



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

September 16, 2024

Derek Thompson, Administrator Woodridge Of The Ozarks 2466 S 48th Street Springdale, AR 72762

Dear Mr. Thompson:

On August 30, 2024 a 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.

Robyn Cornelius, Reviewer OLTC, Survey & Certification Section PO Box 8059, Slot S404 Little Rock, AR 72201-4608 (501) **320-3945** email to robyn.l.cornelius@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 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 10<sup>th</sup> Street, Suite 400 Little Rock, AR 72204 Phone: 501-661-2201 <u>ADH.HFS@Arkansas.gov</u>

If you have any questions, please contact your Reviewer.

Sincerely,

DPSQA/Office of Long Term Care Survey & Certification Section

rc

cc: DRA

DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES				FORM	APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NC	D. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` í		CONSTRUCTION		PLETED
		04L120	B. WING _				C 30/2024
NAME OF P	ROVIDER OR SUPPLIER	•	· [	S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
WOODBIE	GE OF THE OZARKS			2	466 S 48TH STREET		
WOODKIL	GE OF THE OZARKS			S	PRINGDALE, AR 72762		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
N 000	Initial Comments		N	000			
	is an official, legal door remain unchanged ex- correction, correction space. Any discrepan- citation(s) will be repor- Office (RO) for referra Inspector General (O information is inadver provider/supplier, the should be notified imm Complaint #(AR00033 compliance, all or in p N127, N142, N144, N	IG) for possible fraud. If tently changed by the State Survey Agency (SA) mediately.					
	N127, N128, N142, N	bart, with deficiency cited at 1144, N145, N148, N149, 1154, N156, N178, N179,					
	N127, N144, N145, N	4929) was not in part, with deficiency cited at I148, N149, N151, N152, I188, N189, and N193					
N 126	The facility was not in Subpart G - Condition Psychiatric Residentia PROTECTION OF RI CFR(s): 483.356 (a)(7	al Treatment Center ESIDENTS	N	126			
	Each resident has the	e right to be free from					
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.

PRINTED: 09/16/2024

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 09/16/2024 MAPPROVED D. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION		(X3) DATE COMP	SURVEY PLETED
		04L120	B. WING					C ( <b>30/2024</b>
NAME OF PF	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
WOODRID	DGE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR  72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BI		(X5) COMPLETION DATE
N 126	restraint or seclusion, means of coercion, di retaliation. This ELEMENT is no	e 1 , of any form, used as a iscipline, convenience, or ot met as evidenced by: n, interview and record	N	126	;			
		led to ensure Client #1 was						
	The findings are:							
	"06/22/24", revealed ( including borderline in	ric progress note dated Client #1 had diagnoses ntellectual function, egulation disorder, and						
	The following is a revious of 06/22/24.	iew of facility video footage						
	the seclusion room all under the video came for the rest of the vide position of camera. All video in hallway foota were seen dragging C room holding the clier female staff members footage from the day Client #1 being taken trying to return throug striking at staff when s into the day room. Ad push and hit at staff a	t approximately 9:35 AM, via age, two male staff members Client #1 from the seclusion nt under both arms, two s were following. Video room revealed at 9:36 AM into the day room before gh the doors pushing at and staff continued to take client Iditional clients began to and Client#1. Staff separated #1 was escorted to a chair						

Facility ID: 3017

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	-	ID HUMAN SERVICES MEDICAID SERVICES				PRINTED: 09/16/202 FORM APPROVE OMB NO. 0938-039	ED
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	TIPLE CONSTRUCTION	_	(X3) DATE SURVEY COMPLETED	
		04L120	B. WING			C 08/30/2024	
NAME OF PI	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY,	STATE, ZIP CODE	-	
WOODBIE	GE OF THE OZARKS			2466 S 48TH STREET			
WOODKIE	GE OF THE OZAKKS			SPRINGDALE, AR 72	762		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORF	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD B RENCED TO THE APPROPRIA DEFICIENCY)		1
N 126	camera angle, except Client #1 continued to Another client approa water at Client #1, to physically react. The 9:44 AM when Client bounce up and down roll off his/her lap. Tw remained in dayroom other clients, no inter- staff and Client #1. At approximately 9:52 members entered, ap administered an inject seated and began to staff stepped away. V until 10:06 AM, at wh in the same chair. On 08/26/24 at 3:36 F Management agreed behavior revealed Cli approximately 17 min be in need of a chem A facility policy receiv "Restraint or Seclusic of "01/2024" showed method, physical or n used as a restriction f behavior, and that pri alternative method sh	y was visible from the t for head and shoulders. o sit in the same position. Iched and threw a cup of which Client #1 did not cup laid on Client's lap until #1's right knee began to slightly causing the cup to or male staff members talking and interacting with action were noted between 2 AM, three additional staff proached Client #1, and tion. Client #1 remained rub his/her right thigh after /ideo footage was viewed ich Client #1 continued to sit PM, the Director of Risk that review of Client #1's ent #1 was sitting quietly for utes and did not appear to ical restraint. ed on 08/26/2024 titled on Use" with a revised date a restraint is any manual nechanical device, or a drug to manage a client's or to using a restraint an hould be considered that is ndicated the techniques I for punishment ESIDENTS		126			
FORM CMS-256	7(02-99) Previous Versions Obs	colete Event ID: 70KM	111	Facility ID: 3017	If contir	uation sheet Page 3 of	59

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	
		04L120	B. WING _				C / <b>30/2024</b>
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
WOODRIE	OGE OF THE OZARKS				466 S 48TH STREET SPRINGDALE, AR 72762		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
N 127	Continued From page	e 3	N	127			
		or seclusion must not be order or on an as-needed					
	Based on interview a failed to ensure physi or seclusion were doo	ot met as evidenced by: and record review, the facility ician's orders for a restraint cumented in the clients \$1, #2, #5, #6, and #7) case					
	The findings are:						
	dated 04/24/2024 rev diagnoses of attention	n deficit hyperactivity duct disorder, oppositional					
	packets were reviewe showed that Client #5 restraints, and/or sec 04/11/2024 sat 1937 1329 [1:29 PM] witho	y intervention justification ed for these dates, they 5 had physical, chemical lusion administered on [7:37 PM] and 04/22/2024 at ut a physician's order able in the clients record.					
	07/24/2024 revealed	niatric Progress note dated Client #7 had a diagnoses of egulation disorder and					
	packets were reviewe showed that the Clier chemical restraints an	nt #7 had physical or					

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PRINTED: 09/16/2024

						FORM	: 09/16/2024 APPROVED	
STATEMENT	S FOR MEDICARE & I	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE COMPI	LETED	
		04L120	B. WING		_	C 08/30/2024		
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	ATE, ZIP CODE			
WOODRIE	GE OF THE OZARKS			466 S 48TH STREET PRINGDALE, AR 7276	62			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFEREI	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
N 127	04/01/2024 at 1420 [2 1745 [5:45 PM], 05/02 05/11/2024 at 0908 [9 [4:47 PM], 07/19/2024 2058 [8:58 PM] without documented or availa A review of facility pol- titled "Restraint or Sec "01/2024," showed re- method, physical or m used as a restriction to behavior. Seclusion is alone in a room or are prevented from leaving measure is referred to the use of medication from the attending phy- emergency, or immed implementation of res On 8/28/2024 at 9:00 with the Director of Nu Director of Risk Mana physician's orders we seclusion. On 8/29/20 interview with the Dires she stated she was un missing orders. Review of a psychiatr 06/22/24 revealed Clin including borderline in disruptive mood dysre history of abuse. Review of Client#1's m nurse's note dated 06	2:20 PM], 04/15/2024 at 2/2024 at 1309 [1:09 PM], :08 AM] 07/14/2024 at 1647 4 at 1928 [7:28 PM] and ut a physician's order ble in the client's record. icy received on 08/26/2024 clusion Use," revised date of straint is any manual nechanical device, or a drug o manage a clients involuntary confinement ea and the client is g. A least restrictive o as a consideration prior to . The order will be obtained ysician either during the iately after the traint or seclusion. AM, during an interview ursing [DON] and the gement, both agreed re required for restraints or 24 at 11:42 AM, during an actor of Risk Management, nable to find any of the ic progress note dated ent #1 had diagnoses	N 127					

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	OF DEFICIENCIES	MEDICAID SERVICES		E CONSTRUCTION		IO. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	· · /		· · ·	IPLETED
						С
		04L120	B. WING		0	8/30/2024
NAME OF P	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP COD	θE	
WOODRIE	OGE OF THE OZARKS			466 S 48TH STREET SPRINGDALE, AR 72762		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETIO DATE
N 127	Continued From page	• 5	N 127			
		estraint from 7:47 PM to 24.  No physician order was				
N 128	-Review of Client#1's Emergency Safety Int 06/22/2024 revealed seclusion from 1:13 F physician order was in Documents were requ Risk Management (D the DRM reported sho physician orders rega Client #6 had a diagn dysregulation disorde Review of the facility's revealed on 06/16/20 a physical restraint fro and was given a cher No physician orders v	tervention packet dated Client #1 was placed in PM until 1:30 PM. No in the chart. uested from the Director of RM). On 08/26 at 3:36 PM, e was unable to locate the arding the incidents. osis of disruptive mood er. s restraint and seclusion log 24, Client #6 was placed in om 2:55 PM until 3:37 PM nical restraint at 3:11 PM. were in the chart.	N 128			
-	CFR(s): 483.356(a)(3 Restraint or seclusion injury to the resident a This ELEMENT is no Based on video revie review, the facility fail received emergency s					
	#2, #3 and #4) case r emergency safety into	nix clients who had				

Event ID: 70KM11

Facility ID: 3017

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 09/16/2024 MAPPROVED ). 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING	B. WING			C 08/30/2024	
NAME OF P	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE			
WOODRIE	OGE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR  72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE		(X5) COMPLETION DATE
N 128	08/14/2024 revealed Disruptive Mood Dysr Conduct Disorder. A review of the emerg justification packet da [5:15 PM] with a phys safety intervention im #3 received an injury of the applied physica safety intervention do and indicated client # of the head. On 08/28/2024 at 11: documentation of the the Director of Risk M during the video revie intervention, it reveale melee at 5:21 PM and restraint, then receive 5:44 PM. Client #3 was intervie and indicated an injur head that occurred du intervention. On 8/29/2024 at 3:54 conducted with Regis was asked if he felt th correctly. The RN #2 restraint didn't follow to training provided by th during the debriefing the level of force used the implementation of	iatric progress note dated Client #3 had diagnosis of regulation Disorder and gency safety intervention ted 08/11/2024 at 1715 ical and chemical restraint plemented revealed Client due to improper technique al restraint. The emergency cumentation was reviewed 3 had pain to the right side 203 AM the video incident was reviewed with lanagement. Client #3 w of the emergency safety ed client was pulled from the d placed into a physical ed a chemical restraint at wed on 8/28/24 1:21 PM y to the right side of the uring the emergency safety with the emergency safety et client was pulled from the d placed into a physical et a chemical restraint at wed on 8/28/24 1:21 PM y to the right side of the uring the emergency safety PM, an interview was tered Nurse [RN] #2, who he restraint had been applied indicated feeling that the the Handle with Care [HWC] the facility. RN #2 indicated there was a concern with d against the client during	N	128				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 09/16/2024 APPROVED 0. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /	PLE CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING			08/:	) 30/2024
NAME OF PI	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY,	STATE, ZIP CODE		
				2466 S 48TH STREET			
WOODRIL	GE OF THE OZARKS			SPRINGDALE, AR 72	762		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORF	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BI RENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 128	dated 7/24/2024 reve diagnoses of major d recurrent, severe, bul post-traumatic stress Review of Client #4's document revealed th safety intervention on PM] with a physical a intervention implement intervention document indicated client #4 have abrasion to the left sh of the head and the rin neck. On 08/28/2024 at 11:0 documentation of the the Director of Risk M review of the emergent involving Client #4, it placed into personal rive was observed with the of client #4. According Management, this ter "Handle With Care" p facility. This intervent resulted in an injury to head, shoulder, neck On 8/29/2024 at 3:54 conducted with Regis who was holding the o staff #4 who was stan #4's head and staff #3 the clients neck. RN # stop the action or say restraint due to the ex-	aled the client had lepressive disorder imia nervosa, and disorder [PTSD]. 8.11 1700 ESI injury the client had an emergency 08/11/2024 at 1715 [5:15 and chemical restraint nted, the emergency safety tation was reviewed and d a laceration on the lip, an oulder and pain to the back ght side of the head and 03 AM the video incident was reviewed with lanagement. During video ncy safety intervention, revealed client #4 was restraint at 5:20 PM, staff #3 e left forearm over the neck g to the Director of Risk chnique isn't part of the rogram instructed at the tion, performed incorrectly, o the client's right side of the and lip. PM, an interview was tered Nurse [RN] #2. RN #2 clients right arm indicated riding, "stomped" on client 3 was holding their arm on #2 indicated the inability to anything during the	N 12	28			

Facility ID: 3017

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		D HUMAN SERVICES				FORM	09/16/2024 APPROVED
STATEMENT	DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION		(X3) DATE COMP	LETED
		04L120	B. WING		_	C 08/30/2024	
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE	-	
WOODRIE	OGE OF THE OZARKS			466 S 48TH STREET PRINGDALE, AR 7276	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 128	as soon as possible a [director of nursing] a -A facility policy receiv "Restraint or Seclusion of 01/2024 showed a method, physical or m used as a restriction the behavior. Any signs of implementation of the intervention should be mid page 7) -The Handle with Car on 8/27/2024, was re- techniques should ne The training addressed down, being sure to m and to protect the heat Review of The Master "7/5/2024" revealed C including post-trauma oppositional defiant d hyperactivity disorder borderline intellectual Review of the Emerge packet dated "8/11/20 an emergency safety at 1715 [5:15 PM] with restraint intervention if emergency safety inter was reviewed and ind bruise on the right inn On 08/28/2024 at 1:44 Client #2 reported rec	After the event to the DON and the Clinical Director. And the Clinical Director. Area on 08/26/2024 titled an Use" with a revised date restraint is any manual nechanical device, or a drug o manage a clients of injury related to the emergency safety e documented. (bottom and e system manual, received viewed and indicated the ver be used for punishment. es holding the shoulders ot put pressure on the chest ad from injuries. Treatment Plan dated, Client # 2 had diagnoses tic stress disorder, isorder, attention deficit , bipolar II disorder, functioning. ency Safety Intervention 024" revealed Client #2 had intervention on 08/11/2024 h a physical and chemical implemented. The ervention documentation licated Client #2 had a	N 128				

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TATEMENT (	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATI	<u>D. 0938-039</u> E SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COM	PLETED
		04L120	B WING			C
NAME OF P	ROVIDER OR SUPPLIER	042120		TREET ADDRESS, CITY, STATE, ZIP CODE	80	/30/2024
	GE OF THE OZARKS		2	466 S 48TH STREET PRINGDALE, AR 72762		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE
N 128	Continued From page	9 9	N 128			
N 141	on 08/11/2024. ORDERS FOR USE ( SECLUSION CFR(s): 483.358(b)	OF RESTRAINT OR	N 141			
		nent team physician is she can order restraint or				
	Based on interviews facility failed to ensur	ot met as evidenced by: and record review the e a physician's order for on was obtained for Clients				
	The findings are:					
	"06/22/24" revealed C including borderline ir	ric progress note dated, Client #1 had diagnoses ntellectual function, egulation disorder, and				
	and nurse's note date was placed in a physi 8:08 PM. No physicia	s restraint / seclusion log ed 6/12/24 revealed Client #1 ical restraint from 7:47 PM to n order or Emergency ustification Packet (ESI)				
	and Emergency Safe packet dated 6/22/24	s restraint and seclusion log ty Intervention Justification , revealed Client #1 was t 1:13 PM until 1:30 PM. No e in the chart.				
	Physician orders and requested from the D	ESI documents were irector of Risk Management				

Facility ID: 3017

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 09/16/2024 APPROVED D. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING				C 08/30/2024	
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, Z	ZIP CODE		
WOODRII	DGE OF THE OZARKS				466 S 48TH STREET SPRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD B		(X5) COMPLETION DATE
N 141	<ul> <li>(DRM). At 3:36 PM, the unable to locate the Eregarding the incident Review of the Master "7/5/2024" indicated Concluding post-traumal oppositional defiant do hyperactivity disorder borderline intellectual Review of the facility's ESI, and nurse's notes signed by Registered was placed in seclusion PM and released at 5 for seclusion were in the Review of ESI dated Concerning and the released at 9:58 AM, 9:59 AM. No physicia restraint or seclusion chart.</li> <li>On 08/27/24 at 11:50 all physician orders reDRM. At 12:50 PM, the no additional physician Client #2.</li> <li>Review of the facility's revealed client was placed at 9:58 AM, 9:59 AM. No physician Client #2.</li> </ul>	he DRM reported she was ESI or physician orders ts. Treatment Plan dated, Client # 2 had diagnoses thic stress disorder, isorder, attention deficit ; bipolar II disorder, functioning. s restraint and seclusion log, e dated 8/11/24 at 5:17 and Nurse #1, revealed client on on 08/11/2024 at 5:18 :55 PM. No physician orders the chart for 8/11/24 08/13/2024 indicated client ical restraint at 9:57 AM, and placed in seclusion at n orders for physical for 8/13/24 were in the AM, the Surveyor requested egarding Client #2 from the ne DRM reported there were an orders or ESI packets for and physical dated d Client #6 had diagnosis of egulation disorder. s restraint and seclusion log	Ν	141				

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	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		O. 0938-039 E SURVEY
AND PLAN OF	CORRECTION	DENTIFICATION NUMBER:			`´сом	IPLETED
		04L120	B WING			С
NAME OF P	ROVIDER OR SUPPLIER	04L120		REET ADDRESS, CITY, STATE, ZIP CODE	08	3/30/2024
	OGE OF THE OZARKS		24	66 S 48TH STREET PRINGDALE, AR 72762		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETION DATE
				DEFICIENCY)		
N 141	Continued From page	e 11	N 141			
	physician orders for r for 6/11/24.	estraints were in the chart				
N 142	Seclusion Use" revise physician's order is to restraint or seclusion few minutes of the re ORDERS FOR USE	b be obtained before a is implemented or with a straint or seclusion.	N 142			
	SECLUSION CFR(s): 483.358(c)					
	restraint or seclusion restrictive emergency most likely to be effect	e and the facility to order must order the least / safety intervention that is				
	Based on interview a failed to ensure phys and chemical restrain	ot met as evidenced by: and record review the facility ician's orders for physical nts were not received at the nt #3, #4, #5, #6 and #7)				
	08/14/2024 revealed	niatric progress note dated Client #3 had diagnosis of egulation disorder and				
	physical and chemica	2 PM] showed orders for				

Facility ID: 3017

If continuation sheet Page 12 of 59

	-	ID HUMAN SERVICES					FORM	): 09/16/2024 MAPPROVED ). 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· , ,		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING					C 30/2024
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP	P CODE		
WOODRID	GE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD B		(X5) COMPLETION DATE
N 142	Continued From page	÷ 12	N	142				
	7/24/2024 revealed C	iatric progress note dated lient #4 had diagnosis of order, bulimia nervosa, and disorder [PTSD].						
	-6/8/2024 1353 [1:53 chemical restraints.	orders showed the following: PM] for physical and 8 AM] for physical and						
	dated 04/24/2024 rev diagnosis of attention	deficit hyperactivity disorder order, oppositional defiant						
	chemical restraints. -03/28/2024 1548 [3:4 chemical restraints. -04/05/2024 2122 [9:2 chemical restraints.	s orders showed the 29 AM] for physical and 48 PM] for physical and 22 PM] for physical and 00 PM] for physical and						
	07/24/2024 revealed Disruptive Mood Dysr	iatric Progress note dated Client #7 had diagnosis of regulation Disorder and eractivity Disorder: (ADHD).						
	Client #7's physician's following: -01/18/2024 at 1332 [ chemical restraint. -03/6/2024 at 1802 [6	[1:32 PM] physical and						

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		MEDICAID SERVICES	(X2) MULTIP	LE CONSTRUCTION		IO. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	PLETED
		0.41.400				С
		04L120	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODI		8/30/2024
NAME OF P	ROVIDER OR SUPPLIER			2466 S 48TH STREET	=	
WOODRIE	OGE OF THE OZARKS			SPRINGDALE, AR 72762		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
N 142	Continued From page	e 13	N 14	2		
	chemical restraint. -03/18/2024 at 1821 [ chemical restraint.	[6:21 PM] for physical and				
	-04/09/2024 at 0829 [8:29 AM] for physical restraint and seclusion. -04/13/2024 at 1011 [10:11 AM] for chemical restraint and seclusion.					
	Director of Nurses [D Management, agreed	AM, during an interview the ON] and the Director of Risk I the orders should not be time and the physician he orders in a timely				
) ( ) 1 1 1 1	with a revised date of restraint is any manual mechanical device, of to manage a clients b involuntary confinement and the client is prevent	straint or Seclusion Use" "01/2024" showed a al method, physical or r a drug used as a restriction				
		history and physical dated d Client #6 had a diagnosis /sregulation disorder.				
		-				
	from 1:18 PM until 1:3	6 had a physical restraint 31 PM and a chemical both physician orders were				

Facility ID: 3017

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 09/16/2024 APPROVED 0. 0938-0391	
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE COMP	SURVEY LETED	
		04L120	B. WING		_	C 08/30/2024		
NAME OF PF	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE			
WOODRID	OGE OF THE OZARKS			466 S 48TH STREET SPRINGDALE, AR 7276	2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
N 142	Continued From page dated and timed 03/2		N 142					
N 144	documented from 5:12 chemical restraint at 5 orders dated and time	had a physical restraint 2 PM until 5:30 PM and 5:27 PM with both physician ed 04/26/24 at 5:24 PM. OF RESTRAINT OR	N 144					
	the emergency safety (2) Under no circun residents ages 18 to 2	longer than the duration of						
	Based on interview a failed to ensure that a intervention justification ensure that the duration was documented for 5	at met as evidenced by: and record review, the facility an emergency safety on packet was completed to on of the safety intervention 5 (Client #1, #4, #5, #6, and who had emergency safety						
	The findings are:							
	7/24/2024 revealed th	iatric progress note dated nat Client #4 had diagnoses lisorder recurrent, severe, post-traumatic stress						
	A review of the physic #4 had emergency sa	cian's orders revealed Client afety interventions on						

If continuation sheet Page 15 of 59

	-	D HUMAN SERVICES				FORM	: 09/16/2024 APPROVED . 0938-0391
CENTERS FOR MEDICARE & ME STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			(X3) DATE COMP	SURVEY LETED
		04L120	B. WING		-	) (08/:	C 30/2024
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STA	ATE, ZIP CODE		
WOODRI	OGE OF THE OZARKS			466 S 48TH STREET SPRINGDALE, AR 72762	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BE ICED TO THE APPROPRIA IEFICIENCY)		(X5) COMPLETION DATE
N 144	06/10/2024 at 1043 [1 1715 [5:15 PM] and 0 AM]. When the emerge justification packet(s) Director of Risk Mana confirmed they were re- records. No Emergen Justification packet(s) dates to document the seclusion. A review of the psych Client #5 dated 04/24 diagnoses of attention disorder [ADHD], com- disorder, oppositional episode. A review of the physic #5 had emergency sa 03/06/2024 at 1530 [3 2122 [9:22 PM], 04/15 When the emergency justification packet(s) Director of Risk Mana confirmed they were re- records. No Emergen Justification packet(s) dates to document the seclusion. A review of the Psych 07/24/2024 revealed of disruptive mood dysrevent A review of the physic #7 had emergency sa	0:43 AM], 06/11/2024 at 6/12/2024 at 1015 [10:15 gency safety intervention were requested from the gement, the director not available for the clients cy Safety Intervention were completed for these e duration of the restraint or intric discharge summary for /2024 revealed client had n deficit hyperactivity abined presentation, conduct defiant disorder, and manic clan's orders revealed Client fety interventions on 8:30 PM], 04/05/2024 at 7/2024 at 1336 [1:36 PM]. safety intervention were requested from the gement, the director not available for the clients cy Safety Intervention were completed for these e duration of the restraint or iatric Progress note dated Client #7 had diagnoses of egulation disorder and	N 144				

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	): 09/16/2024 MAPPROVED ). 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ° ′	PLE CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING				C 30/2024
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CIT	Y, STATE, ZIP CODE		
WOODRIE	OGE OF THE OZARKS			2466 S 48TH STREET SPRINGDALE, AR	72762		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CO	DER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD B ERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 144	1802 [6:02 PM], 04/13 04/19/2024 at 0815 [8 1615 [4:15 PM] and 0 PM]. When the emergy justification packet(s) Director of Risk Mana confirmed they were r records. No Emergen Justification packet(s) dates to document the seclusion. A facility policy receive "Restraint or Seclusio "01/2024," was review restraint is any manua mechanical device, or to manage a clients b involuntary confineme and the client is preveous order for the restraint limited to include a sta On 8/29/2024 at 11:42 with the Director of Ri emergency safety inte packet(s) were request Management confirme for the clients records Review of progress ne diagnoses including b function, disruptive me and history of abuse. Review of the facility' and Client #1's chart of 6/12/24, revealed Clief	<ul> <li>B/2024 at 1011 [10:11 AM],</li> <li>B:15 AM], 08/16/2024 at 8/17/2024 at 2016 [8:16</li> <li>gency safety intervention were requested from the gement, the director not available for the clients cy Safety Intervention were completed for these e duration of the restraint or</li> <li>ed on 08/26/2024 titled nuse," revised date of ved and read in part that a al method, physical or r a drug used as a restriction ehavior. Seclusion is ent alone in a room or area ented from leaving. The or seclusion must be time art and end time.</li> <li>2 AM during an interview sk Management, when the ervention justification sted, the Director of Risk ed they were not available .</li> <li>bets revealed Client #1 had orderline intellectual ood dysregulation disorder,</li> <li>s restraint and seclusion log on the nurse's note dated</li> </ul>	N 14	14			

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	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI II TID	LE CONSTRUCTION	(X3) TAT	E SURVEY
	CORRECTION	IDENTIFICATION NUMBER:			· · ·	IPLETED
						С
		04L120	B. WING		08	3/30/2024
NAME OF PR	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE	-	
WOODBID	GE OF THE OZARKS			2466 S 48TH STREET		
NOODRIE				SPRINGDALE, AR 72762		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
N 144	Continued From page	e 17	N 14	4		
		tervention Justification		T		
	packet was complete					
	document the duratio					
		s were requested from the				
		agement (DRM). At 3:36 PM,				
		e was unable to locate the ers regarding the incident.				
		otes revealed Client #6 had				
	•	tive mood dysregulation				
	disorder. Review of the facility'	s "Seclusion/Restraint Log				
	revealed Client #6 ha					
	restraint/seclusion ev	8				
	06/11/24 Physical and	d Chemical restraint at 8:20				
	PM					
	•	straint at 2:55 PM to 3:37 PM				
	and Chemical restrain	se's note dated 04/17/24				
		t #6 was placed in seclusion				
	at 9:26 AM and on 04	•				
	1 2	seclusion was received. No				
		tervention Justification				
	packet was complete document the duratio					
	seclusion.	n of the restraint of				
N 145	ORDERS FOR USE	OF RESTRAINT OR	N 14	5		
	CFR(s): 483.358(f)					
	safety intervention a practitioner trained in safety interventions a	nitiation of the emergency physician, or other licensed the use of emergency and permitted by the state				
	and the facility to ass psychological wellbei conduct a face-to-fac	ng of residents, must				
	physical and psychol					

Facility ID: 3017

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CENTER STATEMENT C	-	ID HUMAN SERVICES MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	ING _	E CONSTRUCTION	FORM OMB NC (X3) DATE COMP	D: 09/16/2024 A APPROVED D: 0938-0391 SURVEY PLETED
		04L120	B. WING			08/	30/2024
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
WOODRID	OGE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 72762		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
N 145	resident, including but (1) The resident's p status; (2) The resident's b (3) The appropriate measures; and (4) Any complicatio intervention. This ELEMENT is no Based on interview a failed to ensure that a intervention justificatio ensure that the face-tu documented for 5 (clic case mix clients who b interventions. The findings are: Client #4 a review of tu dated 7/24/2024 reveat diagnoses of major d recurrent, severe, buli post-traumatic stresss A review of the physic Client #4 had emerge 06/10/2024 at 1043 [1 1715 [5:15 PM] and 0 AM]. No Emergency S Justification packet wa dates to document the that was to be completed	t not limited to- ohysical and psychological oehavior; eness of the intervention ons resulting from the of met as evidenced by: an emergency safety on packet was completed to co-face assessment was ents #1, #4, #5, #6 and #7) had emergency safety the psychiatric progress note caled the client had lepressive disorder limia nervosa, and disorder [PTSD]. cian's orders revealed the ency safety interventions on 10:43 AM], 06/11/2024 at 06/12/2024 at 1015 [10:15 Safety Intervention ras completed for these e face-to-face assessment eted within one hour of the	N	145			
	post-traumatic stress A review of the physic Client #4 had emerge 06/10/2024 at 1043 [1 1715 [5:15 PM] and 0 AM]. No Emergency S Justification packet we dates to document the	disorder [PTSD]. cian's orders revealed the ency safety interventions on 10:43 AM], 06/11/2024 at 06/12/2024 at 1015 [10:15 Safety Intervention vas completed for these e face-to-face assessment eted within one hour of the					

Facility ID: 3017

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	-	D HUMAN SERVICES				FORM	): 09/16/2024 1 APPROVED
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE COMP	LETED
		04L120	B. WING		_	C 08/30/2024	
NAME OF P	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, ST	ATE, ZIP CODE		
WOODRIE	OGE OF THE OZARKS			66 S 48TH STREET PRINGDALE, AR 7276	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 145	A review of the physic disorder [ADHD], corr disorder [ADHD], corr disorder, oppositional episode. A review of the physic #5 had emergency sa 03/06/2024 at 1530 [3 2122 [9:22 PM], 04/17 No Emergency Safety packet was completed document the face-to- to be completed within seclusion. A review of the Psych 07/24/2024 revealed disruptive mood dysre ADHD. A review of the physic #7 had emergency sa 03/06/2024 at 1445 [2 1802 [6:02 PM], 04/13 04/19/2024 at 0815 [8 1615 [4:15 PM] and 0 PM]. No Emergency S Justification packet we dates to document the that was to be completed restraint or Seclusion. A facility policy receive "Restraint or Seclusion" 01/2024," was review restraint is any manual	iatric discharge summary ealed Client #5 had a deficit hyperactivity abined presentation, conduct defiant disorder, and manic cian's orders revealed Client afety interventions on 3:30 PM], 04/05/2024 at 7/2024 at 1336 [1:36 PM]. 7/2024 at 136 [1:36 PM]. 7/2024 at 136 [1:36 PM]. 7/2024 at 101 source as a set of face assessment that was n one hour of the restraint or 8:45 PM], 03/06/2024 at 8/2024 at 1011 [10:11 AM], 8:15 AM], 08/16/2024 at 8/17/2024 at 2016 [8:16 Safety Intervention as completed for these e face-to-face assessment eted within one hour of the eed on 08/26/2024 titled in Use," revision date of wed and read in part that a	N 145				

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	MENT OF HEALTH AN S FOR MEDICARE & I					FORM	): 09/16/2024 APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING		_		C 30/2024
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE	-	
WOODRIE	GE OF THE OZARKS			466 S 48TH STREET PRINGDALE, AR 7276	62		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 145	to manage a clients b involuntary confineme and the client is preve emergency safety inte and the face to face a been completed within intervention. On 8/29/2024 at 11:42 with the Director of Ri documents were requind Management was una documentation. Client #1 had diagnost intellectual function, d dysregulation disorde Review of the facility's and Client#1's chart of 6/12/24, revealed Client physical restraint from Emergency Safety Int packet was completed the face-to-face assess completed within one seclusion. Documents Director of Risk Mana the DRM reported she ESI or physician orde Client #6 had diagnost dysregulation disorde Review of the facility's revealed Client #6 had restraint/seclusion events	ehavior. Seclusion is ent alone in a room or area ented from leaving. The post ervention justification packet ssessment should have n one hour of initiation of the 2 AM during an interview sk Management, when ested, the Director of Risk able to provide es including borderline isruptive mood r, and history of abuse. a restraint and seclusion log n the nurse's note dated ent #1 was placed in a n 7:47 PM to 8:08 PM. No ervention Justification (ESI) d for 6/12/24 to document ssment that was to be hour of the restraint or a were requested from the gement (DRM). At 3:36 PM, a was unable to locate the rs regarding the incident. is of disruptive mood r. a restraint and seclusion log d the following	N 145				

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	-	D HUMAN SERVICES					FORM	): 09/16/2024 APPROVED 0. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,				(X3) DATE COMP	SURVEY LETED
		04L120	B. WING			_	) :/80	C 30/2024
NAME OF PROVIDE	R OR SUPPLIER		•	S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
	THE OZARKS				466 S 48TH STREET PRINGDALE, AR 7276	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	EPLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 148 N 0 N 0 N 0 N 0 N 0 N 0 N 0 N 0 N 0 N 0	Chemical restrain t revealed a nurs in indicated Client 26 AM and on 04. eclusion was rece by Intervention Ju oleted for these d to-face assessme oleted within one ision. ERS FOR USE C LUSION (s): 483.358(g)(3) in order for restrain de] the emergend red, including the ician or other lice e state and the fa ision authorized i ELEMENT is no ed on interview a d to ensure that a vention justification re that the approp ordered and door 5, #6 and #7) cas gency safety inter findings are: iew of the psychi 2024 revealed C r depressive disc	traint at 2:55 PM to 3:37 PM t at 3:11 PM. e's note dated 04/17/24 #6 was placed in seclusion (17/24 a physician's order eived. No Emergency stification packets were ates to document the ents that were to be hour of the restraint or OF RESTRAINT OR OF RESTRAINT OR Int or seclusion must ey safety intervention length of time for which the nsed practitioner permitted acility to order restraint or ts use. It met as evidenced by: nd record review, the facility n emergency safety on packet was completed to priate type of intervention umented for 5 (clients #1, se mix clients who had		145				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES           STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	· ,	PLE CONSTRUCTION G		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING				C 30/2024
NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP	CODE		
WOODRIE	OGE OF THE OZARKS			2466 S 48TH STREET SPRINGDALE, AR  72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE		(X5) COMPLETION DATE
N 148	Continued From page	22	N 14	48			
	#4 had emergency sa 06/10/2024 at 1043 [ 1715 [5:15 PM] and 0 AM]. According to the Management no Emer Justification packet(s) ensure that the appro- was ordered and doci A review of the psych dated 04/24/2024 rev diagnoses of attention disorder [ADHD], com disorder, oppositional episode. A review of the physic #5 had emergency sa 03/06/2024 at 1530 [ 2122 [9:22 PM], 04/1 According to an interv Management no Emer Justification packet(s) ensure that the appro- was ordered and doci A review of the Psych 07/24/2024 revealed disruptive mood dysre ADHD. A review of the physic #7 had emergency sa 03/06/2024 at 1445 [2 1802 [6:02 PM], 04/13	10:43 AM], 06/11/2024 at 16/12/2024 at 1015 [10:15 a Director of Risk argency Safety Intervention b) was/were available to priate type of intervention umented for these dates. iatric discharge summary ealed Client #5 had in deficit hyperactivity bined presentation, conduct defiant disorder, and manic cian's orders revealed Client afety interventions on 3:30 PM], 04/05/2024 at 7/2024 at 1336 [1:36 PM]. view with the Director of Risk argency Safety Intervention b) was/were available to priate type of intervention b) was/were available to priate type of intervention cian's orders note dated Client #7 had a diagnoses of egulation disorder and cian's orders revealed Client					

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PRINTED: 09/16/2024

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 09/16/2024 APPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	· /				(X3) DATE COMP	SURVEY LETED
		04L120	B. WING					C 30/2024
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP COD	E		
WOODRIE	OGE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD B		(X5) COMPLETION DATE
N 148	<ul> <li>PM]. According to an Risk Management no Intervention Justificate available to ensure the intervention was order these dates.</li> <li>A facility policy receive "Restraint or Seclusica" 01/2024, " was review restraint is any manuar mechanical device, out to manage a clients be involuntary confinement and the client is prever physician's order must restraint/seclusion to On 8/29/2024 at 11:42 with the Director of Rie Emergency Safety Intervention surveyor there were available to ensure the was ordered and doct record.</li> <li>Client #1 had diagnose intellectual function, of dysregulation disorder Review of the facility's and Client #1's chart of 6/12/24 revealed Clie physical restraint from Emergency Safety Intervention and the client #1's chart of 6/12/24 revealed Clie physical restraint from Emergency Safety Intervention and Client #1's chart of 6/12/24 revealed Clie physical restraint from Emergency Safety Intervention and Client #1's chart of 6/12/24 revealed Clie physical restraint from Emergency Safety Intervention and Client #1's chart of 6/12/24 revealed Clie physical restraint from Emergency Safety Intervention and Client #1's chart of 6/12/24 revealed Clie physical restraint from Emergency Safety Intervention and Client #1's chart of 6/12/24 revealed Clie physical restraint from Emergency Safety Intervention and Client #1's chart of 6/12/24 revealed Clie physical restraint from Emergency Safety Intervention and Client #1's chart of 6/12/24 revealed Clie physical restraint from Emergency Safety Intervention and Client #1's chart of 10/12/24 revealed Clie physical restraint from Emergency Safety Intervention and Client #1's chart of 10/12/24 revealed Clie physical restraint from Emergency Safety Intervention and Client #1's chart of 10/12/24 revealed Clie physical restraint from Emergency Safety Intervention and Client #1's chart of 10/12/24 revealed Clie physical restraint for the type of restraint of 10/12/12/12/12/12/12/12/12/12/12/12/12/12/</li></ul>	interview with the Director of Emergency Safety ion packet(s) was/were iat the appropriate type of ared and documented for red and documented for ed on 08/26/2024 titled, on use," revised date of ved and read in part that a al method, physical or r a drug used as a restriction rehavior. Seclusion is ent alone in a room or area ented from leaving. The st designate the type of be used. 2 AM, during an interview isk Management, when the tervention Justification sted, the director informed ere no justification packets the appropriate intervention umented in the clients ess including borderline disruptive mood er, and history of abuse. s restraint and seclusion log on the nurse's note dated	Ν	148				

Facility ID: 3017

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	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIPI F	CONSTRUCTION		IO. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	. ,			PLETED
						С
		04L120	B. WING		0	8/30/2024
NAME OF PF	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE		
WOODRID	GE OF THE OZARKS			66 S 48TH STREET PRINGDALE, AR  72762		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
N 148	Continued From page	e 24	N 148			
		he DRM reported she was				
		ESI or physician orders				
	Client #6 had a diagr	osis of disruptive mood				
	dysregulation disorde					
	-	s restraint and seclusion log				
	revealed Client #6 ha	•				
		d Chemical restraint at 8:20				
	PM.					
		straint at 2:55 PM to 3:37 PM				
	and Chemical restrai	se's note dated 04/17/24				
		t #6 was placed in seclusion				
		1/17/24 a physician's order				
		eived. No Emergency ustification packets were				
	-	dates to document the type				
	of restraint ordered.	51				
N 149	ORDERS FOR USE	OF RESTRAINT OR	N 149			
	SECLUSION CFR(s): 483.358(h)					
	CFR(S). 405.550(II)					
	Staff must document	the intervention in the				
		at documentation must be				
		d of the shift in which the f the intervention does not				
	end during the shift in					
		be completed during the				
		Documentation must				
	include all of the follo	wing.				
	This ELEMENT is pr	ot met as evidenced by:				
		and record review, the facility				
	failed to log emergen	cy safety interventions for 5				
	(Clients #1, #4, #5, #					

If continuation sheet Page 25 of 59

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 09/16/2024 MAPPROVED ). 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· , ,		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING					C 30/2024
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZI	P CODE		
WOODRIE	OGE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD B		(X5) COMPLETION DATE
N 149	their record. The findings are:	e 25 erventions documented in iatric progress note dated	N	149				
	7/24/2024 revealed C	lient #4 had diagnoses of order recurrent, severe,						
	had documented eme dated 06/11/2024 at 1 06/12/2024 at 1140 [1	s record revealed Client #4 ergency safety interventions 1000 [10:00 AM] and 11:40 AM] that were not usion/restraint log for the						
	dated 04/24/2024 rev diagnoses of attentior disorder [ADHD], com							
	had documented eme dated 03/06/2024 at 1 03/17/2024 at 1345 [1 2122 [9:22 PM] that w	s record revealed Client #5 ergency safety interventions 1550 [3:50 PM] and 1:45 PM], and 04/5/2024 at vere not identified on the g for the appropriate dates.						
	07/24/2024 revealed	iatric Progress note dated Client #7 had diagnoses of egulation disorder and						
		s record revealed Client #7 ergency safety interventions						

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 09/16/2024 MAPPROVED ). 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING					C 30/2024
NAME OF PF	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE,	ZIP CODE		
WOODRID	GE OF THE OZARKS				466 S 48TH STREET			
				5	PRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIV CROSS-REFERENCE	N OF CORRECTION E ACTION SHOULD BI D TO THE APPROPRIA CIENCY)		(X5) COMPLETION DATE
N 149	Continued From page dated 03/06/2024 at 1 03/06/2024 at 1802 [6 identified on the sectu appropriate dates. A facility policy receiv "Restraint or Seclusio 01/2024 was reviewer requirement for loggin intervention [ESI]. During a conversation Management on 08/2 informed that the resp had been given to Ris 2024. Logging of the not been consistent. Client #1 had diagnos intellectual function, d dysregulation disorde Review of the facility's and Client#1's chart of 6/12/24, revealed Clie physical restraint from other documents rega the client's record, sp or Emergency Safety Packet (ESI) docume Director of Risk Mana the DRM reported sho	e 26 1445 [2:45 PM and 3:02 PM] that were not usion/restraint log for the ed on 08/26/2024 titled on use" with a revised date of d and did not address the ng each emergency safety n with the Director of Risk 6/2024, the surveyors were bonsibility for logging ESI's sk Management in April of ESI's prior to that time had ses including borderline		149				
	dysregulation disorde							
	Review of the facility's revealed Client #6 ha	s restraint and seclusion log d the following						

If continuation sheet Page 27 of 59

	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FORM	: 09/16/2024 APPROVED . 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE COMPI	SURVEY LETED
		04L120	B. WING			08/:	; 30/2024
NAME OF PI	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STA	TE, ZIP CODE		
WOODRIE	GE OF THE OZARKS			466 S 48TH STREET PRINGDALE, AR 72762	!		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
N 149	PM 06/16/24 Physical rest and Chemical restrain No other documents r in the client's record, s order or ESI. Chart revealed a nurs which indicated Client at 9:26 AM and on 04 for seclusion was recor- regarding the restrain record. ORDERS FOR USE O SECLUSION CFR(s): 483.358(h)(2 [Documentation must emergency safety inte- ended. This ELEMENT is no Based on interview a failed to ensure that a intervention justification ensure that the initiation restraint/seclusion wa #1, #4, #5, #6 and #7 emergency safety inte- The findings are: A review of the psychio 7/24/2024 revealed C	ents: I Chemical restraint at 8:20 traint at 2:55 PM to 3:37 PM t at 3:11 PM regarding the restraints were specifically, no physician e's note dated 04/17/24 #6 was placed in seclusion /17/24 a physician's order eived. No other documents ts were in the client's DF RESTRAINT OR ) include] the time the ervention actually began and t met as evidenced by: nd record review, the facility n emergency safety on packet was completed to on time of the s documented for 5 (clients ) case mix clients who had	N 149				

If continuation sheet Page 28 of 59

	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FORM	): 09/16/2024 1 APPROVED 0. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	_	(X3) DATE COMP	SURVEY LETED
		04L120	B. WING			) (08/:	; 30/2024
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	STATE, ZIP CODE		
WOODRIE	OGE OF THE OZARKS			2466 S 48TH STREET SPRINGDALE, AR 727	762		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRI	R'S PLAN OF CORRECTION ECTIVE ACTION SHOULD BI ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 151	Continued From page bulimia nervosa, and disorder [PTSD].		N 15	1			
	A review of the physic #4 had emergency sa 06/10/2024 at 1043 [1 1715 [5:15 PM] and 0 AM]. No Emergency S Justification packet with interview with the Direc When the justification the director confirmed these dates to docum restraint or seclusion. A review of the psych dated 04/24/2024 rev diagnoses of attention disorder [ADHD], com disorder, oppositional episode. A review of the physic #5 had emergency sa 03/06/2024 at 1530 [3 2122 [9:22 PM], 04/17 No Emergency Safety packet was available with the Director of Ri justification packet(s) director confirmed the these dates to docum restraint or seclusion. A review of the Psych	10:43 AM], 06/11/2024 at 6/12/2024 at 1015 [10:15 Safety Intervention as available according to an ector of Risk Management. packet(s) were requested, I they were not available for ent the initiation time of the iatric discharge summary ealed Client #5 had deficit hyperactivity bined presentation, conduct defiant disorder, and manic can's orders revealed Client fety interventions on 8:30 PM], 04/05/2024 at 7/2024 at 1336 [1:36 PM]. Intervention Justification according to an interview sk Management. When the were requested, the ey were not available for ent the initiation time of the iatric Progress note dated Client #7 had a diagnoses of					

Facility ID: 3017

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		D HUMAN SERVICES MEDICAID SERVICES					FORM	): 09/16/2024 MAPPROVED ). 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í		E CONSTRUCTION			LETED
		04L120	B. WING					C 30/2024
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD	ЭE		
WOODRIE	OGE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BI E APPROPRIA		(X5) COMPLETION DATE
N 151	A review of the physic #7 had emergency sa 03/06/2024 at 1445 [2 1802 [6:02 PM], 04/13 04/19/2024 at 0815 [8 1615 [4:15 PM] and 0 PM]. No Emergency S Justification packet winterview with the Dire When the justification the director confirmed these dates to docum restraint or seclusion. A facility policy receive "Restraint or Seclusion "01/2024," was review restraint is any manual mechanical device, ou to manage a clients b involuntary confineme and the client is preve physician's order must end times of the restra On 8/29/2024 at 11:42 with the Director of Ri Emergency Safety Int packet(s) were request this surveyor there we available for these da initiation time of the restra Review of a psychiatr "06/22/24" revealed C including borderline in	cian's orders revealed Client fety interventions on 2:45 PM], 03/06/2024 at 3/2024 at 1011 [10:11 AM], 3:15 AM], 08/16/2024 at 8/17/2024 at 2016 [8:16 Safety Intervention as available according to an ector of Risk Management. packet(s) were requested, I they were not available for ent the initiation time of the ed on 08/26/2024 titled n Use," revised date of ved and read in part that a al method, physical or a drug used as a restriction ehavior. Seclusion is ent alone in a room or area ented from leaving. The t designate the start and aint/seclusion to be used. 2 AM during an interview sk Management, when the ervention Justification sted, the director informed ere no justification packets tes to document the estraint or seclusion. ic progress note dated Client #1 had diagnoses	Ν	151				

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ND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		04L120	B. WING		C 08/30/202	24	
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	•		
WOODRID	GE OF THE OZARKS			2466 S 48TH STREET SPRINGDALE, AR 72762			
	CLIMMADY C	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO		()(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE COMP E APPROPRIATE D	(X5) PLETIC DATE	
N 151	Continued From pag	e 30	N 15	1			
		y's restraint and seclusion log on the nurse's note dated					
	physical restraint from	ient #1 was placed in a m 7:47 PM to 8:08 PM. No					
	packet was complete	ntervention Justification ed for these dates to on time of the restraint or					
	seclusion. Document	ts were requested from the agement (DRM). At 3:36 PM,					
	-	ne was unable to locate the ers regarding the incident.					
	Client #6 had a diagr dysregulation disorde	nosis of disruptive mood er.					
	Review of the facility revealed Client #6 ha	's restraint and seclusion log ad the following					
	restraint/seclusion ev 06/11/24 Physical an PM	vents: Id Chemical restraint at 8:20					
	06/16/24 Physical read						
	which indicated Clier	rse's note dated 04/17/24 ht #6 was placed in seclusion 4/17/24 a physician's order					
	for seclusion was rec No Emergency Safet	ceived. ty Intervention Justification					
	packet was complete document the initiation seclusion	ed for these dates to on time of the restraint or					
N 152	ORDERS FOR USE SECLUSION	OF RESTRAINT OR	N 15	2			
	CFR(s): 483.358(h)(3	3)					
	[Documentation mus results of the 1-hour	t include] the time and					

Facility ID: 3017

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PRINTED: 09/16/2024

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	09/16/2024 APPROVED
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·			(X3) DATE COMP	LETED
		04L120	B. WING		_	) (1000)	C 30/2024
NAME OF P	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, ST	TATE, ZIP CODE	-	
WOODRIE	OGE OF THE OZARKS			466 S 48TH STREET SPRINGDALE, AR 7276	62		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 152	This ELEMENT is no Based on interview a failed to ensure that a intervention justification ensure that the face-to documented in the clii #4, #5, #6 and #7) ca- emergency safety inter The findings are: A review of the psych 7/24/2024 revealed C major depressive disc bulimia nervosa, and disorder [PTSD]. A review of the physic #4 had emergency sa 06/10/2024 at 1043 [1 1715 [5:15 PM] and 0 AM]. No Emergency S Justification packet w interview with the Dire When the justification the director confirmed these dates to docum assessment in the clie A review of the psych dated 04/24/2024 rev diagnoses of attentior disorder [ADHD], com disorder, oppositional episode. A review of the physic #5 had emergency sa	t met as evidenced by: ind record review, the facility in emergency safety on packet was completed to o-face assessment was ents record for 5 (clients #1, se mix clients who had erventions. iatric progress note dated lient #4 had diagnoses of order recurrent, severe, post-traumatic stress clan's orders revealed Client afety interventions on 10:43 AM], 06/11/2024 at 16/12/2024 at 1015 [10:15 Safety Intervention as available according to an ector of Risk Management. packet(s) were requested, d they were not available for the face-to-face ents record. iatric discharge summary ealed Client #5 had n deficit hyperactivity bined presentation, conduct defiant disorder, and manic	N 152				

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	-	D HUMAN SERVICES				FORM	09/16/2024 APPROVED
STATEMENT (	S FOR MEDICARE & I OF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE COMP	LETED
		04L120	B. WING		_	) (08/:	C 30/2024
NAME OF PI	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WOODRIE	GE OF THE OZARKS			466 S 48TH STREET PRINGDALE, AR 7276	52		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFEREI	B PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 152	2122 [9:22 PM], 04/17 No Emergency Safety packet was available with the Director of Ri justification packet(s) director confirmed the these dates to docum assessment in the clie A review of the Psych 07/24/2024 revealed of disruptive mood dysre ADHD. A review of the physic #7 had emergency sa 03/06/2024 at 1445 [2 1802 [6:02 PM], 04/13 04/19/2024 at 0815 [8 1615 [4:15 PM] and 0 PM]. No Emergency S Justification packet we interview with the Dire When the justification the director confirmed these dates to docum assessment in the clie A facility policy receive "Restraint or Seclusio "01/2024," was review restraint is any manual mechanical device, or to manage a clients b involuntary confineme and the client is prevent documentation require	7/2024 at 1336 [1:36 PM]. 7/2024 at 1336 [1:36 PM]. 7 Intervention Justification according to an interview sk Management. When the were requested, the ey were not available for ent the face-to-face ent's record. 1 iatric Progress note dated Client #7 had a diagnoses of egulation disorder and 1 iatric Progress note dated Client #7 had a diagnoses of egulation disorder and 2 ian's orders revealed Client fety interventions on 2 :45 PM], 03/06/2024 at 8 / 2024 at 1011 [10:11 AM], 8 :15 AM], 08/16/2024 at 8 / 17/2024 at 2016 [8:16 Safety Intervention as available according to an ector of Risk Management. packet(s) were requested, 1 they were not available for ent the face-to-face ents record. ed on 08/26/2024 titled n use," revised date of ved and read in part that a al method, physical or a drug used as a restriction	N 152				

Facility ID: 3017

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	): 09/16/2024 APPROVED 0. 0938-0391
STATEMENT C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING		_	) :/80	) 30/2024
NAME OF PF	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
WOODRID	GE OF THE OZARKS			2466 S 48TH STREET SPRINGDALE, AR 7276	62		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 152	Continued From page	33	N 152				
	with the Director of Ri Emergency Safety Int packet(s) were request they were not available document the face-to- clients record. Review of a psychiatr "06/22/24", revealed C including borderline in disruptive mood dysre history of abuse. Review of the facility's and Client#1's chart of 6/12/24, revealed Clien physical restraint from Emergency Safety Int packet was completed document the face-to- clients record. Document the Director of Risk M PM, the DRM reported the ESI or physician of incident. Client #6 had a diagoned dysregulation disorde Review of the facility's revealed Client #6 had restraint/seclusion ever 06/11/24 Physical and PM	sted, the director confirmed le for these dates to face assessment in the ic progress note dated Client #1 had diagnoses itellectual function, egulation disorder, and is restraint and seclusion log in the nurse's note dated ent #1 was placed in a in 7:47 PM to 8:08 PM. No ervention Justification d for these dates to face assessment in the eents were requested from anagement (DRM). At 3:36 d she was unable to locate orders regarding the cosis of disruptive mood r. is restraint and seclusion log d the following ents: d Chemical restraint at 8:20 traint at 2:55 PM to 3:37 PM					

Facility ID: 3017

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 09/16/2024 APPROVED 0. 0938-0391	
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED	
		04L120	B. WING		_	C 08/30/2024		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	ATE, ZIP CODE			
WOODRIE	OGE OF THE OZARKS			2466 S 48TH STREET SPRINGDALE, AR  7276	2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
N 152	Chart revealed a nurs which indicated Client at 9:26 AM and on 04 for seclusion was reco No Emergency Safety packet was completed document the face-to- clients record. ORDERS FOR USE 0 SECLUSION CFR(s): 483.358(h)(4 [Documentation must safety situation that re- restrained or put in se This ELEMENT is no Based on interview a failed to ensure that a intervention justificatio ensure that the situati seclusion was docum for 5 (clients #1, #4, # clients who had emergency The findings are: A review of the psych 7/24/2024 revealed C major depressive disc bulimia nervosa, and disorder [PTSD]. A review of the physic #4 had emergency sa	<ul> <li>se's note dated 04/17/24</li> <li>t #6 was placed in seclusion /17/24 a physician's order eived.</li> <li>/ Intervention Justification d for these dates to -face assessment in the DF RESTRAINT OR</li> <li>)</li> <li>include] the emergency equired the resident to be eclusion.</li> <li>t met as evidenced by: and record review, the facility on emergency safety on packet was completed to to on that led to restraint or ented in the clients record 45, #6, and #7) case mix gency safety interventions.</li> <li>iatric progress note dated lient #4 had diagnoses of order recurrent, severe, post-traumatic stress</li> </ul>	N 15					

Facility ID: 3017

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 09/16/2024 APPROVED D. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING					C 30/2024
NAME OF P	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP C	ODE	•	
WOODRIE	OGE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD B		(X5) COMPLETION DATE
N 153	<ul> <li>AM]. No Emergency S Justification packet w the Director of Risk M to document the even restraint or seclusion.</li> <li>A review of the psych dated 04/24/2024 rev diagnoses of attention disorder [ADHD], com disorder, oppositional episode.</li> <li>A review of the physic #5 had emergency sa 03/06/2024 at 1530 [3 2122 [9:22 PM], 04/12 No Emergency Safety packet was available Risk Management for the event that precipit seclusion.</li> <li>A review of the Psych 07/24/2024 revealed disruptive mood dysre ADHD.</li> <li>A review of the physic #7 had emergency sa 03/06/2024 at 1445 [2 1802 [6:02 PM], 04/13 04/19/2024 at 0815 [8 1615 [4:15 PM] and 0 PM]. No Emergency Sa</li> </ul>	16/12/2024 at 1015 [10:15 Safety Intervention as available according to lanagement for these dates at that precipitated the iatric discharge summary ealed Client #5 had in deficit hyperactivity beined presentation, conduct defiant disorder, and manic cian's orders revealed Client afety interventions on 3:30 PM], 04/05/2024 at 7/2024 at 1336 [1:36 PM]. y Intervention Justification according to the Director of these dates to document tated the restraint or hiatric Progress note dated Client #7 had a diagnoses of egulation disorder and cian's orders revealed Client afety interventions on 2:45 PM], 03/06/2024 at 3/2024 at 1011 [10:11 AM], 3:15 AM], 08/16/2024 at 08/17/2024 at 2016 [8:16 Safety Intervention as available according to lanagement for these dates	Ν	153				

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 09/16/2024 MAPPROVED ). 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /				(X3) DATE COMP	SURVEY LETED
		04L120	B. WING					C 30/2024
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE	E, ZIP CODE		
WOODRIE	GE OF THE OZARKS				466 S 48TH STREET PRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECT) CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD B ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
	Continued From page restraint or seclusion. A facility policy receiv "Restraint or Seclusio "01/2024," was review restraint is any manua mechanical device, of to manage a clients b involuntary confineme and the client is preve Documentation shoul- justification for use of On 8/29/2024 at 11:42 with the Director of Ri asked to provide the e intervention justification revealed the document Review of a psychiatr "06/22/24", revealed 0 including borderline in disruptive mood dysre history of abuse. Review of the facility's and Client #1's chart of 6/12/24, revealed Clie physical restraint from	e 36 ed on 08/26/2024 titled in Use," revised date of ved and read in part that a al method, physical or r a drug used as a restriction ehavior. Seclusion is ent alone in a room or area ented from leaving. d have included the clinical a restraint or seclusion. 2 AM, during an interview isk Management, when emergency safety on packets, the Director intation was not available. ic progress note dated Client #1 had diagnoses intellectual function, egulation disorder, and s restraint and seclusion log on the nurse's note dated ent #1 was placed in a in 7:47 PM to 8:08 PM. No		153			ΤΕ	DATE
	packet was completed document the event the or seclusion. Docume the Director of Risk M	hat precipitated the restraint ents were requested from lanagement (DRM). At 3:36 d she was unable to locate orders regarding the						

Facility ID: 3017

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CENTER	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		O. 0938-039 E SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		CON	IPLETED
		04L120	B. WING			C
NAME OF P	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE	08	3/30/2024
WOODRIE	OGE OF THE OZARKS			466 S 48TH STREET PRINGDALE, AR 72762		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
N 153	"03/-7/2023" revealed of disruptive mood dy Review of the facility's revealed Client #6 ha restraint/seclusion ev 06/11/24 Physical and PM 06/16/24 Physical res and Chemical restrain Chart revealed a nurs which indicated Clien at 9:26 AM and on 04 for seclusion was reco No Emergency Safety packet was completed	I Client #6 had a diagnosis rsregulation disorder. s restraint and seclusion log d the following ents: d Chemical restraint at 8:20 straint at 2:55 PM to 3:37 PM at at 3:11 PM se's note dated 04/17/24 t #6 was placed in seclusion k/17/24 a physician's order eived.	N 153			
N 154	ORDERS FOR USE ( SECLUSION CFR(s): 483.358(h)(5 [Documentation must involved in the emerg This ELEMENT is no Based on interview a failed to ensure that a intervention justification ensure that document listing the staff involve seclusion in the client	include] the name of staff ency safety intervention. In the met as evidenced by: and record review, the facility an emergency safety on packet was completed to tation was completed for ed with the restraint or its record for 5 (clients #1, se mix clients who had	N 154			

Facility ID: 3017

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 09/16/2024 MAPPROVED ). 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING			-		C 30/2024
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STA	ATE, ZIP CODE		
WOODRIE	OGE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 72762	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 154	Continued From page The findings are:	38	N	154				
	7/24/2024 revealed C	iatric progress note dated lient #4 had diagnoses of order recurrent, severe, post-traumatic stress						
	07/24/2024 revealed safety interventions o AM], 06/11/2024 at 17 06/12/2024 at 1015 [1 Safety Intervention Ju	I0:15 AM]. No Emergency istification packet was lates to document the staff						
	dated 04/24/2024 rev diagnoses of attentior disorder [ADHD], com							
	03/06/2024 at 1530 [3 2122 [9:22 PM], 04/17 No Emergency Safety packet was completed document the staff inv seclusion. When the F intervention documen Director of Risk Mana was no documentation	volved with the restraint or Emergency safety tation was requested, the gement confirmed there						
		Client #7 had diagnoses of						

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 09/16/2024 APPROVED ). 0938-0391
STATEMENT O	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING					C 30/2024
NAME OF PI	ROVIDER OR SUPPLIER			ę	STREET ADDRESS, CITY, STATE	, ZIP CODE	-	
WOODRIE	GE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE D TO THE APPROPRIA ICIENCY)		(X5) COMPLETION DATE
N 154	Continued From page	9 39	N	154	L .			
	Clients #7 physician's orders were reviewed and they revealed there were no emergency safety intervention documentation for the following dates. Client #7 had emergency safety interventions on 03/06/2024 at 1445 [2:45 PM], 03/06/2024 at 1802 [6:02 PM], 04/13/2024 at 1011 [10:11 AM], 04/19/2024 at 0815 [8:15 AM], 08/16/2024 at 1615 [4:15 PM] and 08/17/2024 at 2016 [8:16 PM]. No Emergency Safety Intervention Justification packet was completed for these dates to document the staff involved with the restraint or seclusion. When the Emergency safety intervention documentation was requested, the Director of Risk Management confirmed there was no documentation to provide.							
	restraint is any manual mechanical device, or to manage a clients b involuntary confinement and the client is preve Documentation should justification for use of completion of the epis the staff involved in the (mid page 7) On 8/29/2024 at 11:42 with the Director of Ri Emergency Safety Int packet(s) were request Management was una	ent alone in a room or area ented from leaving. d have included the clinical a restraint or seclusion. The sode review should include he restraint or seclusion. 2 AM, during an interview isk Management, when the ervention Justification sted, the Director of Risk						

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	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	): 09/16/2024 // APPROVED ). 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING					C 30/2024
NAME OF PI	ROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, STA	TE, ZIP CODE		
WOODRID	GE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 72762	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD B CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
N 154	"06/22/24", revealed C including borderline in disruptive mood dysre history of abuse. - Review of the facility log and Client#1's cha 6/12/24, revealed Clie physical restraint from Emergency Safety Int packet was completed document the staff inv seclusion. Documents Director of Risk Mana the DRM reported she ESI regarding the inci Review of a history ar "03/-7/2023" revealed of disruptive mood dy Review of the facility's revealed Client #6 hav restraint/seclusion even 06/11/24 Physical and PM 06/16/24 Physical res and Chemical restrain Chart revealed a nurs which indicated Client at 9:26 AM and on 04 for seclusion was rece No Emergency Safety	ic progress note dated Client #1 had diagnoses itellectual function, egulation disorder, and 's restraint and seclusion art on the nurse's note dated ent #1 was placed in a in 7:47 PM to 8:08 PM. No ervention Justification d for these dates to volved with the restraint or is were requested from the gement (DRM). At 3:36 PM, e was unable to locate the dent. ind physical dated Client #6 had a diagnosis sregulation disorder. is restraint and seclusion log d the following ents: d Chemical restraint at 8:20 traint at 2:55 PM to 3:37 PM it at 3:11 PM e's note dated 04/17/24 i: #6 was placed in seclusion /17/24 a physician's order eived.	N	154		EFICIENCY)		
	packet was completed							

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		D HUMAN SERVICES MEDICAID SERVICES				FORM	D: 09/16/2024 APPROVED D. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING				C 30/2024
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS,	CITY, STATE, ZIP CODE	1 00	
WOODRIE	GE OF THE OZARKS			2466 S 48TH STRE SPRINGDALE, A			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH	DVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
N 156	ORDERS FOR USE O SECLUSION CFR(s): 483.358(j) The physician or othe permitted by the state restraint or seclusion seclusion order in the as possible. This ELEMENT is no Based on interview a failed to ensure that p restraints and seclusion clients record for 4 (C case mix clients who restraints or seclusion The findings are: A review of the Psych 8/14/2024 revealed C disruptive mood dysre conduct disorder. A review of the clients had physician's orders physical and chemica signature of 08/26/202 physicians orders wer record on 08/27/2024 survey team. A review of the psychi 7/24/2024 revealed C	DF RESTRAINT OR r licensed practitioner and the facility to order must sign the restraint or resident's record as soon t met as evidenced by: nd record review the facility hysician's orders for on were signed and in the lients #2, #3, #4 and #7) had documented use of n. iatric Progress not dated lient #3 had diagnoses of egulation disorder and a record revealed Client #3 s dated 08/20/2024, for a I restraint with a time stamp 24 at 6:50 PM, the signed re placed in the clients after requested by the iatric progress note dated lient #4 had diagnoses of order, bulimia nervosa, and	N 15				
	7/24/2024 revealed C major depressive disc post-traumatic stress	lient #4 had diagnoses of order, bulimia nervosa, and					

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	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	): 09/16/2024 MAPPROVED ). 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING			_		C 30/2024
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WOODRIE	GE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 7276	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	B PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 156	restraint and/or seclus 06/08/2024 two order 06/12/2024 and 08/11 time stamp signature the signed physicians clients record on 08/2 survey team. A review of the Psych revealed Client #7 har mood dysregulation d A review of the clients had physician's orders restraint and/or seclus 03/15/2024, 04/18/20 two orders, 06/04/202 07/19/2024 two orders two orders, 08/16/202 time stamp signature the signed physicians clients record on 08/2 survey team. A policy received on 0 physician's orders wa verbal and telephone physician within twent On 8/28/2024 at 9:00 Director of Nurses [D0 Management agreed required for restraints should not be obtaine the physician should I timely manner.	s for a physical or chemical sion for the following dates, s, 06/10/2024 two orders, /2024 two orders with a of 08/26/2024 at 6:50 PM, orders were placed in the 7/24 after requested by the iatric Progress note d diagnoses of disruptive isorder, and ADHD. a record revealed Client #7 s for a physical or chemical sion for the following dates, 24, 05/02/2024, 05/29/2024 24,07/17/2024 two orders, s , 07/23/2024, 08/06/2024 24 and 08/17/2024, with a of 08/26/2024 at 6:50 PM, orders were placed in the 7/24 after requested by the 08/29/2024 that addressed s reviewed and read in part orders signed by the ty-four (24) hours. AM, during an interview the ON] and the Director of Risk that physician's orders were or seclusion, the orders d at the same time, and that have signed the orders in a	N	156				
	Review of The Master	Treatment Plan dated,						

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 09/16/2024 APPROVED 0. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE : COMPI	SURVEY LETED
		04L120	B. WING		_	08/3	C 30/2024
NAME OF PI	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WOODRIE	OGE OF THE OZARKS			466 S 48TH STREET SPRINGDALE, AR 7276	32		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 156	"7/5/2024" revealed C including post-trauma oppositional defiant d hyperactivity disorder borderline intellectual Record review on 08/ revealed physician or Client #2's chart for cl restraints for 08/11/24 restraint order for 8/13 requested physician or Risk Management (DI On 08/27/2024 at 9:00 Officer provided the for -Chemical restraint or signed on 8/26/2024 a -Physical restr	Client # 2 had diagnoses titic stress disorder, isorder, attention deficit ; bipolar II disorder, and functioning. 26/2024 at 10:00 AM, ders were not present in hemical and physical 4, 08/20/24, and physical 3/24. The Surveyor orders from the Director of RM) at 3:36 PM. 0 AM the Chief Executive ollowing physician orders : rder on 8/11/24 at 5:22 PM at 6:50 PM der on 8/11/24 at 5:22 PM at 6:50 PM der on 8/14/24 at 9:57 AM at 6:50 PM der on 8/20/24 at 10:53 AM at 6:50 PM der on 8/20/24 at 10:53 AM at 6:50 PM der on 8/20/24 at 10:53 AM at 6:50 PM	N 156				

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	): 09/16/2024 MAPPROVED ). 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING		_		C 30/2024
NAME OF P	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, ST	ATE, ZIP CODE	-	
WOODRIE	OGE OF THE OZARKS			2466 S 48TH STREET SPRINGDALE, AR 7276	62		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFEREI	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 178	This STANDARD is r Based on interview a failed to ensure that g the implementation of intervention for 4 (clie mix clients who had re documented in their re The findings are: A review of the psych 7/24/2024 revealed C major depressive disc bulimia nervosa, and disorder [PTSD]. A review of the physic #4 had emergency sa implemented on 06/08 no documented notific A review of the psych dated 04/24/2024 rev of attention deficit hyp combined presentatio oppositional defiant d Client #5 a review of the revealed the client ha interventions impleme 03/17/2024 and 04/05 notification of the gua A review of the Psych 07/24/2024 revealed of disruptive mood dysre ADHD.	hot met as evidenced by: nd record review, the facility uardians were notified after an emergency safety nts #4, #5, #6 and #7) case estraints or seclusion ecord. iatric progress note dated lient #4 had diagnoses of order recurrent, severe, post-traumatic stress cian's orders revealed Client fety interventions 8/2024 and 06/11/2024 with cation of the guardian. iatric discharge summary ealed client had diagnoses beractivity disorder [ADHD], n, conduct disorder, isorder, and manic episode. the physician's orderss d emergency safety ented on 03/06/2024 and 6/2024 with no documented rdian. iatric Progress note dated Client #7 had diagnoses of	N 178				

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 09/16/2024 APPROVED D. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING					C 30/2024
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			
WOODRII	DGE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD B		(X5) COMPLETION DATE
N 178	<ul> <li>#7 had emergency saimplemented on 03/00 03/18/2024, 04/13/20 05/11/2024, 08/16/20. documented notificati</li> <li>A facility policy receiv "Restraint or Seclusio "01/2024," was review restraint is any manuamechanical device, or to manage a clients b involuntary confineme and the client is prevented that notification of the when appropriate with On 8/29/2024 at 11:43 with the Director of Ridocumentation had be notification. The Director of Ridocumentation availa</li> <li>Review of a psychiatr "06/22/24", revealed 0 including borderline ir disruptive mood dysres history of abuse.</li> <li>Review of the facility's and Client#1's chart of 6/12/24, revealed Cliephysical restraint from Emergency Safety Int packet was completed document the notification.</li> </ul>	fety interventions 6/2024 two incidents, 24, 04/19/2024, 05/02/2024, 24 and 08/17/2024 with no on of the guardian. ed on 08/26/2024 titled in Use," revised date of ved and read in part that a al method, physical or r a drug used as a restriction ehavior. Seclusion is ent alone in a room or area ented from leaving. It read family or significant other nin eight (8) hours. 2 AM, during an interview sk Management, een requested for guardian otor of Risk Management eam there wasn't any ble for guardian notification. ic progress note dated Client #1 had diagnoses ntellectual function, egulation disorder, and s restraint and seclusion log on the nurse's note dated ent #1 was placed in a n 7:47 PM to 8:08 PM. No rervention Justification d for these dates to	N	178				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 09/16/2024 MAPPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		04L120	B. WING				C 30/2024
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
WOODRIE	GE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR  72762		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
N 178	reported she was una regarding the incident Review of a history at "03/-7/2023" revealed of disruptive mood dy Review of the facility's revealed Client #6 ha restraint/seclusion ev 06/11/24 Physical and PM 06/16/24 Physical res and Chemical restrain Chart revealed a nurs which indicated Client at 9:26 AM and on 04 for seclusion was reco No Emergency Safety packet was completed document the notifica NOTIFICATION OF P GUARDIAN CFR(s): 483.366(b) [If the resident is a mi subpart] the facility m resident's record that guardian(s) has been safety intervention, in notification and the na providing the notificat	RM). At 3:36 PM, the DRM able to locate the ESI t. and physical dated I Client #6 had a diagnosis sregulation disorder. I Client #6 had a diagnosis I Client #6 had seclusion log d the following ents: d Chemical restraint at 8:20 Attaint at 2:55 PM to 3:37 PM that at 3:11 PM Se's note dated 04/17/24 t #6 was placed in seclusion /17/24 a physician's order eived. I Intervention Justification d for these dates to tion of the guardian. PARENT(S) OR LEGAL nor as defined in this ust document in the the parent(s) or legal notified of the emergency cluding the date and time of ame of the staff person ion.		178	3		
	This ELEMENT is no	t met as evidenced by:					

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		ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 09/16/2024 // APPROVED ). 0938-0391	
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		04L120	B. WING			_		C 30/2024	
NAME OF P	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, ST	TATE, ZIP CODE	-		
WOODRIE	OGE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 7276	62			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
N 179	failed to ensure that d notification was in the implementation of an intervention for 3 (clie clients who had restra documented in their m The findings are: A review of the psych 7/24/2024 revealed C major depressive disc post-traumatic stress A review of the physic #4 had emergency sa implemented on 06/02 no documentation ava of notification of the g A review of the psych dated 04/24/2024 rev diagnosis of attention [ADHD], conduct disc disorder, and manic en A review of physician had emergency safety on 03/06/2024 and 03 with no documentation record of notification of A review of the Psych 07/24/2024 revealed of disruptive mood dysre ADHD.	and record review the facility documentation for guardian e clients record after the emergency safety ents #4, #5 and #7) case mix aints or seclusion ecord. iatric progress note dated client #4 had diagnosis of order, bulimia nervosa, and disorder [PTSD]. cian's orders revealed Client afety interventions 8/2024 and 06/11/2024 with ailable in the clients record quardian. iatric discharge summary ealed Client #5 had deficit hyperactivity disorder order, oppositional defiant episode. 's orders revealed Client #5 y interventions implemented 3/17/2024 and 04/05/2024 n available in the clients	N	179					

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	MENT OF HEALTH AN S FOR MEDICARE & I						FORM	): 09/16/2024 MAPPROVED ). 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i í		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING					C 30/2024
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP (	CODE	-	
WOODRIE	OGE OF THE OZARKS				466 S 48TH STREET SPRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIA		(X5) COMPLETION DATE
N 179	#7 had emergency sa implemented on 03/00 03/18/2024, 04/13/20 05/11/2024, 08/16/20 documentation availa notification of the gua A facility policy receiv. "Restraint or Seclusio "01/2024" was review restraint is any manua mechanical device, or to manage a clients b involuntary confineme and the client is preve- read that notification of other when appropria completed within one of a safety interventio include documentation On 8/29/2024 at 11:42 with the Director of Ri documentation had be notification. The Direct informed the survey to documentation availa POST INTERVENTIC CFR(s): 483.370(a) Within 24 hours after seclusion, staff involv- intervention and the re face-to-face discussio include all staff involv- when the presence of may jeopardize the we	fety interventions 5/2024 two incidents, 24, 04/19/2024, 05/02/2024, 24 and 08/17/2024 with no ble in the clients record of rdian. ed on 08/26/2024 titled n use" with a revised date of ed and read in part that a al method, physical or r a drug used as a restriction ehavior. Seclusion is ent alone in a room or area ented from leaving. It also of the family or significant te and that the form, to be hour of the implementation n by the nurse would n. 2 AM during an interview sk Management, een requested for guardian etor of Risk Management eam there wasn't any ble for guardian notification. N DEBRIEFINGS the use of the restraint or ed in an emergency safety		179				

Facility ID: 3017

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 09/16/2024 MAPPROVED D. 0938-0391	
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		04L120	B. WING		_		C 30/2024	
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	ATE, ZIP CODE			
WOODRIE	OGE OF THE OZARKS			466 S 48TH STREET PRINGDALE, AR 7276	2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
N 188	guardian(s) may parti when it is deemed ap facility must conduct s language that is unde by the resident's pare The discussion must l and staff the opportur circumstances resultin seclusion and strateg the resident, or others future use of restraint This STANDARD is r Based on interview a failed to ensure that a intervention justification ensure that the staff fa documented for the re- the clients record for the and #7) case mix client safety interventions. The findings are: A review of the psych 7/24/2024 revealed C major depressive disco bulimia nervosa, and disorder [PTSD]. A review of the physic #4 had emergency sa 06/10/2024 at 1043 [1 1715 [5:15 PM] and 0 AM]. According to the Management, there w Intervention Justification	cipate in the discussion propriate by the facility. The such discussion in a erstood by the resident and ent(s) or legal guardian(s). provide both the resident hity to discuss the ing in the use of restraint or ies to be used by the staff, is that could prevent the or seclusion. hot met as evidenced by: an emergency safety on packet was completed to face to face debriefing was estraint or seclusion and in 6 (Clients #1, #2, #4, #5, #6 ints who had emergency iatric progress note dated client #4 had diagnoses of order recurrent, severe, post-traumatic stress cian's orders revealed Client afety interventions on 10:43 AM], 06/11/2024 at 106/12/2024 at 1015 [10:15	N 188					

Facility ID: 3017

If continuation sheet Page 50 of 59

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 09/16/2024 MAPPROVED ). 0938-0391
STATEMENT (	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		04L120	B. WING					C 30/2024
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			
WOODRIE	OGE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE		(X5) COMPLETION DATE
N 188	debriefing for the rest available in the clients A review of the psych dated 04/24/2024 rev diagnoses of attentior disorder [ADHD], corr disorder, oppositional episode. A review of the physic #5 had emergency sa 03/06/2024 at 1530 [3 2122 [9:22 PM], 04/13 According to the Direct there were no Emerge Justification packets a document the staff fac restraint or seclusion record. A review of the Psych 07/24/2024 revealed disruptive mood dysre ADHD. A review of the physic #7 had emergency sa 03/06/2024 at 1445 [2 1802 [6:02 PM], 04/13 04/19/2024 at 0815 [8 1615 [4:15 PM] and 0 PM].According to the Management, there w Intervention Justification	rraint or seclusion and s record. iiatric discharge summary realed Client #5 had in deficit hyperactivity hbined presentation, conduct d defiant disorder, and manic cian's orders revealed Client afety interventions on 3:30 PM], 04/05/2024 at 7/2024 at 1336 [1:36 PM]. ctor of Risk Management, ency Safety Intervention available for these dates that ce-to-face debriefing for the and available in the clients hiatric Progress note dated Client #7 had a diagnoses of egulation disorder and cian's orders revealed Client afety interventions on 2:45 PM], 03/06/2024 at 3/2024 at 1011 [10:11 AM], 3:15 AM], 08/16/2024 at 08/17/2024 at 2016 [8:16 Director of Risk vere no Emergency Safety ion packets available for ument the staff face-to-face traint or seclusion and	N	188				

If continuation sheet Page 51 of 59

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	: 09/16/2024 APPROVED . 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING			( 08/:	; 30/2024
NAME OF P	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STAT	E, ZIP CODE	-	
WOODRII	OGE OF THE OZARKS			66 S 48TH STREET PRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT) CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
N 188	"Restraint or Seclusio "01/2024," was review restraint is any manual mechanical device, of to manage a clients b involuntary confineme and the client is preve Documentation shoul- justification for use of completion of the doc the debriefing of staff any needs due to the involved in the restrai mid page 7) On 8/29/2024 at 11:42 with the Director of Ri Emergency Safety Int packet(s) were reques this surveyor there we available to documen these dates and were record. Review of The Master "7/5/2024" revealed C including post-trauma oppositional defiant d hyperactivity disorder borderline intellectual Review of the facility's chart revealed on 08/ had a behavior event chemical restraints. T located in the Emerge Justification Packet (E	ved on 08/26/2024, titled on use," revised date of ved and read in part that a al method, physical or r a drug used as a restriction ehavior. Seclusion is ent alone in a room or area ented from leaving. d have included the clinical a restraint or seclusion. The umentation should include within 24 hours to address traumatic episode for staff nt or seclusion. (bottom and 2 AM, during an interview isk Management, when the tervention Justification sted, the director informed ere no justification packets t the staff debriefing for e not available for the clients r Treatment Plan dated, Client # 2 had diagnoses tic stress disorder, isorder, attention deficit , bipolar II disorder, and	N 188				

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		D HUMAN SERVICES MEDICAID SERVICES				FORM	): 09/16/2024 APPROVED 0. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING		_		C 30/2024
NAME OF PF	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WOODRID	GE OF THE OZARKS			466 S 48TH STREET PRINGDALE, AR 7276	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 188	Continued From page not completed.	52	N 188	1			
	Review of a history an "03/-7/2023" revealed of disruptive mood dy	Client #6 had a diagnosis					
N 189	chart revealed on 03/ had a behavior event restraint. The patient the Emergency Safet Packet (ESI) indicated	s seclusion log and client's 18/24 at 11:04 AM, Client #6 that resulted in a physical debriefing form, located in y Intervention Justification d one attempt to have client he form was not completed. N DEBRIEFINGS	N 189				
	safety intervention, and administrative sta	olved in the emergency nd appropriate supervisory aff, must conduct a at includes, at a minimum, a					
	that required the inter	nergency safety situation vention, including sipitating factors that led up					
	Based on interview a failed to ensure that a intervention justification ensure that the face-the documented for the re- the clients record for the	on packet was completed to					

If continuation sheet Page 53 of 59

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 09/16/2024 MAPPROVED ). 0938-0391
STATEMENT O	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING					C 30/2024
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STAT	E, ZIP CODE		
WOODRID	OGE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BI ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
N 189	Continued From page interventions.	9 53	N	189				
	The findings are:							
	7/24/2024 revealed C	iatric progress note dated lient #4 had diagnoses of order recurrent, severe, post-traumatic stress						
	#4 had emergency sa 06/10/2024 at 1043 [1 1715 [5:15 PM] and 0 AM]. According to the Management, there w Intervention Justificat these dates to docum	10:43 AM], 06/11/2024 at 6/12/2024 at 1015 [10:15 Director of Risk vere no Emergency Safety ion packets available for						
	dated 04/24/2024 rev diagnoses of attentior disorder [ADHD], com							
	#5 had emergency sa 03/06/2024 at 1530 [3 2122 [9:22 PM], 04/1 According to the Direct there were no Emerge Justification packets a document the face-to- restraint or seclusion	cian's orders revealed Client afety interventions on 3:30 PM], 04/05/2024 at 7/2024 at 1336 [1:36 PM]. ctor of Risk Management, ency Safety Intervention available for these dates to -face debriefing for the and in the clients record iatric Progress note dated						

Facility ID: 3017

If continuation sheet Page 54 of 59

	MENT OF HEALTH AN	D HUMAN SERVICES					FORM	): 09/16/2024 MAPPROVED ). 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		04L120	B. WING					C 30/2024
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE,	ZIP CODE	-	
WOODRIE	OGE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIV CROSS-REFERENCE	NOF CORRECTION E ACTION SHOULD BI D TO THE APPROPRIA CIENCY)		(X5) COMPLETION DATE
N 189	07/24/2024 revealed of disruptive mood dysre ADHD. A review of the physic #7 had emergency sa 03/06/2024 at 1445 [2 1802 [6:02 PM], 04/13 04/19/2024 at 0815 [8 1615 [4:15 PM] and 0 PM]. According to the Management, there w Intervention Justification these dates to docum debriefing for the rest clients record A facility policy receive "Restraint or Seclusion "01/2024," was review restraint is any manual mechanical device, on to manage a clients b involuntary confinement and the client is preve Documentation should justification for use of completion of the doc the debriefing of staff any needs due to the involved in the restrait On 8/29/2024 at 11:42 with the Director of Ri Emergency Safety Int packet(s) were request this surveyor there we available to document	Client #7 had diagnoses of egulation disorder and clan's orders revealed Client fety interventions on 2:45 PM], 03/06/2024 at 8/2024 at 1011 [10:11 AM], 8:15 AM], 08/16/2024 at 8/17/2024 at 2016 [8:16 Director of Risk vere no Emergency Safety ion packets available for ent the face-to-face raint or seclusion and in the ed on 08/26/2024 titled n Use," revised date of ved and read in part that a al method, physical or a drug used as a restriction ehavior. Seclusion is ent alone in a room or area ented from leaving. d have included the clinical a restraint or seclusion. The umentation should include within 24 hours to address traumatic episode for staff	N	189				

Facility ID: 3017

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	: 09/16/2024 APPROVED . 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		04L120	B. WING			C 08/3	; 30/2024
NAME OF PF	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE	E, ZIP CODE		
WOODRID	OGE OF THE OZARKS			66 S 48TH STREET PRINGDALE, AR 72762			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI CROSS-REFERENCE	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
N 189	Continued From page	> 55	N 189				
N 193		N DEBRIEFINGS	N 193				
	both debriefing session include in that docume who were present for staff who were excuse	in the resident's record that ons took place and must entation the names of staff the debriefing, names of ed from the debriefing, and esident's treatment plan that fings.					
	Based on interview a failed to ensure that d client debriefing for th been completed and a	at met as evidenced by: and record review, the facility documentation for staff and he restraint or seclusion had available in the clients \$1, #4, #5, #6, and #7) case emergency safety					
	7/24/2024 revealed C	iatric progress note dated lient #4 had diagnoses of order recurrent, severe, post-traumatic stress					
	#4 had emergency sa 06/10/2024 at 1043 [1 1715 [5:15 PM] and 0 AM]. According to the Management, no Eme Justification packets v dates to verify docum	10:43 AM], 06/11/2024 at 06/12/2024 at 1015 [10:15					

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	-	D HUMAN SERVICES MEDICAID SERVICES					FORM	D: 09/16/2024 MAPPROVED D. 0938-0391	
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>í</i>		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		04L120	B. WING			C 08/30/2024			
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE	E, ZIP CODE			
WOODRIE	GE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 72762				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTI CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BI ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE	
N 193	dated 04/24/2024 rev diagnoses of attention disorder [ADHD], com disorder, oppositional episode. A review of the physic #5 had emergency sa 03/06/2024 at 1530 [3 2122 [9:22 PM], 04/17 According to the Direc no Emergency Safety packets were availabl documentation of the intervention for staff of A review of the Psych 07/24/2024 revealed of disruptive mood dysre ADHD. A review of the physic #7 had emergency sa 03/06/2024 at 1445 [2 1802 [6:02 PM], 04/13 04/19/2024 at 0815 [8 1615 [4:15 PM] and 0 PM]. According to the Management, no Eme Justification packets w dates to verify docum after a safety interven A facility policy receive "Restraint or Seclusio	iatric discharge summary ealed Client #5 had a deficit hyperactivity abined presentation, conduct defiant disorder, and manic clan's orders revealed Client fety interventions on 3:30 PM], 04/05/2024 at 7/2024 at 1336 [1:36 PM]. ctor of Risk Management, Intervention Justification e for these dates to verify debriefing after a safety r the client. iatric Progress note dated Client #7 had diagnoses of egulation disorder and client #7 had diagnoses of egulation disorder and client #7 had bignoses of egulation disorder and cli	N	193		-ICIENCY)			
	-	a drug used as a restriction							

Facility ID: 3017

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	-	D HUMAN SERVICES MEDICAID SERVICES			I	NTED: 09/16/2024 FORM APPROVED B NO. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING	CONSTRUCTION	(X3)	DATE SURVEY COMPLETED
		04L120	B. WING			C 08/30/2024
NAME OF PI	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, Z	IP CODE	
WOODRIE	GE OF THE OZARKS			66 S 48TH STREET RINGDALE, AR 72762		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD BE	(X5) COMPLETION DATE
N 193	involuntary confineme and the client is preve Documentation should justification for use of completion of the doc the debriefing of staff any needs due to the involved in the restrait did not address the re- restraint or seclusion clients records. (botto On 8/29/2024 at 11:42 with the Director of Ri Emergency Safety Int packet(s) were request debriefing of the clien informed this surveyo packets available for the documented staff and restraint or seclusion record. Review of a psychiatr "06/22/24", revealed C including borderline in disruptive mood dysre- history of abuse. Review of the facility's and Client#1's chart of 6/12/24, revealed Clien physical restraint from Emergency Safety Int packet was completed document the debriefins seclusion and availab Documents were requ	ent alone in a room or area ented from leaving. d have included the clinical a restraint or seclusion. The umentation should include within 24 hours to address traumatic episode for staff int or seclusion. The policy equirement for maintaining documents available in the om and mid page 7) 2 AM, during an interview sk Management, when the ervention Justification sted, that included the t and staff. The director r there were no justification these dates that client debriefing for the and available in the clients ic progress note dated Client #1 had diagnoses netellectual function, egulation disorder, and s restraint and seclusion log on the nurse's note dated ent #1 was placed in a n 7:47 PM to 8:08 PM. No ervention Justification d for these dates to	N 193			

Facility ID: 3017

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 09/16/2024 APPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		04L120	B. WING			_		C 30/2024
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WOODRIE	OGE OF THE OZARKS				2466 S 48TH STREET SPRINGDALE, AR 7276	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD B ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 193	reported she was una regarding the incident Review of a medical h "03/07/2023" revealed of disruptive mood dy Review of the facility's revealed Client #6 ha restraint/seclusion evo 06/11/24 Physical and PM 06/16/24 Physical rest and Chemical restrain Chart revealed a nurs which indicated Client at 9:26 AM and on 04 for seclusion was reco No Emergency Safety packet was completed document the debrief	able to locate the ESI t. history and physical dated d Client #6 had a diagnosis sregulation disorder. s restraint and seclusion log d the following ents: d Chemical restraint at 8:20 traint at 2:55 PM to 3:37 PM ht at 3:11 PM se's note dated 04/17/24 t #6 was placed in seclusion /17/24 a physician's order eived. / Intervention Justification d for these dates to	N	193				

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

September 26, 2024

Derek Thompson, Administrator Woodridge Of The Ozarks 2466 S 48th Street Springdale, AR 72762

Dear Mr. Thompson:

On August 30, 2024, we conducted a 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 September 30, 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: Breanna Marengo at 501-320-6280 or email to: breanna.marengo@dhs.arkansas.gov.

## Sincerely, Breanna Marengo

Breanna Marengo, Reviewer DPSQA/Office of Long Term Care Survey & Certification Section

bbm

POC Approved BBM 09/26/24 @ 1543

Return to OLTC by 9.25.2024 Completed by: Skyler Barnes Job Title: Facility CEO Date Completed: 9.24.2024 Plan of Correction Received: 9.16.2024 POC Completion Date: 9.30.2024

Regulation	Deficiency	Action to be taken	Completion Date by 9.30.2024
Protection of Residents CFR(s): 483.256 (a) (1)	To ensure client is free from chemical restraint.	All emergency safety interventions (ESI) will continue to be monitored and tracked on our restraint log by of Director of Risk.	Implemented 9.20.2024 With continuous monitoring for 90 days
		100% of all Emergency Safety Interventions (ESIs) will be reviewed via camera footage within next business day of occurrence until compliance with protocols for appropriate use of restraint, seclusion, or emergency medications is met and maintained at 100% for 30 consecutive days.	Implemented 9.10.24
		<ul> <li>All current MHTs/Nurses will be re-trained on appropriate use of ESI protocols.</li> <li>PRNs will be trained before their next shift for those unable to train prior to 9.30.24.</li> <li>Staff who do not complete training prior to 9.30.24 will not work the schedule until training has been completed.</li> </ul>	9.30.2024
OF RESIDENTS CFR(s): 483.356(a)(3)	To ensure that clients who underwent emergency safety interventions did not sustain potentially avoidable injuries during the process.	<ul> <li>All current MHTs/Nurses will be re-trained on appropriate use of ESI protocols.</li> <li>PRNs will be trained before their next shift for those unable to train prior to 9.30.24.</li> <li>Staff who do not complete training prior to 9.30.24 will not work the schedule until training has been completed.</li> </ul>	9.30.2024
		100% of direct care and clinical staff will complete the initial Handle With Care (HWC) certification and be re-certified every 6 months.	Implemented 9.30.24
		A tracking system has been developed and implemented to monitor certification and re- certification status, ensuring full compliance and timely completion for all staff. Compliance will be monitored and reviewed monthly by the Committee of the Whole (COW) to ensure adherence to these standards.	Daily monitoring until 100% compliance and then monthly monitoring via COW meeting
	Physician's order for restraints and seclusion	All current charts have been audited to identify deficiencies. All appropriate corrections will be	9.18.2024

RESTRAINT		completed.	
OR SECLUSION CFR(s): 483.358(b) 483.358(j)		<ul> <li>Nursing will be re-trained on ESI protocols to include proper timelines for physician orders following or prior to a restraint, seclusion, or emergency mediation.</li> <li>PRNs will be trained before their next shift for those unable to train prior to 9.30.24.</li> <li>Nurses who do not complete training</li> </ul>	9.30.2024
		Doctor have been set up with Docusign to ensure timely review of orders. These will be authenticated within 24 hours. During weekends/holidays, administrator on-call (AOC) will take point on sending physician orders to doctor. Compliance will be monitored and reviewed regularly by the Committee of the Whole to ensure adherence to these standards.	Implemented 9.25.2024 Daily monitoring until 100% compliance and then monthly monitoring via COW meeting
		The nursing team will file POs physical chart within 48 hours.	9.10.2024
ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(c)	To ensure physician's orders for physical and chemical restraints were not received at the same time.	<ul> <li>Nursing and Physicians will be re-trained on ESI protocols to include proper timelines for initiating restraints, seclusion, or emergency medications and obtaining orders from the physician.</li> <li>PRNs will be trained before their next shift for those unable to train prior to 9.30.24.</li> <li>Nurses who do not complete training prior to 9.30.24 will not work the schedule until training has been completed.</li> <li>Physicians will complete re-training prior to their next scheduled round.</li> </ul>	9.30.24
		All direct care and clinical staff will be HWC certified and be re-certified every 6 months, to include de-escalation techniques that will assist MHT/Nurses in implementing de-escalation techniques before moving to a more restrictive alternative.	9.30.2024 Daily monitoring until 100% compliance and then monthly monitoring via COW meeting

ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(e) 483.358(f) 483.358(h) 483.358(h)(2) 483.358(h)(2) 483.358(h)(3) 483.358(h)(4) 483.358(h)(5) 483.370(a) 483.370(b) 483.370(c)	safety intervention justification packet to include: -duration of the safety intervention was documented - face-to-face assessment was documented - the appropriate type of intervention was ordered and documented - log emergency safety interventions - initiation time of the restraint/seclusion was documented - the situation that led to restraint or seclusion was documented - listing the staff involved with the restraint or seclusion - the staff face to face debriefing was documented - the face-to-face debriefing was documented - staff and client debriefing for the restraint or seclusion had been completed and available in the client's record	All current charts have been audited to identify deficiencies. All appropriate corrections will be completed. A nursing chart audit will be occurring monthly for ongoing compliance verification. Nursing will be re-trained on ESI protocols to include the completion of the ESI packet to include quality, timeliness, additional documentation if warranted, physician order, and filing process.	Implemented 9.25.2024 Monthly ongoing monitoring reviews via COW meeting 9.30.2024
		<ul> <li>Monitoring Process Steps:</li> <li>Nursing completion of packet</li> <li>ESI packet entered into chart with physician orders within 48 hours</li> <li>Copy of ESI packet given to Director of Risk</li> <li>Director of Risk will review ESI for completeness, justification, and appropriate ESI protocols.</li> <li>Director of Risk will log ESI on restraint log to track ESIs</li> <li>Director of Risk will turn ESI packets that are not completed fully or adequately into Director of Nursing for review with RN.</li> <li>Director of Risk will review cameras for all ESIs over a 30-day period to verify accuracy of ESI packet report.</li> <li>Compliance issues will be referred to DON for disciplinary action.</li> </ul>	Implemented 9.10.204 Daily monitoring until 100% compliance and then monthly monitoring via COW meeting
N OF PARENT(S) OR LEGAL GUARDIAN CFR(s):	of an emergency safety intervention Documentation for guardian notification was in the client's	The administrator on-call (AOC) will complete check-ins with day/evening shifts to identify any ESIs that may have occurred. AOC will prompt nursing on guardian notifications for any incidents/ESIs that occurred if nursing failed to have done so. AOC will review on-call each morning and make note of any incidents/ESIs to be tracked on morning meeting notes.	Implemented 9.16.204 Daily monitoring until 100% compliance and then monthly monitoring via COW meeting

items missing in the documentation. The Di	9.25.204
of Nursing will meet with the Nurse to revie deficiencies in documentation, such as guar	ew
notification.	