



**Placement and Residential Licensing Unit**

P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437

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**Notice of Serious Incident**

Case Number: 026942

Date of Incident: 1/13/2025

Date Received: 1/17/2025

Facility Name: Yellow Rock Behavioral Health

Facility Number: 203

Incident Type: Dual

Report Description: Av is [REDACTED] who lives with mom [REDACTED]. Out of home offender is [REDACTED], a staff member at Piney Ridge. Reporter states that, on 1/13/2025, at 2:55 PM, [REDACTED] verbally threatened [REDACTED]. [REDACTED] said that, during a restraint, [REDACTED] told him, "If you kick me, I'll break your fucking legs." The incident is being investigated by Piney Ridge. To the reporter's knowledge, the restraint left no injuries.

Interim Action Narrative: Employee suspended pending the maltreatment investigation.

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[REDACTED] Narrative: Av is [REDACTED], who lives with mom [REDACTED]. Out of home offender is [REDACTED], a staff member at Piney Ridge. Reporter states that, on 1/13/2025, at 2:55 PM, [REDACTED] verbally threatened [REDACTED] said that, during a restraint, [REDACTED] told him, "If you kick me, I'll break your fucking legs." The incident is being investigated by Piney Ridge. To the reporter's knowledge, the restraint left no injuries.

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Licensing Narrative: Licensing specialist reviewed the report. [REDACTED]. Licensing contacted the facility for ICA safety plan regarding staff [REDACTED]. 1/21/2025-Licensing was made aware that there was an error in the AO of this case. The name of the AO has been updated and the ICA for [REDACTED] has been lifted. The correct alleged offender, [REDACTED], was placed on suspension on [REDACTED]/2025 [REDACTED]/2025 - A visit was conducted at the facility for case [REDACTED] to obtain witness

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statements, review the restraint packet for the reported incident, and review staff [REDACTED] personnel file. [REDACTED] background checks and handle with care training certificate showing May of 2024. Work right up documentation was reviewed. The employee has been terminated. Facility HR department stated the employee [REDACTED] has been terminated because he received a restraining order from a co-worker with whom they were roommates with. The restraining order was not related to work, but prohibited [REDACTED] from reporting to Piney. [REDACTED] has also received write ups at work. Two write ups for attendance and two write ups for being the AO in two investigations. Facility staff state [REDACTED] was terminated because of work performance issues unrelated to the investigation. Licensing specialist reviewed multiple Doctor's orders for restraints. The documentation has been uploaded to ELS. Several of the restraints completed over the course of 1/11/2025 - 1/14/2025 were missing physicians signature. During the inspection the doctor was completing the signatures. 1/24/2025 - The complaint was founded by licensing. 521 inspection report was sent to the facility for signature. 1/29/2025 - Resident witness statements received, reviewed and uploaded to ELS. 2/12/2025 - Facility response received from CEO J. Hoover. Email was uploaded to ELS. 2/27/2025 - As of 2/27/2025 licensing has not received a signed copy of the 521 inspection report. Per email, CEO requested a call regarding concerns.



Office of the Placement and Residential Licensing Unit  
Division of Provider Services & Quality Assurance  
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## 521 Visit Compliance Report

**Licensee:** Piney Ridge Treatment Center

**Facility Number:** 203

**Licensee Address:** 2805 E ZION RD  
FAYETTEVILLE AR 72703

**Licensing Specialist:** Jarred Parnell

**Person In Charge:**

**Record Visit Date:** 1/24/2025

**Home Visit Date:** 1/24/2025

**Purpose of Visit:** Complaint Visit

### Regulations Out of Compliance:

**Regulation Number:** 100.110.9.a

**Regulation Description:** Any owner, operator, employee, foster parent, or volunteer in a child welfare agency shall immediately notify the Child Abuse Hotline if they have reasonable cause to suspect that a child has

**Sub-Regulation Level 1 Description:** Been subjected to child maltreatment

**Finding Description:**

[REDACTED]

**Action Due Date:** 2025-02-07

**Action Due Description:** Please provide a corrective action plan to the PRLU to detail how your agency will ensure all allegations are called into the Child Abuse Hotline moving forward as to ensure that internal investigation procedures to not interfere with state reporting requirements.

**Regulation Number:** 900.905.12

**Regulation Description:** Seclusion, mechanical, or physical restraints shall be used only if ordered by a physician.

**Finding Description:** While the physician orders were documented, licensing was unable to determine if the physician had ordered the restraint due to the lack of a physician signature. The physician did sign 8 of the 15 physician orders during the time of the PRLU visit to the facility

**Action Due Date:** 2025-02-07

**Action Due Description:** Please provide a plan on how the facility plans to ensure that physician signatures are documented on restraint orders moving forward.

**Regulation Number:** 900.905.4.c

**Regulation Description:** The following actions shall not be used, including as discipline:

**Sub-Regulation Level 1 Description:** Lewd or obscene language;

**Finding Description:** Staff [REDACTED] stated that he told resident [REDACTED] to "quit kicking your damn legs, you're going to make it harder on yourself" during a physical restraint on 1/13/2025 as evidenced by the witness statement written by staff [REDACTED]

**Action Due Description:** Staff [REDACTED] has been terminated from employment at the agency.

### **Narrative:**

A visit was conducted on 1/24/2025 for case # 026942.

### **The following was reviewed:**

Physician orders for all resident restraints dated between 1/11/2025 - 1/14/2025. (See below)

ESI packets for resident [REDACTED] dated for 1/12/2025 @11:58am, 1/13/2025 @ 8:08pm, 1/15/2025 @ 6:50pm, and 1/18/2025 @ 7:15pm.

Review of staff corrective actions, restraint training, and background checks for staff person [REDACTED]

Witness statements from three staff, [REDACTED] and [REDACTED].

Witness statement from residents [REDACTED]

The facility restraint log for January 2025.

**The following physician orders were viewed**

[REDACTED] 1/11/2025 @744am-physical restraint- signed by physician on 1/24/2024 at 12:00pm (At the time of PRLU visit)

[REDACTED] 1/11/2025 @10:14pm- physical restraint- signed by physician on 1/24/2024 at 11:59am (At the time of PRLU visit)

[REDACTED] 1/11/2025 @ 4:10pm- physical restraint- signed by physician on 1/24/2024 at 11:59am (At the time of PRLU visit)

[REDACTED] 1/11/2025 @ 8:45am-physical restraint- signed by physician on 1/24/2024 at 12:00pm (At the time of PRLU visit)

[REDACTED] 1/11/2025 @4:06pm- physical restraint- signed by physician on 1/24/2024 at 12:00pm (At the time of PRLU visit)

[REDACTED] 1/12/2025 @11:57am- physical restraint- signed by physician on 1/24/2024 at 11:59am (At the time of PRLU visit)

[REDACTED] 1/13/2025 @ 8:08pm-physical restraint-signed by physician on 1/18/2025 at 10:35am

[REDACTED] 1/13/2025 @ 8:08pm- physical restraint- signed by physician on 1/18/2025 @ 10:35am

[REDACTED] - 1/14/2025 @7:12pm- physical restraint- signed by physician on 1/18/2025 at 4:39pm

[REDACTED] - 1/14/2025 @8:01pm- physical restraint- signed by physician on 1/18/2025 at 4:39pm

[REDACTED] - 1/15/2025 @ 6:50pm-physical restraint- signed by physician on 1/18/2025 @ 4:35pm

[REDACTED] -1/15/2025 @ 7:25pm- physical restraint- Signed by physician on 1/18/2025 @ 4:35pm but not signed by the nurse who requested/received the order.

[REDACTED] - 1/15/2025 @7:37pm- chemical restraint- signed by the physician on 1/18/20024 @ 4:35pm but not signed by the nurse who requested/received the order.

[REDACTED] - 1/18/2025 @8:45am- physical restraint- signed by physician on 1/24/2024 at 11:58am (At the time of PRLU visit)- ESI packet documents that a chemical was also given, but the facility reported that the box was marked in error and no chemical restraint was given.

[REDACTED] - 1/18/2025 @ 7:15pm-physical restraint- signed by physician on 1/24/2024 at 11:58am (At the time of PRLU visit)- ESI packet documents that a chemical was also given, but the facility reported that the box was marked in error and no chemical restraint was given.

**The following deficiencies were noted:**

**905.4.c**Lewd and obscene language- Staff [REDACTED] stated that he told resident [REDACTED] to "quit kicking your damn legs, you're going to make it harder on yourself" during a physical restraint on 1/13/2025 as evidenced by the witness statement written by staff [REDACTED]

**110.12.a**-Failure to report [REDACTED]

**905.12**- Physical restraints must be ordered by a physician- While the physician orders were documented, licensing was unable to determine if the physician had ordered the restraint due to the lack of a physician signature. The physician did sign 8 of the 15 physician orders during the time of the PRLU visit to the facility.

**\*\*\*\*\* Pursuant to A.C.A. § 9-24-406(e) (3-4): If you believe that the Department's notice of noncompliance is in error, you may ask for reconsideration. The request for reconsideration must be in writing and delivered to the Department by certified mail within twenty (20) business days of receipt of the notice of noncompliance. The request must specify the parts of the notice that are alleged to be in error, explain why you believe those parts are in error, and include documentation to support the allegation of error. Once received the Department shall issue a decision on your request within twenty (20) days after receipt of the request.**

**Provider Comments:**

CCL Staff Signature :

Date: 1/24/2025

Provider Signature :

Date: 1/24/2025