



**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

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**Notice of Serious Incident**

Case Number: 023791

Date of Incident: 9/1/2024

Date Received: 9/6/2024

Facility Name: Neurorestorative Timber Ridge

Facility Number: 102

Incident Type: Dual

Report Description: [REDACTED], made an allegation against [REDACTED] on 9.6.24 stating that she slapped him. Staffing documentation states that the client slapped staff but that staff continued on in the intervention. [REDACTED] was monitoring intervention in case staff needed to switch out and she stated that she never saw [REDACTED] slap the client. We are waiting on the other witness statement who is [REDACTED]. We have notified the guardian and she stated that she is sorry this happened and he has a history of making allegations against her. Nursing notes state no injuries reported. [REDACTED] is on administrative leave. Staff to client ratio 5:7.

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

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Maltreatment Narrative: [REDACTED]. [REDACTED] mentioned that he slaps staff, and they slap him back. [REDACTED] said that [REDACTED] slapped him in the mouth. There was an incident with [REDACTED] headbutting, kicking, and hitting staff. They put a physical hold on [REDACTED] but [REDACTED] got free and backhanded and hit [REDACTED] on her lip. They got a hold of [REDACTED] again when he said that they're going to "do what they want to me" and mentioned that he's going to report them. Other staff didn't see [REDACTED] hitting [REDACTED] and [REDACTED] stated that he doesn't remember the day she did it. No further concerns.

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Licensing Narrative: 9/6/24-Reviewed for licensing concerns. Email sent and voice message left for [REDACTED] asking permission to contact facility and/or AV. For clarification, phone call made to Kenleigh Bennett of Timber Ridge. Client [REDACTED] disclosed the allegation to his therapist 9/6/24, stating that it happened last weekend. [REDACTED] was notified timely. 9/6/24-Received email from [REDACTED] granting permission for licensing to contact facility and/or AV. Staffed with Program Manager Chelsea Vardell and Program Coordinator Kendra Rice. No visit scheduled at this time. Witness statements and nursing note provided to licensing and reviewed. 9/9/24-Received email from facility as follows: When [REDACTED] came to investigate this morning and spoke with the client involved, he (A/V) named [REDACTED] as the alleged offered who was terminated in August from our facility. We will be calling and updating the [REDACTED]. 9/10/24-Received phone call from Kenleigh Bennett of Timber Ridge that [REDACTED] instructed facility to submit a new report with new A/O. Email sent to facility to notify licensing of new ref#. Later instructions were that another report could not be submitted due to being a duplicate, thus ref# remains the same. The correct A/O is [REDACTED] per the resident's interview. However, [REDACTED] was terminated from the facility at the beginning of August 2024. 9/28/24-Received completed training sign in for [REDACTED] 10/21/24-Received notification that maltreatment was unfounded. 10/22/2024, Approved by Program Coordinator. Case complete.



Division of Child Care & Early Childhood Education  
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437  
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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:** 10/21/2024

**Home Visit Date:** 10/21/2024

**Purpose of Visit:** Complaint Visit

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

This is to document that Case#023791 has been investigated and determined to be unfounded. A/O [REDACTED] no longer works at facility.

**Provider Comments:**

CCL Staff Signature :

Date: 10/21/2024



Provider Signature :

Date: 10/21/2024

*Kenleigh Bennett*