ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Provider Services and Quality Assurance

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January 30, 2025

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: January 28, 2025
Onsite Inspection Time: 8:58 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 Policy
- Incident Reporting Policy
- Restraint and Seclusion Log
- Personnel Files
- 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 and were immediately taken to the conference room by the Compliance Director, the Health Information Management Director, and the Human Resource 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 of the staff named in the incident were reviewed. Three paraprofessional personnel records were review and there were no deficiencies noted.

Policies and Procedures Findings:

Upon review of the identified policies and documents onsite, the following areas were noted:

- The Emergency Safety Intervention Policy:
  - Page 5, Section G.1. Emergency Safety Intervention Debriefing states, *Staff involved in the emergency safety intervention as well as an appropriate supervisory staff and/or administrative team member and the resident both participate in a face-to-face discussion within twenty-four (24) hours of the emergency safety intervention."*

        - AFMC staff noted that the staff member listed as the alleged offender was not listed on staff debriefing documentation page for the physical restraint that occurred on January 12, 2025, at 11:58 a.m. The facility staff stated that the alleged staff member's personal keys fell out of their pocket while they were assisting another staff member in physically restraining the client. After releasing the restraint, the alleged victim and another client grabbed the staff member's keys and played "keep away" with keys. Once the staff member obtained keys back from the clients it was reported to facility management staff that staff member was very upset and left their shift early without completing the staff debriefing.
    - 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 Incident Reporting-Risk Management Program Policy:
    - Section IV.C. PROCEDURES states, *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 obvious 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 l" and "Level Il" incidents must be entered within 24 hours. 'Level Ill" 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.*
    - Section VI. INCIDENT TYPE CATEGORIZATION states,
        - *A. Patient Care Treatment: Incidents involving a patient while they are actively participating in treatment that can or does cause harm or disruption.*
            - *5. O1E. Verbal or mental/psychological abuse by staff allegations.*
        - *B. In states where the facility is required to report certain adverse events to an outside regulatory agency, it must be done within state/agency requirements with notification of such external reporting obligations to Corporate Risk Management and Corporate Quality and Compliance.*
            - *1. All incident Reports received by the facility Risk Manager will be assigned an initial severity classification level in accordance with established Corporate Risk Management criteria, approved by the facility leadership and Governing Board.*
            - *2. The severity level index will be utilized by the facility Risk Manager and facility leadership to identify significant incidents in an effort to facilitate referral of issues needing further evaluation and/or action to address and monitor failures in systems to improve the quality of care.*
            - *3. The following severity level classifications shall be assigned in incident reporting:*
                - *A. Level 1 (Major): Incidents which are considered serious events. This may include sentinel events.*
                - *B. Level II (Moderate): Injury or impairment in which a patient or visitor's function may be altered with treatment limited to first aid.*
                - *C. Level III (Minor): Injury or impairment in which a patient or visitor's function may be altered with treatment limited to first aid.*
                - *D. Level IV (Inconsequential): Events which do not otherwise qualify as a Level I, II, or III and where no injury or outcome alters a patient or visitor's function.*
            - *4. Extra event identifiers for qualifying incidents*
                - *A. Near Miss Event: Identifies an incident or process variation that carried a significant change of being recognized as a Sentinel Event, but is outside the scope of a Sentinel Event description.*
                - *B. Sentinel Event: Identifies a patient safety related incident (no primarily related to the natural course of an illness or underlying condition of an individual served)*

that reaches an individual served and results in death, severe harm, or permanent harm where intervention harm where intervention was required to sustain live.
    - *C. Workplace Violence Event: Identifies an incident that specifically involved a person(s) who commits assault, engages in harassing or intimidating behaviors, or credibly threatens the personal safety of employees (including contracted/agency staff), patients, visitors, or vendors.*
- *5. The "Incident Report Descriptions and Severity Guide" is a reference document developed to assist with type categorization, severity level classification, and extra event identifiers.*
  - Per the facility Risk Manager, the alleged incident was internally investigated and did not meet the reporting requirements according to their investigation. Therefore, this incident was not reported to the [redacted]. The facility Risk Manager stated the reasoning behind not reporting this event was because the alleged victim made the claim of verbal threatening during a physical restraint by the staff member was not heard by the other staff members who were present during the physical restraint.
- Upon review of the restraint and seclusion log the following data was noted:
  - October 2024 there were 76 reported incidents of restraint/seclusion.
  - November 2024 there were 63 reported incidents of restraint/seclusion.
  - December 2024 there were 10 reported incidents of restraint.
  - As of January 28, 2025, at 11:00 a.m. there were 81 reported incidents of restraint/seclusion.

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
RR0038684	IP Psych 217.000	The Medical Evaluation does not include the mental and physical functional capacity of the client.	The Medical Evaluation does not include the mental and physical functional capacity of the client.
RR0038684	IP Psych 217.000	The Medical Evaluation does not include a prognosis.	The Medical Evaluation does not include a prognosis
RR0038684	IP Psych 218.100	The Individual Plan of Care was not developed in consultation with the recipient and his or her parent(s), legal guardian(s), or others.	The Individual Plan of Care was not documented on the Master Treatment Plan or in the Family Therapy Notes on November 8, 2024, as being developed in consultation with the client's parent(s) or legal guardian in whose care he or she will be released after discharge. Facility stated the therapist who provides Family Therapy discusses the Master Treatment Plan with parent(s) or guardian at the Family Therapy session following the treatment plan completion.
RR0038684	IP Psych 218.200	The Individual Plan of Care does not include a description of the functional level of the client.	The Individual Plan of Care (Master Treatment Plan) does not include a description of the functional level of the client.
RR0038684	IP Psych 221.703	A face-to-face assessment of the physical and psychological well-being of the resident was not completed within 1 hour of the initiation of the emergency safety	The face-to-face was not completed within an hour of the initiation of the emergency safety intervention with two of the eight episodes of restraints. The face to face for the episode of physical restraint on January 11, 2024, at 7:45 a.m. wasn't completed

Record Number	Rule	Deficiency Statement	Reviewer Notes
		intervention by a physician or other licensed practitioner.	until 4:32 p.m. The face-to-face for the episode of physical restraint on January 12, 2025, at 11:58 a.m. wasn't completed until 1:00 p.m.
RR0038684	IP Psych 221.703	The name(s) of the staff involved in the emergency safety intervention were not documented.	The physical restraint episode occurring on January 18, 2025, at 8:45 a.m. does not include the names of the staff involved in the emergency safety intervention listed on question #6 of the staff debriefing page of the Emergency Safety Intervention Packet.

Summary of Findings and Resolution:

- Upon review of the personnel record the following was noted:
  - The alleged offender's background check cleared on May 9, 2024.
  - The alleged offender's child maltreatment was cleared on May 16, 2024.
  - The alleged offender's CPR expires May 2026.
  - The alleged offender was initially trained in restraint and seclusion on May 24, 2024.
  - The alleged offender was suspended for a pending investigation of inappropriate techniques and remarks made before a restraint on November 1, 2024.
  - The alleged offender was retrained on appropriate restraints on November 19, 2024.
  - The alleged offender was suspended on January 19, 2025, via phone, for a pending investigation of inappropriate comments made during a restraint on January 13, 2025.
  - The alleged offender was terminated January 20, 2025, due to legal issues outside of employment, that did not relate to the incident.
- The following findings are from the timeline presented to AFMC staff by the facility's Risk Manager:
  - The incident that triggered this complaint happened on January 12, 2025, at 11:58 a.m. The client listed as the alleged victim was reported to have an outburst of behavior where they attacked another peer resulting in the alleged victim being placed in a physical restraint lasting eight minutes. The incident happened in view of a security camera.
  - The alleged victim met with the primary therapist the following day on January 13, 2025, for Individual Therapy Session and reported. During this session, the alleged victim reported that the alleged offender had made threatening, inappropriate comments to the alleged victim while holding the alleged victim's legs during the physical restraint. The alleged victim stated to the primary therapist that while the alleged offender was holding his legs during the restraint the alleged offender stated, "if you kick me, I'll break your fucking legs." The primary therapist notified the Director of Nursing and the Risk Department regarding the allegations.
  - The alleged offender was suspended from January 13, 2025, until January 15, 2025, pending an internal investigation. The provider did not report this incident to the [redacted] because they wanted to complete their internal investigation, talk to the alleged victim and other staff involved in the restraint, and review camera footage.
    - On January 13, 2025, the Risk Department interviewed the alleged victim who stated that he was originally restrained for attacking another resident. The alleged victim reported the same allegations at this time.
    - On January 14, 2025, the Risk Department and Human Resources Department interviewed the alleged offender who stated that during the physical restraint he said something to the effect of "quit moving your damn legs" but did not make the alleged statement. The alleged offender stated he was headbutted and continuously kicked by the alleged victim during the restraint incident. At this time the alleged offender was re-educated on not cursing around the residents.
    - On January 14, 2025, at 10:18 a.m. the alleged victim's guardian was notified via email of the incident.
    - On January 14, 2025, at 10:51 a.m., the alleged victim's Arkansas PASSE was notified via email of the incident.
    - From January 13, 2025, through January 15, 2025, the Risk Department and the Human Resources Department interviewed several of the staff members that were in close proximity to

the alleged victim and offender during the physical restraint incident on January 13, 2025. All employees interviewed stated that they did not hear the alleged statement made by the alleged offender.
    - On January 16, 2025, the alleged offender was cleared of the allegations by Piney Ridge Center based on the results of the internal investigation.
    - On January 17, 2025, the Risk Manager and Director of Nursing received an email from PRLU that a [redacted]l had been received regarding the incident occurring on January 12, 2025. The facility's Risk Coordinator, who was not involved in the restraint, was named in the [redacted] as the alleged offender in the incident occurring on January 12, 2025. The Risk Coordinator was suspended on January 17, 2025.
    - On January 17, 2025, the Washington County DCFS Investigator visited the facility and interviewed the alleged victim. The facility's Risk Manager informed the Washington County DCFS Investigator at this time that they had the wrong alleged offender.
    - On January 21, 2025, the Risk Coordinator was released of the suspension by PRLU and Piney Ridge Treatment Center and was allowed to return to work on January 22, 2025.
    - The alleged offender was suspended on January 19, 2025, via phone, for a pending investigation of inappropriate comments made during a restraint on January 13, 2025.
    - The alleged offender was terminated January 20, 2025, due to legal issues outside of employment, that did not relate to the incident.
    - On January 24, 2025, PRLU visited Piney Ridge Treatment Center. At the time of the AFMC IOC the facility had not received the 521 Form from the PRLU.
- Upon review of the alleged victim's chart the following observations were noted:
    - The client was admitted to Piney Ridge Treatment Center, LLC on [redacted], 2024, and remains a client in the facility.
    - The psychiatric evaluation was completed on October 25, 2024, at 2:55 p.m. but was not signed by the provider until January 23, 2025, at 9:39 a.m.
    - The client had the following episodes of restraints documented. Most incidents are documented as unprovoked outbursts of behavior resulting in the alleged victim assaulting peers and staff members.
        - Physical Restraint on November 11, 2024, at 7:45 a.m. - 7:51 a.m.
        - Physical Restraint on January 11, 2025, at 4:09 p.m. - 4:12 p.m.
        - Physical Restraint on January 12, 2025, at 11:58 a.m. - 12:06 p.m.
        - Physical Restraint on January 13, 2025, at 8:08 p.m. - 8:22 p.m.
        - Physical Restraint on January 15, 2025, at 6:50 p.m. - 6:54 p.m.
        - Physical and Restraint on January 15, 2025, at 7:25 p.m. - 7:37 p.m.
        - Physical Restraint on January 18, 2025, at 8:45 a.m. - 8:55 a.m.
        - Physical Restraint on January 18, 2025, at 7:15 p.m. - 7:27 p.m.
    - Each restraint episode was documented using the facility's restraint packet. Restraint documentation was reviewed, and the following observations were noted:
        - All orders for physical and chemical restraints were obtained in a timely manner via verbal/telephone orders. Orders for episodes of restraints were noted to be signed anywhere from 3 days after the initial order received to 13 days after the initial order is received. No orders signed within 24 hours of receiving the initial order.

Respectfully,

Inspection of Care Team
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