

UPDATED: December 4, 2024  
November 26, 2024

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

An incident occurred at the following service site that prompted an order for an additional review. Upon review of the policies relevant to the incident, the findings are noted below:

**Piney Ridge Treatment Center, LLC**  
**4253 N Crossover Rd**  
**Fayetteville, AR 72703-4593**  
**Provider Medicaid Number:** [REDACTED]  
**Onsite Inspection Date:** November 21, 2024  
**Onsite Inspection Time:** 11:10 a.m.

A summary of the policies reviewed, and findings are noted below:

### **Inspection of Care Summary**

#### **Health and Safety-Policy Review**

This additionally ordered inspection was triggered by a complaint against Piney Ridge Treatment Center, LLC. Based on the nature of the incident, the following were requested for review:

- Emergency Safety Interventions
- Incident Reporting
- Personnel File
- Client File

#### **Observation:**

Upon arrival at the facility, AFMC staff were promptly greeted at the entrance by a Piney Ridge Treatment Center, LLC receptionist in the main lobby. AFMC staff signed the visitor log. AFMC staff were immediately taken to the Chief Executive Officer's office where they were met by both the CEO and Compliance Director. AFMC staff were given the completed and signed consent form listing approval for access to the AFMC portal. Facility staff were given the Document Request Form and AFMC staff discussed the requirements for the Inspection of Care.

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

Based on the nature of the incident, personnel records were reviewed. There were no deficiencies noted.

### Policies and Procedures Findings:

Upon review of the identified policies there were no deficiencies noted. The following observations were noted:

- The Emergency Safety Intervention policy recognizes physical restraints as “The application of physical external force (not to include mechanical restraint) on the resident to limit mobility. It shall be used for a period of time as brief as possible and in such a manner that reduces the chance of physical harm as much as possible. Physical restraint shall not restrict respiratory movements or other vital functions. A physician's order is required for physical restraints. Physical restraint is a crisis intervention used to resolve an emergency safety situation to contain severe, out of control behavior, which is likely to cause harm to the resident, other residents, or staff.”
- The Emergency Safety Intervention policy states that “If a staff member or resident receives a serious injury during an emergency safety intervention, the staff involved will debrief with the supervisor. A body assessment completed, identifying any injuries to staff or resident that occurred during the time of the emergency safety intervention. Identification of the cause of the injury and a description of the injury will be documented on the body assessment form included in the Emergency Safety Intervention Justification form. This form is to be filed in the resident's medical record following the ESI Justification form. During the debriefing, staff involved will determine what can be done to prevent such injuries during the ESI in the future. The staff involved may receive retraining from the certified Handle with Care techniques instructor to prevent potential injuries in the future. All serious injuries will be reported to the Office of Long-Term Care and Disability Rights Center by the close of business the next day.”
- Training requirements within the Emergency Intervention policy are outlined as follows, “Staff will complete Handle with Care recertification training annually. Direct care staff also participate in a Handle with Care refresher training within six months of certification/recertification.”
- The providers policy for reporting incidents are as follows:
  - An "incident" is an unanticipated event, which results in, or nearly causes, a negative impact on patient care or visitor safety. Any harm caused can be temporary, long-term, or permanent and range in severity from no Obviates or significant injury, up to death.
    - Supervisor will review the Incident Report for legibility, completion, and date. Supervisor will notify facility Risk Manager of a serious incident as well as take the lead in investigating non-serious incidents.
    - The Incident Report will be routed to the facility Risk Manager within 24 hours of incident.
    - Completed, reviewed, and signed Incident Reports must be entered into the Risk Management Information System ("RiskQual/HAS" incident reporting system). The “Level I” and “Level II” incidents must be entered within 24 hours. “Level III” and “Level IV” incidents must be entered within 5 calendar days.
    - If the incident involves a patient, staff must chart relevant and factual information in the patient's medical record. When documenting incidents in the medical records, staff will chart precisely what happened without referring to an “error” or that an Incident Report was completed. Staff should not attribute any cause to the unanticipated event.

### Clinical Review Deficiencies:

AFMC was provided with the alleged victim’s file for review.

The provider uploaded records which were then reviewed for compliance with licensure standards. Based on the review of clinical components of licensure requirements, the following deficiencies were noted:

Record Number	Rule	Deficiency Statement	Reviewer Notes
RR0037285	IP Psych 204.100	Record documentation did not include the setting in which services were provided.	The provider lacked documentation of the setting/location in which the services were provided.

#### Summary of Findings and Resolution:

- Upon the review of the personnel record the following was noted:
  - The staff was trained on Handle with Care on May 22, 2024.
  - The staff was suspended for the incident on 11/01/2024, pending investigation.
  - The staff has retrained on restraint procedures on 11/19/2024.
  - At the time of the additionally ordered inspection, the staff was still suspended pending clearance from DCFS, the Office of Long-Term Care, and Licensure.
- The incident happened on 10/31/2024 in the courtyard, where the provider did not have video footage.
- The client sustained a small abrasion on the left arm and a small amount of swelling and redness on the left ear.
- The provider self-reported the incident of 10/31/2024.
- Upon review of the client chart the following observations were noted:
  - The client was admitted to Piney Ridge Treatment Center, LLC on [REDACTED] 2024, and discharged on [REDACTED] 2024.
  - The client had multiple incidents documented throughout the chart detailing the client's behaviors including the following:
    - Property damage and/or destruction
    - Assault of staff including:
      - Hitting staff
      - Kicking staff
      - Spitting on staff
      - Throwing items at staff
    - Attempted elopement and encouraging other clients to also elope
    - Fighting with peers both verbally and physically
    - Refusing to take prescribed medications
  - The client was placed on unit restrictions, self-harm precautions, and assault precautions multiple time throughout the admission.
  - The client had multiple incidents requiring physical holds. Each hold was documented using the facility's restraint packet. Restraint documentation was reviewed, and all elements of required documentation were met.

Respectfully,

Inspection of Care Team  
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