

October 28, 2019

Ronissa Adams, Director of Performance Improvement
Piney Ridge Treatment Center
2805 E. Zion Rd
Fayetteville, AR 72703

The Division of Provider Services and Quality Assurance has contracted with AFMC to conduct Inspections of Care, including investigating complaints. A complaint was sent to AFMC regarding Piney Ridge Treatment Center on October 10, 2019. The following summarizes the findings (pictures also follow to document some of the conditions observed):

Facility Tour and General Observations:

Upon arrival AFMC staff requested a tour of the facility. The facility was noted to be in extreme disrepair and very dirty as stated in the complaint. During our facility tour, the children were all in class or transitioning to another activity. During this time, the classrooms were quiet (one client was asleep in the corner) and the clients in the gym for recreational therapy were standing in a line getting ready for their activity.

The following were outlined concerns reported in the complaint, and AFMC's findings based on this review visit:

- *Lack of supervision, leading to frequent "consensual" sexual contact among youth. Standards 902, 913, and 1007.2*
AFMC Review: Staffing logs for the past 30 days were requested and reviewed. The policy on staff to client ratios was also requested. The actual policy does not state actual staff to patient ratio.
- *Forced youth to youth sexual contact. Standards 902, 913 and 1007.2*
AFMC Review: 20 client interviews were conducted. See below for responses.
- *4-6 youth per bedroom, all of whom have been placed based on the commission of sexual offenses or exhibiting sexually maladaptive behaviors. Youth are placed in shared rooms by default and not based on individual determinations that are specifically noted in their treatment plan as required. Standards 902, 913, 1013.2, 1013.3*
AFMC Review: During the facility tour, the Clinical Director stated that Piney Ridge Treatment Center had been "grandfathered in" by licensing for any change in this protocol. They do have as many as 6 youth per bedroom in some of the rooms. AFMC has attached the letter at the end of the report that they were given allowing the facility to continue to house up to 6 clients per bedroom.
- *Up to 24 youth housed on a unit together with little structured or off-unit time. Standard 1009*
AFMC Review: During the initial meeting with staff, the CEO stated that they house up to 32 youth on a unit together. A schedule of their daily activities was requested and AFMC was given a day, evening, weekend, and holiday schedule for each individual unit. During our tour of the facility, the residents were in class or in Recreational Therapy. There were 2 children on a unit that staff stated had refused to go to school and they were assisting the housekeeper with cleaning the day area of their unit.

- Excessive use of restraints. Standard 1005*

AFMC Review: A list of the previous 30 days of restraints, seclusions, and chemical restraints was requested. The findings showed there were a total of 110 R/S/C in the 30-day period. 52% were restraints, 37% were seclusions, and 11% were chemical restraints. 40% of all occurred during the day shift, 47% during the evening shift, and 13% on the night shift. Weekdays had 59% of the R/S/C, while weekends were at 41%. Of the 110, 7 were female for a total of only 6%. The other 94% were male.
- Excessive use of chemical restraints, clinical director confirmed they are used “most days,” complaints indicate they are used 30-40 times per month.*

AFMC Review: During the initial meeting, the Clinical Director stated that she did not make that comment to anyone. Our findings showed in the 30-day timeframe requested that chemical restraints were used 12 times.
- High rate of Staph infections as a result of the uncleanliness of the facility. Standards 1010.1 and 1011.7*

AFMC Review: The infection control log was requested for the date range 7/1/19-9/30/19. Findings showed there were a total of 70 cultures obtained during this time frame. Of those cultures 51 were throat cultures with 24 being positive for Strep A., two being positive for Staph Aureus, and one being positive for Haemophilus influenzae. Four cultures were urines, and all were negative. Fourteen wounds were cultured with one being negative, four being positive for Strep A, one being positive for Staph Aureus, five being positive for both Strep A and Staph Aureus, and three were positive for MRSA. Unable to determine if the wound cultures that were positive for Staph Aureus and Strep A were skin contamination due to not having copies of original culture reports to review.
- Children’s clothing is not cleaned, and some wear the same clothing multiple days in a row. Standard 1009.8*

AFMC Review: 20 client interviews were conducted. See below for responses.
- Failure to conduct psychosexual evaluations. Record reviews for 5 juveniles did not find any psychosexual evaluations and the most recent psychological evaluation was completed more than 2 years ago. Standard 1003.6*

AFMC Review: All 20 charts reviewed had a psychosexual evaluation.
- Housing a large population of youth who are lower functioning and youth with autism indiscriminately with all other youth and subjecting them to the same chaotic environment and “programming” as all other youth. Standard 1002.4*

AFMC Review: Piney Ridge staff states there is no specific policy on room assignments. Each case is evaluated by the treatment team and room placement is decided.
- Meals on Unit (MOUs) used as punishment, youth receive cold meals consisting of sandwich, carrots, and pretzels for several days to several weeks.*

AFMC Review: A policy for RTU (restricted to unit) was provided. A resident who is deemed to be exhibiting a high-risk behavior requiring additional supervision may be placed on RTU. A physician’s order is required for RTU. One of the restrictions on RTU is that the resident has meals on unit. During one chart review, the RTU order specifically stated that MOU would consist of finger foods.
- Failure to adequately train direct care staff.*

AFMC Review: During the visit, 20 direct care staff HR files were pulled at random for review. The findings for training during orientation were present in most. AFMC staff specifically looked at CPI training and found that 7 of the 20 either had no training in their file or it was expired. That would equate to 35%. Other items lacking in the HR files were as follows: 15 (75%) did **not** have proof of current CPR; 5 (25%) did not have a child maltreatment check; 9 (45%) did not have an adult maltreatment check, and 1 (5%) did not have proof of a criminal back ground check.

- *Relying on a tablet to communicate with non-English speaking youth and denying access to tablet as punishment.*

AFMC Review: During the initial meeting, the Director of Education was informed of the allegation. During our facility tour, she had spoken with the teacher of the youth this allegation was in reference to and she told us that he was never denied access to his tablet as a punishment or in an effort to keep him from properly communicating with staff. The teacher on this unit has a reward system in which a student's "school bus" gets moved daily for good behavior in the classroom. When a student reaches a certain number of points, they are given additional tablet time as a reward and can play educational games. We requested a policy on how to properly converse with non-English speaking youth and were told they do not have a policy on this topic.

- *Educational neglect, failure to provide FAPE (Free Appropriate Public Education).*

AFMC Review: We requested and received copies of IEP's for students that need that assistance. There are weekly education progress notes of rotation students in their charts. During the tour of the facility, the classrooms were very quiet, and the students were busy with classwork. There was one classroom that had a student who was trying to leave the classroom when staff opened the door to allow a view of the room. AFMC did not enter that classroom. One other class had a student lying in the corner with a hoodie over his head.

Client/Staff Interviews:

In addition to the above stated review of the facility and policy/procedures, twenty client interviews and record reviews were conducted onsite at Piney Ridge Treatment Center.

Based on interviews conducted the following were noted:

- Seven clients stated they did not feel safe. Clients said "sometimes...a lot of staff yelling at you...staff slamming you into walls & doors... staff steals your stuff", "not in the room I'm in...my roommate is a bad influence on me.", "no...the kids are yelling & it tears me up... can't get enough sleep because the doors are open", "not really...residents have been bullying me and I have bruises from other residents hitting me", "not really. I feel like there is a lot of fighting", "no... because a lot of staff don't do anything but sit there", "yes and no...didn't know what self-harm was until I got here... you don't even have to be the one to self-harm...they will get plastic from the cafeteria or bust a rock and make it sharp and cut your ass open"
- Two clients did not know what to do if an incident/complaint happened.
- Of the clients that knew about the grievance form, 2 said "they only check the box when its full, but the forms stick out of the top it is so full" and "nothing happens about them"
- 2 clients stated they had inappropriate sexual contact while at Piney Ridge. Clients said, "Roommate touched my private part...staff didn't see it because they were trying to keep someone out of a room... he is autistic" and "had one kid grab my inappropriate area...staff is there but they wait for them to look away"
- 16 clients stated they had heard of others having inappropriate sexual contact while at Piney Ridge. Clients said, "clients do SAO(sexually acting out) things and talk", "staff talks about a client getting sexually touched by another client awhile back", "past resident and he went to jail", "2 clients had inappropriate

contact...they were “trying to””, “some clients that discharged would just kiss in the day room...we used to could key card(put 2 cards together with tape or stickers and open doors)and go in rooms to mess around”, “2 clients said they had sex... they key carded”, “passing notes...showing body parts...it’s a bedtime and staff are by the door but don’t see it because of covers.”, “another client being SAO with one of my friends...its on the unit in the day room because staff is never in there.”, “peers always left bathroom cracked and would pull door open.. another peer would go into the bathroom together”, “this week another client asked me if I wanted to go out...she pulls her boob out and panties over and opened her vagina and showed me...its in my room at night...staff can only watch one side of the room but cant really see the other side...she got moved though” and “2 clients had sexual contact...kissing...touching...it was all outside”.

- All clients stated they got to take a shower every day.
- Two clients stated they did not always have clean clothes available. They told AFMC staff that laundry was done on a certain day whether you had enough clean clothes to last that long.
- Fifteen clients stated that had received an MOU as punishment.
- Eleven clients stated they had received a physical and/or chemical restraint. Clients said, “I got a shot 1 time...2 shots in one setting”, “2 shots”, “yes.... multiple...black needle and the red needle”, “2 shots in 1”, “4 shots the first time, second time just 2 shots”
- All clients stated that they witness other clients getting restrained both physical and/or chemical. Clients stated, “everyday...more than once”, “a lot”, “a lot... a lot of shots”, “a lot get it... like a bunch”, “they restrain people left and right and shots...grab them and take them in the time out room and give them shots”, “a lot of shots...Ms. LeAnne will give shots for even antagonizing”, “often on others...start you out wit 2 shots when you get there...can get up to 10 shots at one time”. “I feel like this place shouldn’t be here...staff broke my glasses during a takedown...it’s not safe at all... don’t help nobody...they are all too physical”
- Nine clients have received medical treatment.

Staff Interviews:

Ten staff interviews were conducted while onsite at Piney Ridge Treatment Center.

Based on interviews conducted the following were noted:

Interview 1: Staff has worked here for 4 months.

- “sometimes I feel like I have to be their therapists...we need more therapists”
- “some staff approach is too aggressive”
- “more staff is needed, and they need to be more selective on who they hire”
- “schooling shouldn’t be where it is now.... they aren’t learning anything, and they need a better education”
- “kids tear this place up!”
- “Portions aren’t big enough... please look into this...these kids are hungry”
- “it’s ridiculous the amount of sexually inappropriate things and there are no consequences”
- “RN’s and therapists’ baby these kids and when they are in trouble, they reward them”

Interview 2: Staff has worked there 10mths.

- “would be nice to have more people”
- “the facility could be better...the kids beat up the building”
- “need more staff trainings”

Interview 3: Staff has worked there 2 years.

- Staff was highly satisfied and made no comments.

Interview 4: Staff has worked there 3 years.

- Staff was highly satisfied.

- “I think the levels should be separated because they put all the levels together”

Interview 5: Staff has worked there for 2 years.

- “I have to do more and go above and beyond”
- “not enough pay”
- “more staff is needed because we can’t take breaks”
- “the kids don’t understand their treatment...lower IQ levels aren’t met with adequate tools...they try and meet basic needs but not treatment wise”

Interview 6: Staff has worked there less than 3 years.

- Staff was highly satisfied and made no comments.

Interview 7: Staff has worked there less than 3 years.

- “need more staff”
- “2 times that I know of...a girl had her period for 2 months...took her to a boy MD....I feel like they should have took her to an OBGYN”

Interview 8: Staff has worked there less than 3 years.

- “I’m expected to do more than I am paid to”
- “I don’t like how this facility is ran...dealing with other staff is the hardest because they are all lazy and don’t care like they should”
- “I feel like I am good at my job because of my own initiative...Orientation is not adequate...it doesn’t prepare people”
- “not really trained on de-escalation techniques”
- “Some staff don’t know how to talk to the kids when they get agitated”
- “need more staff”
- “I feel like even when staff is written up.... they can’t fire them due to lack of staff.”
- “lost a ton of staff at the beginning of the summer and got all new staff within 3 months”
- “quality of staff is terrible...hard to get quality when you don’t pay”
- “kids need more food...older kids get the same portion as the smaller ones...not enough water...kids are dehydrated because the water fountains are disgusting”
- “there were literally kids in the ceiling this summer...staff can’t handle these kids...staff doesn’t pay attention and they just hang out with each other.”
- “major lack of consistency...rules are changed on a whim and no one ever tells us anything...kids and staff are both upset”
- “need more processing and less restraints”
- “limbo area...tells us it’s a rule and ask administration and they say “we are changing that” they don’t even know the rules”

Interview 9: Staff has worked here 3 years.

- “more staff is needed”
- “needs maintenance...a better building”

Interview 10: Staff has worked here for 7-10 years.

- “I feel like the weight of the world is on my shoulders”
- “I have been trained but I’m not sure if I am good because of my personality or because I was trained”
- “They need to pay staff more”
- “the kids need more opportunities...they need to give them some normalcy”

Clinical Record Review:

Twenty client records are randomly selected for review, below are the findings from the clinical record reviews:

Chart ID	Findings
1 RR0000852	<p>Restraints were ordered 3 times for this patient. Restraint/seclusion documentation was requested but not provided.</p> <p>There is no setting documented for the Recreational Therapy.</p> <p>There were several occasions of overlap of services for this client with Recreation Therapy and Family Therapy.</p> <p>Several nurses note entries were not legible.</p> <p>Several BHT entries have been scribbled out on the daily progress notes.</p>
2 RR0000850	Individual Therapy and Group Therapy times overlapped on one occasion.
3 RR0000851	<p>Some of the notes in the chart are illegible.</p> <p>Restraints/seclusions were ordered twice for this client but restraint/seclusion documentation that was requested was not submitted.</p>
4 RR0000840	<p>Recreational Therapy times overlap with Individual Therapy times on one occasion.</p> <p>Recreational Therapy does not have a setting documented.</p>
6 RR000055	Setting not documented on some therapy notes.
7 RR0000838	<p>Recreational Therapy does not have a setting documented.</p> <p>Restraints/seclusions ordered 19 times.</p> <p>All episodes had orders obtained but multiple doctor's orders for restraints/seclusion were either not signed within 24 hours or were not signed at all.</p> <ol style="list-style-type: none"> 1. 10/11/19-orders not signed 2. 10/10/19-orders not signed 3. 10/6/19-orders signed 46 hours later 4. 10/4/19-orders signed 87 hours later 5. 10/4/19-orders signed 85 hours later 6. 8/24/19-orders signed 66 hours later 7. 8/23/19-orders signed 85 hours later 8. 8/21/19-orders signed 28 hours later 9. 8/14/19-orders signed 192 hours later 10. 8/12/19-orders signed 236 hours later 11. 8/12/19-orders signed 240 hours later 12. 8/12/19-orders signed 242 hours later 13. 8/7/19-orders signed 28.5 hours later 14. 8/5/19-orders signed 75.5 hours later
8 RR0000837	<p>Recreational Therapy does not have setting documented.</p> <p>One episode of restraint/seclusion ordered. Restraint/seclusion documentation requested but not provided.</p>
9 RR0000846	<p>Restraint/seclusion documentation requested but not provided.</p> <p>Restraint/seclusion order on 9/28/19 signed 68.5 hours later.</p> <p>Recreational Therapy notes do not have a setting documented.</p>
10 RR0000845	<p>Restraint/seclusion documentation provided does not have the following:</p> <ol style="list-style-type: none"> 1. start/stop times for restraints/seclusion 2. states only the responsible parties were notified, not who or when 3. staff involved in intervention not documented <p>No setting documented on some therapies.</p>

	Record does not document the relationship of the services to the treatment regimen described in the plan of care.
11 RR0000849	8/02/2019 Recreational therapy 1230-1315 and Individual therapy 1300-1350; times overlap 9/20/2019 Recreational therapy 1220-1300 and Individual therapy 1245-1335; times overlap 9/25/2019 Recreational therapy 1220-1300 and Individual therapy 1150-1240; times overlap
12 RR0000841	Restraints/seclusion orders 6 times. Restraint/seclusion documentation requested but not provided. Recreational therapy did not have setting documented
13 RR0000854	Restraints/seclusion orders once. Restraint/seclusion documentation requested but not provided. Multiple dates in progress notes stated multiple injuries with no further medical treatment. Recreational therapy did not have setting documented. 7/16/19 Individual therapy 1255-1345 and Recreational therapy 1315-1400; times overlap 7/24/19 Individual therapy 1335-1425 and Recreational therapy 1315-1400; times overlap 7/30/19 Individual therapy 1320-1410 and Recreational therapy 1315-1400; times overlap
14 RR0000844	No documentation of a copy of restraint/seclusion policy given to client/responsible party. Two different Group Therapy sessions on 8/6/19 with same time frame 9:15-10:15 documented. Recreational Therapy notes have no setting documented.
15 RR0000853	Entry on 8/14/2019 does not explain specific service provided. 9/4/2019 Individual therapy 1300-1400 Recreational therapy 1300-1340; times overlap 10/1/2019 Individual therapy 1300-1350 Recreational therapy 1300-1340; times overlap 10/7/2019 Individual therapy 1305-1355 Recreational therapy 1300-1340; times overlap Recreational therapy notes do not document setting. Two injuries on 10/5/2019 have no medical treatment or evaluation documented. The order for the emergency safety intervention following restraint/seclusion does not include the length of time for which the physician or other licensed practitioner permitted by the State and the facility.
16 RR0000842	MTP states from 5/22-9/25 states client will have Family Therapy 3 times per week, but discusses Group Therapy in the objectives—Group Therapy was held three times per week and Family Therapy held 1-2 times per month as mentioned elsewhere in Master Treatment Plan
18 RR0000843	No documentation of a copy of restraint/seclusion policy given to client/responsible party. Family therapy 7/16/19 from 10:45-11:30 and Recreational Therapy 7/16/19 from 10:30-11:00; times overlap 8/9/19 has two Recreational Therapy notes at 10:30-11:00. Recreational Therapy does not have a setting documented.
19 RR0000839	Family therapy 7/16/19 from 10:45-11:35 and Recreational Therapy 7/16/19 from 10:30-11:00; times overlap 8/9/19 has two Recreational Therapy notes at 10:30-11:00.
20	No setting for Recreational Therapy notes.

RR0000848	Some notes weren't title as Recreational Therapy notes.
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Clinical Record Review observations/summary:

Of the 20 charts that were reviewed:

- 30% (6) had no restraint or seclusion documentation provided after this information was requested
- 10% (2) had restraint/seclusion orders that were not signed by physician within 24 hours or were not signed at all—some orders were signed 10-12 days after restraints/seclusion orders obtained.
- 5% (1) had no start or stop times for restraints/seclusion documented
- 5% (1) only stated that the responsible party was notified after restraint/seclusion utilized, not who or when notified they were notified
- 5% (1) did not have the staff involved with the restraint/seclusion documented
- 10% (2) had progress notes that stated injuries had occurred with no further medical treatment documented
- 10% (2) had no documentation that a copy of restraint/seclusion policy given to client/responsible party
- 5% (1) order for the emergency safety intervention following restraint/seclusion does not include the length of time for which the physician or other licensed practitioner permitted by the State and the facility
- 65% (13) have therapies with no setting documented-the majority of these are Recreational Therapy
- 45% (9) have therapies that overlap times with other therapy notes
- 10% (2) have clients attending Recreational Therapy twice on the same date and time
- 10% (2) have nursing notes that are illegible
- 5% (1) has notes by BHT that were scribbled out instead of lined through, errored, and initialed
- 5% (1) does not document the relationship of the services to the treatment regimen described in the plan of care
- 5% (1) does not explain specific service provided
- 5% (1) Master Treatment Plan states client will have Family Therapy 3 times per week, but discusses Group Therapy in the objectives—Group Therapy was held three times per week and Family Therapy held 1-2 times per month as mentioned elsewhere in Master Treatment Plan
- 5% (1) had notes that weren't titled as Recreational Therapy Notes.

Recommendations:

Based on the findings from this focused investigation based on the concerns in the complaint, AFMC recommends a follow up full Inspections of Care at Piney Ridge Treatment Center within the next month.

Respectfully,

InspectionTeam@afmc.org



1020 W. 4TH ST., SUITE 300
LITTLE ROCK, AR 72201 • afmc.org

ARKANSAS DEPARTMENT OF HUMAN SERVICES
 Division of Children and Family Services
 Child Welfare Agency Licensing Unit

**RECOMMENDATION TO THE
 CHILD WELFARE AGENCY REVIEW BOARD**

Name of Facility: Piney Ridge Center

Address: 4253 Crossover Road Phone: 479 587-1408

City: Fayetteville State: AR Zip: 72703 County: Washington

Director or Administrator: Brad Zoglman

Type of Agency
 Residential Facility
 Emergency Shelter
 Psychiatric Residential Treatment Facility
 Sexual Offender Program

Placement Agency
 Adoptive Placement
 Foster Care Placement
 Residential Placement
 Therapeutic Foster Care

TYPE OF RECOMMENDATION

New Provisional License for _____ children, ages _____ to _____; Opening date; _____

New Regular License for _____ children, ages _____ to _____; Opening date _____

C.O.E. for _____ children, ages _____ to _____; Opening date _____

Provisional License# _____ for _____ children, ages _____ to _____; Opening date _____

Closure of License# _____

Denial of Application _____

Suspension of License# _____ for _____ months.

Revocation of License# _____

Alternative Compliance Requested 6 residents in 2 bedrooms. 400.8

Change of Status Increase capacity from 80 to 84

Effective Date of License _____ License # 10077

Reason (s) for Recommendation (s): Space is available to accommodate this request. The residents spend a limited amount of time in their bedrooms. Staff is available for increased capacity. There is a limited number of treatment facilities in the state. The facility is operating in substantial compliance with licensing standards.

Approved

Signature of Licensing Specialist *Sharon Preston* Date: 09/05/2006

Signature of Licensing Supervisor *Mark* Date: 9/6/06

CFS 509

Arkansas Department of Human Services
 Division of Child Care & Early Childhood Education
 Placement & Residential Licensing Unit

Licensing Compliance Record

Agency Name: PRIC Person In Charge: Ranessa Adams
 Address: 2100 Rd Jaytonville Phone:
 Licensing Specialist: Susan Sanchez
 Date of Visit: 4-10-2018 Purpose of Visit: Monitoring V. out/Licensing Reports

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
	<p>Discussed Licensing reports received on 4/12/13/18 Reviewed one personnel record Samuel [REDACTED] DOB: 9-5-17 (partial review) reviewed background checks Reviewed one residents file B W. DOB. 9-27-03 no deficiencies noted</p>		
908.8; 1008.3	<p>building/Grounds - completed partial walkthrough of building & Grounds viewed medication area, medication log, seclusion rooms, bedroom of female and one of the male Medication must be logged at time medication is given to the resident by the person administering the medication</p>	4-27-18	
	<p>Discussion: Discussed alternative compliance to MIS 9B2 that was approved in 9/2006 that allows for 6 residents in 2 bedrooms. This alternative compliance is still in place as of this date.</p>		

COMMENTS of Person receiving form:

Ranessa Adams 4-17-18.
 PERSON SIGNING AS RECEIVING DATE
 DCCECE 521 PR

Susan Sanchez 4-17-18.
 LICENSING SPECIALIST DATE













