

September 13, 2024

Piney Ridge Treatment Center, LLC  
4253 N Crossover Rd  
Fayetteville, AR 72703-4593

The Division of Provider Services and Quality Assurance (DPSQA) of the Arkansas Department of Human Services has contracted with Arkansas Foundation for Medical Care (AFMC) to perform Inspections of Care (IOC) for Inpatient Psychiatric Services for Under 21. The Medicaid Manual for Inpatient Psychiatric Services for Under Age 21 was used in the completion of this report.

Observations and any deficiencies noted are listed below for the inspection conducted at the following service site on the following date:

**Piney Ridge Treatment Center, LLC**  
**Provider Medicaid ID:** [REDACTED]  
Onsite Inspection Date: September 09, 2024  
Onsite Inspection Time: 8:29 AM

A summary of the inspection and any deficiencies noted are outlined below.

The provider must submit a Corrective Action Plan (CAP) designed to correct any deficiency noted in the written report of the IOC. Accordingly, you must complete and submit to AFMC a Corrective Action Plan for each deficiency noted. The Corrective Action Plan must state with specificity the:

- (a) Corrective action to be taken.
- (b) Person(s) responsible for implementing and maintaining the corrective action; and
- (c) Completion date or anticipated completion date for each corrective action.

The CAP must be completed within 30 calendar days of the date of the email notice of the IOC report. Please follow the link provided in the email notice to submit either a Reconsideration or CAP for the inspection, all via AccessPoint.

The contractor (AFMC) will:

- (a) Review the Corrective Action Plan.
- (b) Determine whether the Corrective Action Plan is sufficient to credibly assure future compliance; and
- (c) Provide the Corrective Action Plan to the Division of Provider Services and Quality Assurance (DPSQA).

Please see § 160 of the Medicaid Manual for an explanation of your rights to administrative reconsideration and appeal. Additionally, the imposition of this Corrective Action Plan does not prevent the Department of Human Services from prescribing additional remedial actions as may be necessary.

## Inspection of Care Summary

### Facility Tour:

Upon arrival at the facility, AFMC staff was promptly greeted at the entrance by a Piney Ridge Treatment Center receptionist in the main lobby. AFMC staff signed the visitor log and was given visitor badges. AFMC was immediately taken to a conference room where the Chief Executive Officer and the Director of Performance Improvement met them. AFMC staff was given the completed and signed consent form listing approval for access to the AFMC portal. Facility staff were given the Document Request Form and AFMC staff discussed the requirements for the Inspection of Care.

A tour of the facility was completed with the Chief Executive Officer, the Director of Performance Improvement, and the Director of Nursing. The areas toured included the gymnasium, two classrooms in the gymnasium area, five classrooms in the education hallway, the outside courtyard, four client units, the nurses' station, and the medication room, and the cafeteria. As of March 1, 2023, the facility has stopped utilizing seclusion rooms. Overall, the facility environment was extremely clean, well-organized, and appeared to be in good repair. Therapeutic group activities and classes were in session. Staff members were observed interacting calmly and therapeutically with clients throughout the facility. There were no immediate issues noted during the facility tour. Staff were able to answer questions regarding the facility.

AFMC staff noted that despite building a brand-new facility, there were several improvements that were ongoing throughout the facility to help with upkeep of the building and for the safety of the clients. Piney Ridge Behavioral Health will be moving to their brand-new facility in December 2024. The new facility will be renamed Yellow Rock Behavioral Health and will be located at 2601 Habberton Road in Springdale.

### Facility Review – Policies and Procedures:

Upon review of the site's policies, procedures, and certification requirements, the following deficiencies were noted:

Regulation	Deficiency Statement	Reviewer Notes
Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376	HR records did not indicate that all direct care personnel have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors that may trigger an emergency safety situation semi-annually.	The providers records did not indicate that records that all direct care personnel have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors, events and environmental factors that may trigger emergency safety situations on a semi-annual basis.
Medicaid IP Sec. 2: 221.700, 221.710; 42 CFR 441.151, 482.130, 483.350 - 483.376	There is not a current Restraint and Seclusion policy in place which complies with Medicaid, state, and federal regulations and provides for beneficiaries' safety.	The policy Emergency Safety Intervention (Policy Number 5C-01) does not identify that staff will receive a refresher training at least once each six months in Handle with Care.

### Personnel Records – Licenses, Certifications, Training:

There was a total of 32 personnel records reviewed, eight (25%) professional and 24 (25%) paraprofessional. During the review of the personnel records, the following deficiencies were noted:

Credential Validated	Rule	Personnel Record Number	Reviewer Notes
Medicaid IP Sec. 2: 221.804; 42 CFR 2.130, 483.376	Restraint and Seclusion Training (CPI)	SR017953	Training expired September 08, 2024.

Medicaid IP Sec. 2: 241.110B	State Criminal Background Check - IP Acute Para- professional	SR017961 SR017063	No file received.
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**Observations:**

AFMC staff reviewed the final document request form with the Director of Performance Improvement at the completion of the on-site Inspection of Care and the provider signed the acknowledgement of manual requirements that were not made available in the provider’s policy and procedures.

**Clinical Summary**

As a part of the Quality of Care survey of the IOC, an active Fee for Service (FFS) Medicaid client list was requested, client and/or guardian interviews were conducted, and a clinical record review was completed. The following is a summary of findings and noted deficiencies.

**Client/Guardian Interviews:**

There was no active FFS Medicaid clients currently admitted at the time of IOC. Therefore, no client interviews were conducted.

**Program Activity/Service Milieu Observation:**

Staff and clients were observed throughout the facility in the classroom setting on the school unit and in organized group activity in the gymnasium. Clients were engaged in schoolwork and activities. Staff were calmly interacting with clients and providing a therapeutic environment that was conducive for learning and treatment therapies.

**Medication Pass:**

No active FFS Medicaid clients received medications during a medication pass while AFMC staff was onsite. Due to the observation of non-Medicaid clients not being compliant with the HIPAA minimal necessary rule, no medication pass was observed. AFMC RN visited with the facility medication nurse who was able to show AFMC RN the facility policies and procedures regarding medication administration, narcotic count/reconciliation/handling, and medication discrepancies.

Facility nurse was able to verbalize the step-by-step process of medication delivery including the demonstration of the five rights of medication administration, documentation of medication delivery, verification of client taking medication including mouth/cheek checks, and how clients are educated about each medication. The facility nurse also verbalized the process utilized when a client refuses medication. Tour of medication room completed no discrepancies with medication storage, cleanliness of medication room, and knowledge of medication dispensing found.

**Clinical Record Review Deficiencies:**

There was no active FFS Medicaid clients currently admitted at the time of IOC. Therefore, no clinical records reviews were conducted.

**Corrective Action Plan:**

The CAP must be completed within 30 calendar days of the date of the email notice of the IOC reports. Additionally, any findings that were noted in any Health and Safety Inspection(s), which are governed by certification rules and requirements, are shared with DPSQA and may result in other remedial actions, by DPSQA, if warranted.

*\*For more details on the individual related deficiencies, please log into the portal.*

Respectfully,

Inspection of Care Team  
InspectionTeam@afmc.org



Improving health care. Improving lives.

1020 W. 4TH ST., SUITE 300  
LITTLE ROCK, AR 72201 • afmc.org



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## CAP-0008354

### Corrective Action Plan Details

CAP Number	CAP-0008354	Provider Response Due	
Inspection	DPSQA-0008354	AFMC Response Due	10/28/2024
Status	Recon Requested	Due Date Override	
Date Requested	9/18/2024		

### CAP Approval Process

Submitted Date		Submitted By	
CAP Returned Date/Time			
Approved Date		Approved By	

### Request for Reconsideration

Recon Submitted Date	10/14/2024 3:25 PM	Recon Submitted By	[REDACTED]
Recon Reviewed Date/Time		Recon Reviewed By	
Revised Report Sent		Recon Review Results	

### Notes

- Provider Overdue
- AFMC Overdue
- CAP Response Notes
- Timeliness Notes
- Next Step: Your Reconsideration request is being reviewed by AFMC. If you would like to download a copy of your Reconsideration request, select the Printable View button in the top right-hand corner. You will be emailed once a determination has been rendered.

### Followup

- Require Followup
- Followup Date

### System Information

Created By [REDACTED] 9/18/2024 1:35 PM      Last Modified By [REDACTED] 10/14/2024 3:25 PM

### Deficiency Areas

#### Inspection Elements

Origin **Survey**  
 Regulation **Medicaid IP Sec. 2: 221.700 - 221.710; 42 CFR: 441.151, 482.130, 483.350 - 483.376**  
 Instances **1**

Corrective Action  
 Person Responsible  
 Completion Date

### State Criminal Background Check - IP Acute Para-professional

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Origin **Credential Validation**  
 Regulation  
 Instances **2**  
 Corrective Action  
 Person Responsible  
 Completion Date

### Restraint and Seclusion Training (CPI) - IP Acute

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Origin **Credential Validation**  
 Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**  
 Instances **1**  
 Corrective Action  
 Person Responsible  
 Completion Date

### Inspection Elements

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Origin **Survey**  
 Regulation **Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376**  
 Instances **1**  
 Corrective Action  
 Person Responsible  
 Completion Date

### Deficiencies

#### DEF-0116152

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Status **Accepted**  
 Related To **SURVEY-0008046**  
 Regulation **Medicaid IP Sec. 2: 221.700 - 221.710; 42 CFR: 441.151, 482.130, 483.350 - 483.376**  
 Deficiency Statement **There is not a current Restraint and Seclusion policy in place which complies with Medicaid, state, and federal regulations and provides for beneficiaries' safety.**  
 Service Details **The policy Emergency Safety Intervention (Policy Number 5C-01) does not identify that staff will receive a refresher training at least once each six months in Handle With Care.**

#### DEF-0116329

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Status **Recon Requested**  
 Related To **SR017963**  
 Regulation  
 Deficiency Statement **Failed Validation**  
 Service Details **No File Received**

#### DEF-0116328

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Status **Recon Requested**  
 Related To **SR017961**  
 Regulation  
 Deficiency Statement **Failed Validation**  
 Service Details **No File Received**

#### DEF-0116330

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Status **Accepted**  
 Related To **SR017953**

Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**  
 Deficiency Statement **Failed Validation**  
 Service Details **Expired: Training expired September 08, 2024.**

**DEF-0116331**

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Status **Recon Requested**  
 Related To **SURVEY-0008046**  
 Regulation **Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376**  
 Deficiency Statement **HR records did not indicate that all direct care personnel have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors that may trigger an emergency safety situation semi-annually.**  
 Service Details **The providers records did not indicate that records that all direct care personnel have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors, events and environmental factors that may trigger emergency safety situations on a semi-annual basis.**

**CAP History**

**10/14/2024 3:25 PM**

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User [Redacted]  
 Action **Changed Next Step: Changed Record Type from Requested to Recon Requested. Changed Recon Submitted By to [Redacted] Changed Recon Submitted Date to 10/14/2024 3:25 PM. Changed Reconned from false to true. Changed Status from Requested to Recon Requested.**

**9/18/2024 1:36 PM**

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User [Redacted]  
 Action **Changed Next Step: Changed Record Type from New to Requested. Changed Date Requested to 9/18/2024. Changed Status from New to Requested.**

**9/18/2024 1:35 PM**

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User [Redacted]  
 Action **Created.**



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## CAP-0008354

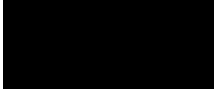
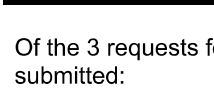
### Corrective Action Plan Details

<b>CAP Number</b>	CAP-0008354	<b>Provider Response Due</b>
<b>Inspection</b>	DPSQA-0008354	<b>AFMC Response Due</b>
<b>Status</b>	Approved	<b>Due Date Override</b>
<b>Cancellation Reason</b>		
<b>Date Requested</b>	9/18/2024	

### CAP Approval Process

<b>Submitted Date</b>	10/25/2024	<b>Submitted By</b>	
<b>CAP Returned Date/Time</b>			
<b>Approved Date</b>	11/4/2024	<b>Approved By</b>	

### Request for Reconsideration

<b>Recon Submitted Date</b>	10/14/2024 3:25 PM	<b>Recon Submitted By</b>	
<b>Recon Reviewed Date/Time</b>	10/21/2024 10:58 AM	<b>Recon Reviewed By</b>	
<b>Revised Report Sent</b>	10/21/2024	<b>Recon Review Results</b>	Of the 3 requests for reconsideration submitted: 0 were upheld. 3 were overturned.

### Notes

<b>Provider Overdue</b>	<input type="checkbox"/>
<b>AFMC Overdue</b>	<input type="checkbox"/>
<b>CAP Response Notes</b>	<p>For this CAP: Of the 2 deficiency areas submitted: 2 plan(s) have been approved as submitted 0 were rejected and will need changes</p> <p>Outcome: This CAP was Approved.</p> <p>Overall Feedback: Thank you</p>
<b>Timeliness Notes</b>	
<b>Next Step:</b>	Your CAP has been accepted by AFMC. AFMC recommends you download a copy of your accepted CAP for your records by selecting the Printable View button in the top right-hand corner.

### Followup

<b>Require Followup</b>	<input type="checkbox"/>
<b>Followup Date</b>	



**System Information**

Created By [REDACTED] 9/18/2024 1:35 PM

Last Modified By [REDACTED] 11/4/2024 4:20 PM

**Deficiency Areas**

**Inspection Elements**

Origin **Survey**  
 Regulation **Medicaid IP Sec. 2: 221.700 - 221.710; 42 CFR: 441.151, 482.130, 483.350 - 483.376**  
 Instances **1**  
 Corrective Action **The policy was changed in September of 2024 and signed off by CEO. HR was also provided a copy.**  
 Person Responsible [REDACTED]  
 Completion Date **9/10/2024**

**State Criminal Background Check - IP Acute Para-professional**

Origin **Credential Validation**  
 Regulation  
 Instances **0**  
 Corrective Action  
 Person Responsible  
 Completion Date

**Restraint and Seclusion Training (CPI) - IP Acute**

Origin **Credential Validation**  
 Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**  
 Instances **1**  
 Corrective Action **It is our belief that the training does not expire until the first day of the following month of when the training expires. However, the Human Resources department will monitor the actual date of training expiration and will have the employee complete Handle with Care prior to this date.**  
 Person Responsible **Human Resource Director**  
 Completion Date **11/15/2024**

**Inspection Elements**

Origin **Survey**  
 Regulation **Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376**  
 Instances **0**  
 Corrective Action  
 Person Responsible  
 Completion Date

**Deficiencies**

**DEF-0116152**

Status **Accepted**  
 Related To **SURVEY-0008046**  
 Regulation **Medicaid IP Sec. 2: 221.700 - 221.710; 42 CFR: 441.151, 482.130, 483.350 - 483.376**  
 Deficiency Statement **There is not a current Restraint and Seclusion policy in place which complies with Medicaid, state, and federal regulations and provides for beneficiaries' safety.**  
 Service Details **The policy Emergency Safety Intervention (Policy Number 5C-01) does not identify that staff will receive a refresher training at least once each six months in Handle With Care.**

**DEF-0116329**

Status **Overtured**  
 Related To **SR017963**  
 Regulation  
 Deficiency Statement **Failed Validation**  
 Service Details **No File Received**

**DEF-0116328**

Status **Overtured**  
 Related To **SR017961**  
 Regulation  
 Deficiency Statement **Failed Validation**  
 Service Details **No File Received**

**DEF-0116330**

Status **Accepted**  
 Related To **SR017953**  
 Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**  
 Deficiency Statement **Failed Validation**  
 Service Details **Expired: Training expired September 08, 2024.**

**DEF-0116331**

Status **Overtured**  
 Related To **SURVEY-0008046**  
 Regulation **Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376**  
 Deficiency Statement **HR records did not indicate that all direct care personnel have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors that may trigger an emergency safety situation semi-annually.**  
 Service Details **The providers records did not indicate that records that all direct care personnel have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors, events and environmental factors that may trigger emergency safety situations on a semi-annual basis.**

**CAP History**

**11/4/2024 4:20 PM**

User [Redacted]  
 Action **Changed Next Step:. Changed Record Type from Submitted to Completed. Changed CAP Response Notes. Changed Approved Date to 11/4/2024. Changed Approved By to [Redacted] I. Changed Status from Submitted to Approved.**

**10/25/2024 3:47 PM**

User [Redacted]  
 Action **Changed Submitted Date to 10/25/2024. Changed Submitted By to [Redacted] Changed Next Step:. Changed Record Type from Recon Reviewed to Submitted. Changed Status from Recon Reviewed to Submitted.**

**10/21/2024 10:58 AM**

User [Redacted]  
 Action **Changed Next Step:. Changed Record Type from Recon Requested to Recon Reviewed. Changed Recon Review Results. Changed Recon Reviewed Date/Time to 10/21/2024 10:58 AM. Changed Recon Reviewed By to [Redacted] Changed Status from Recon Requested to Recon Reviewed.**

**10/14/2024 3:25 PM**

User [Redacted]  
 Action **Changed Next Step:. Changed Record Type from Requested to Recon Requested. Changed Recon Submitted By to [Redacted] Changed Recon Submitted Date to 10/14/2024 3:25 PM. Changed Reconned from false to true. Changed Status from Requested to Recon Requested.**

**9/18/2024 1:36 PM**

User [Redacted]  
 Action **Changed Next Step:. Changed Record Type from New to Requested. Changed Date Requested to 9/18/2024. Changed Status from New to Requested.**

**9/18/2024 1:35 PM**

User [Redacted]  
 Action **Created.**

**Files**

**IOC Report - Piney Ridge Treatment Center, LLC - Fayetteville 9 9 24 REVISED**

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Last Modified **10/21/2024 10:57 AM**

Created By **Service Account**

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