

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:

- Q15 Observation Policy
- 521 Visit Compliance Report
- Daily Staff Schedules
- The alleged victim's chart was not reviewed due to client being an out of state resident.

Policies and Procedures Findings:

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

- Staff are to complete patient observations and document every fifteen (15) minutes.
- The Q15 Observation policy identifies that staff are not to complete fifteen (15) minute observations from the doorway or at a distance. During hours when residents are awake, staff are expected to approach the residents and engage verbally. During sleeping hours, staff are to visually check the resident's identity, observe respirations, and check that they are not in distress.

Summary of Findings and Resolution:

- Upon review of the daily staff schedules for October 31, 2024, to November 04, 2024, the provider had a ratio of one staff to every six clients.

- Upon reviewing the 521 Visit Compliance Report, it was noted that the alleged offender did not physically touch the victim, but did make inappropriate comments of a sexual nature. The victim noted that they notified the staff of the comments, and that staff implemented precautions that the residents stay at a distance and supervision was increased. The alleged offender was also interviewed and collaborated with the same story.
- The incident was reported to the [REDACTED] by the client's out of state case worker after speaking with the client. The [REDACTED] was not accepted per the facility's Chief Executive Officer.
- There were no deficiencies noted.

Respectfully,

Inspection of Care Team
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