	-				FORM APPROVED
STATEMENT O	S FOR MEDICARE & OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED
		04L112	B. WING		R-C 02/12/2018
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 815 E ST LOUIS	
DELTA FA	MILY HEALTH AND FITN	ESS CENTER FOR CHILDRE		HAMBURG, AR 71646	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
{N 000}	Initial Comments		{N 000	}	
	is an official, legal do remain unchanged ex correction, correction space. Any discrepan citation(s) will be repo Office (RO) for referra Inspector General (O information is inadver	IG) for possible fraud. If tently changed by the State Survey Agency (SA)			
{N 219}		RAINING ualified by education,	{N 219	}	
	Based on record revi failed to ensure there available to provide s appropriate use of cri (CPI) techniques to p of 2 (Resident #1 and	-			
		tion dated 1/20/18 istrator scheduled advanced n Institute/Non-violent Crisis			
	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	 E	TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

		ID HUMAN SERVICES MEDICAID SERVICES			FOF	ED: 02/21/2018 RM APPROVED IO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		04L112	B. WING		R-C 02/12/2018		
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP COL		2/12/2010	
DELTA FA	MILY HEALTH AND FITN	ESS CENTER FOR CHILDRE		15 E ST LOUIS IAMBURG, AR 71646			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
{N 219}	PROVIDER OR SUPPLIER FAMILY HEALTH AND FITNESS CENTER FOR CHILDRE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		{N 219}				

Facility ID: 3009

If continuation sheet Page 2 of 7

	-	ID HUMAN SERVICES MEDICAID SERVICES			FOR	ED: 02/21/2018 RM APPROVED O. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DAT COM	e survey Ipleted
		04L112	B. WING		R-C 02/12/2018	
NAME OF P	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP COD		
DELTA FA	MILY HEALTH AND FITN	ESS CENTER FOR CHILDRE		315 E ST LOUIS HAMBURG, AR 71646		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
{N 219}	AMILY HEALTH AND FITNESS CENTER FOR CHILDRE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		{N 219}			

Facility ID: 3009

If continuation sheet Page 3 of 7

	-	ID HUMAN SERVICES MEDICAID SERVICES					RINTED: 02/21/2 FORM APPROV MB NO. 0938-03		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		04L112	B. WING				R-C 02/12/2018		
NAME OF P	NAME OF PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CO	DE			
	MILY HEALTH AND FITN	IESS CENTER FOR CHILDRE		815 E	E ST LOUIS				
				HAN	IBURG, AR 71646				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETIC DATE		
{N 219}	Continued From page staff, and was also pu	e 3 unching and kicking staff.	{N 21	19}					
	The form documented the resident sustained a self-injurious bite to his left hand.								
	h. A "Restraint Critique documented Residen physical restraint. Th								
	resident dropped dow attempted to escort th	vn to the floor after staff							
	sustained an injury of resident's mouth hit the	f a busted lip when the he floor after staff attempted mouth off of the staff's leg.							
	i. On 2/12/18 at 3:40 asked, "Can you dese restraint?" The reside me on the ground, if y from hurting yourself resident was asked, " restraints in January stated, "Yes." Then r go to the ground?" He resident was asked h ground and the reside his stomach in the fac right and left arms sp	p.m., Resident #1 was cribe what happens during a ent stated, "They have to put you get physical, to keep you or someone else." The 'Did you have a bunch of [2018]?" The resident resident was asked, "Did you e stated, "Mostly." The ow he was held on the ent demonstrated by lying on ce down position, with the read out, with his palms t one staff was holding each s holding each leg.							
		recurrent, severe, and Post							
	documented Residen physical restraint. Th resident slipped and	te Form" dated 12/31/18 It #4 was placed in a the form documented the fell to the floor while staff in the proper position.							

Facility ID: 3009

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			SURVEY LETED
		04L112	B. WING			R-C 02/12/2018	
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
DELTA FA	MILY HEALTH AND FITN	ESS CENTER FOR CHILDRE			15 E ST LOUIS IAMBURG, AR 71646		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			D PROVIDER'S PLAN OF CORRECTION EFIX (EACH CORRECTIVE ACTION SHOULD BE CA AG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
{N 219}	Continued From page	2 4	{N 2	219}			
	 b. A "Restraint Critique documented Residen physical restraint. The client was sitting on the wall, and she began the c. A "Restraint Critique documented Residen physical restraint. The resident dropped to the staff while being escored. d. A "Restraint Critique documented Residen physical restraint. The during an open-hand seat in the classroom floor and started kickie e. A "Restraint Critique documented Residen physical restraint. The during a closed-hand sat in the floor. f. A "Restraint Critique documented Residen physical restraint. The during a closed-hand sat in the floor. 	the Form" dated 1/15/18 t #4 was placed in a e form documented the he floor, kicking holes in the banging head on the wall. e Form" dated 1/16/18 t #4 was placed in a e form documented the he floor and began kicking rited to the timeout room. e Form" dated 1/16/18 t #4 was placed in a e form documented that escort by staff back to her that the resident fell to the ng. e Form" dated 1/23/18 t #4 was placed in a e form documented that escort by staff the resident e form documented that escort by staff the resident					
	client to her room. g. A "Restraint Critique Form" dated 1/25/18 documented Resident #4 was placed in a physical restraint. The form documented the resident dropped herself to the floor.						

If continuation sheet Page 5 of 7

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L112	A. BUILDING		· · ·	E SURVEY PLETED	
	04L112	D 14/11/0		COMPLETED		
	04L112					
		B. WING		02/12/2018		
Y HEALTH AND FITN	NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE			
	ESS CENTER FOR CHILDRE		815 E ST LOUIS HAMBURG, AR 71646			
(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETIO DATE	
A "Restraint Critique icumented Resident ysical restraint. The sident laid on the floc illow" (physical restra aff in the legs. A "Restraint Critique icumented Resident ysical restraint. The sident was sitting or rad. On 2/12/18 at 4:10 p ked, "Can you tell n ppened that you have resident stated, " sident was asked, " e floor?" The reside sident was asked, " he stated, "I don't kr ked, "Did they hold ated, "Yes, and they On 2/12/18 at 4:24 urse (LPN) #1 was a the ground during ext?" She stated, "It inger - if not, we state en." LPN #1 was a p back if they go to ked, "What training	e Form" dated 1/31/18 t #4 was placed in a e form documented the bor when staff called "Code raint) and began kicking e Form" dated 1/31/18 t #4 was placed in a e form documented the n the floor banging her b.m., Resident #4 was ne about last month, what d to be put in a restraint?" I can't remember." The Did the staff place you on ent stated, "Yes." The How did they hold you?" how." The resident was your arms and legs?" She put a pad under my head." p.m., Licensed Practical asked, "Once a resident is a restraint, what happens depends on if they are a nd back - if so we hold sked what was taught in the stated, "Mostly we learned to o the floor." LPN #1 was have you had to take a	{N 219				
	A "Restraint Critique cumented Resident ysical restraint. The sident laid on the flo illow" (physical restra aff in the legs. A "Restraint Critique cumented Resident ysical restraint. The sident was sitting or rad. On 2/12/18 at 4:10 p ked, "Can you tell n ppened that you have resident stated, " sident was asked, " e floor?" The reside sident was asked, " he stated, "I don't kr ked, "Did they hold ated, "Yes, and they On 2/12/18 at 4:24 urse (LPN) #1 was a the ground during ext?" She stated, "It nger - if not, we sta ep back if they go to ked, "What training sident from standing /e are trying everyth ined to back away b	A "Restraint Critique Form" dated 1/31/18 cumented Resident #4 was placed in a ysical restraint. The form documented the sident was sitting on the floor banging her	A "Restraint Critique Form" dated 1/31/18 iccumented Resident #4 was placed in a ysical restraint. The form documented the sident laid on the floor when staff called "Code illow" (physical restraint) and began kicking aff in the legs. A "Restraint Critique Form" dated 1/31/18 iccumented Resident #4 was placed in a ysical restraint. The form documented the sident was sitting on the floor banging her iad. Dn 2/12/18 at 4:10 p.m., Resident #4 was ked, "Can you tell me about last month, what ppened that you had to be put in a restraint?" ie resident stated, "I can't remember." The sident was asked, "Did the staff place you on e floor?" The resident stated, "Yes." The sident was asked, "How did they hold you?" ne stated, "I don't know." The resident was ked, "Did they hold your arms and legs?" She ated, "Yes, and they put a pad under my head." On 2/12/18 at 4:24 p.m., Licensed Practical urse (LPN) #1 was asked, "Once a resident is the ground during a restraint, what happens xt?" She stated, "It depends on if they are a nger - if not, we stand back - if so we hold em." LPN #1 was asked what was taught in the PI Refresher. She stated, "Mostly we learned to ap back if they go to the floor." LPN #1 was ked, "What training have you had to take a sident from standing to the floor?" She stated, /e are trying everything we can; we were ined to back away but if they are a danger, we	ontinued From page 5 {N 219} A "Restraint Critique Form" dated 1/31/18 cumented Resident #4 was placed in a sysical restraint. The form documented the sident laid on the floor when staff called "Code silow (physical restraint) and began kicking aff in the legs. A "Restraint Critique Form" dated 1/31/18 aumented Resident #4 was placed in a sysical restraint. The form documented the sident was sitting on the floor banging her ad. ad. Dn 2/12/18 at 4:10 p.m., Resident #4 was ked, "Can you tell me about last month, what ppened that you had to be put in a restraint?" we resident stated, "I can't remember." The sident was asked, "Did the staff place you on a floor?" The resident stated, "Yes." The sident was asked, "Did they hold you?" we stated, "I don't know." The resident was ked, "Did they hold you rams and legs?" She ated, "Yes, and they put a pad under my head." On 2/12/18 at 4:24 p.m., Licensed Practical rse (LPN) #1 was asked, "Once a resident is .the ground during a restraint, what happens xt?" She stated, "I doepends on if they are a nger - if not, we stand back - if so we hold emmer - LPN #1 was asked what was taught in the	Image: Set	

If continuation sheet Page 6 of 7

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 02/21/2018 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMF	SURVEY PLETED
		04L112	B. WING	i		R-C 02/12/2018	
NAME OF PI	ROVIDER OR SUPPLIER	1		S	STREET ADDRESS, CITY, STATE, ZIP CODE		
DELTA FA	MILY HEALTH AND FITN	ESS CENTER FOR CHILDRE			15 E ST LOUIS IAMBURG, AR 71646		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID		PROVIDER'S PLAN OF CORRECTIO	N	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREF	IX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	BE	COMPLETION DATE
{N 219}	Continued From page	9 6	{N :	219}			
	 was asked, "What did the CPI Refresher teach about taking residents to the floor?" He stated, "Don't take them to the floor, but a lot of times the residents fall to the floor, and then we are supposed to stand back." 8. On 2/12/18 at 4:24 p.m., LPN #1 was asked, "Have you been trained to take them [residents] to the floor?" She stated, "No." 9. On 2/12/18 at 4:40 p.m., Behavior Coach #1 was asked, "Once in the floor, residents have continued to be held, have you received training to go to the floor?" He stated, "Not additional training, it's pretty much always been that way, we've never been trained to take them to the floor." 						
FORM CMS-256	 67(02-99) Previous Versions Obs	olete Event ID:09	EK12	Fa	Licility ID: 3009 If c	ontinuation sh	eet Page 7 of 7