three staff statements obtained and nursing and psych was notified. Staff to client ratio was 5:10.

Interim Action Narrative: Staff placed on leave [REDACTED].

---

Maltreatment Narrative: AV is [REDACTED]. AO is a [REDACTED] a staff member at Timber Ridge facility. [REDACTED] is AV's mother and PRFC. It is reported that [REDACTED] was very dysregulated and was not behaving well at the facility. He was asked what was going on and he told staff he was mad. [REDACTED] was asked what he was mad about and stated that "[REDACTED] pushed me against a wall and put her arm on my throat." It is reported that there were several witnesses to the event, and no one saw the AO do this. Witnesses say that [REDACTED] was agitated and had gotten physical with the AO. It is also reported that when the AO was asked about this, she stated that [REDACTED] had gotten frustrated and tried to hit her, so she removed herself from the situation and allowed another staff member take over for her. The facilities video footage of the event will be reviewed. Later, [REDACTED] told another staff member that he was upset because a relative had recently

passed away. [REDACTED] said that he missed the funeral because his family would not pick him up.

---

Licensing Narrative: 6/25/24-Received permission to visit facility and contact A/V from [REDACTED] Facility visited in response to complaint. [REDACTED] interviewed client [REDACTED] Witness statements reviewed which do not indicate any level of inappropriate physical action by staff. Licensing is not prepared to make a finding at this time. A/O staff has been placed on administrative leave pending [REDACTED] Program Coordinator uploaded a witness statement. 8/8/24-Received notification that maltreatment report was unfounded. As a precautionary measure, staff [REDACTED] will receive in-service training 8/16/24 and sign in sheet will be provided to licensing the day of. Phone call received from [REDACTED] stating that staff [REDACTED] will complete a retraining packet before beginning her shift today. Signed training provided to licensing. 8/12/2024, Approved by Program Coordinator. Case complete.



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:**

**Record Visit Date:** 6/25/2024

**Home Visit Date:** 6/25/2024

**Purpose of Visit:** Complaint Visit

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

6/25/24-Facility visited in response to complaint. Licensing [REDACTED]  
[REDACTED]. When asked about yesterday, "I was mad". When asked if [REDACTED] remembered why he was

mad "I don't remember". When asked what staff did in response to him [REDACTED] being mad and throwing clothes into the common area "they didn't do nothing, I don't remember". When asked if [REDACTED] felt safe at Neurorestorative Timber Ridge "yes, a little bit". When asked to rate how safe he ([REDACTED] felt at facility "really safe". No visual marks or bruising on [REDACTED] today during interview. Nursing note reviewed with noted no injury, redness or bruising. Witness statements reviewed all of which do not indicate physical abuse or harm. [REDACTED] [REDACTED] has been placed on administrative leave [REDACTED]. As a precautionary measure, [REDACTED] will be retrained on hands on and verbal de-escalation. Licensing is not prepared to make a finding at this time.

**Provider Comments:**

CCL Staff Signature :

Date: 6/25/2024



Provider Signature :

Date: 6/25/2024





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:** 8/8/2024

**Home Visit Date:** 8/8/2024

**Purpose of Visit:** Revisit Complaint

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

No site visit conducted. This is to document that case#022227 has been investigated and determined to be unfounded. As a precautionary measure, staff [REDACTED] is scheduled to complete in-service training on 8/16/24. Proof of completion of this training will be immediately provided to licensing upon completion.

**Provider Comments:**

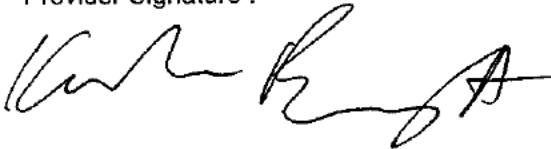
CCL Staff Signature :

Date: 8/8/2024



Provider Signature :

Date: 8/8/2024



8.12.24