

# Division of Provider Services and Quality Assurance Office of Long Term Care

http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx PO Box 8059, Slot S404, Little Rock, AR 72203-8059 Fax: 501-682-6159



#### CERTIFIED MAIL # 7017 0190 0000 3768 2157

February 12, 2019

Dean Hill, Administrator Delta Family Health And Fitness Center For Childre 815 E St Louis Hamburg, AR 71646

#### IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear Mr. Hill:

On January 29, 2019 the Office of Long Term Care conducted a Complaint survey to determine if your facility was in compliance with Federal requirements for Psychiatric Residential Treatment Facilities participating in the Medicaid program. This survey found that your facility was not in compliance with conditions of participation that resulted in Immediate Jeopardy conditions as specified in the attached CMS 2567. The Immediate Jeopardy was removed on January 29, 2019. The facility failed to meet the Condition of Participation for Use of Restraint and Seclusion. Specifically, the facility was not in compliance with the following requirements:

483.354 Use of Restraints and Seclusion

483.356 (a)(1) Protection of Residents

483.356 (a)(1)(3) Protection of Residents

The CMS 2567 "Statement of Deficiencies and Plan of Correction" with all deficiencies identified during the complaint survey on January 29, 2019 is enclosed.

#### Remedies

Based on the deficiencies cited, we are recommending to the State Medicaid Agency (SMA) the immediate imposition of the following remedies:

Termination of the provider agreement effective March 15, 2019 if substantial compliance is not achieved by that date.

#### Plan of Correction

A Plan of Correction (PoC) must be submitted witin ten (10) calendar days of receipt of the fax trasnmission of the Statement of Deficiencies. It is imperative that an acceptable plan of correction be received by this office by date to ensure a revisit can be conducted within 45 calendar days of the

survey. Termination will take place on March 15, 2019 if compliance is not achieved.

A revisit will be authorized after an acceptable PoC is received. The PoC must be faxed to:

Sandra Broughton, Reviewer
OLTC, Survey & Certification Section
PO Box 8059, Slot S404
Little Rock, AR 72201-4608
Telephone (501) 320-6182; Fax (501) 682-6159

Your Plan of Correction must also include the following:

- a. Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- b. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- c. Address what measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur;
- d. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness.
- e. Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. Your facility is ultimately accountable for its own compliance. The plan of correction will serve as the facility's allegation of compliance. Unless otherwise stated on the PoC, the last completion date will be the date of alleged compliance.

#### **Informal Dispute Resolution**

In accordance with 42 CFR § 488.331, you have one opportunity to question deficiencies through an informal dispute resolution (IDR) process. To obtain an IDR, you must send your written request to Health Facility Services, Arkansas Department of Health within ten (10) calendar days from receipt of the Statement of Deficiencies. The request must state the specific deficiency the facility wishes to challenge. The request should also state whether the facility wants the IDR to be performed by a telephone conference call, record review, or a face-to-face meeting.

An incomplete informal dispute resolution procedure will not delay the effective date of any enforcement action. Informal dispute resolution in no way is to be construed as a formal evidentiary hearing. It is an informal administrative process to discuss the findings.

Please submit your request via fax to:

Becky Bennett, Section Chief Health Facility Services

#### Arkansas Department of Health 5800 West 10th Street, Suite 400 Little Rock, AR 72204 Fax (501) 661-2165

#### **Appeal Rights**

To appeal a sanction regarding licensure and certification, you or your legal counsel must make a written request to:

Director
Arkansas Department of Human Services
P.O. Box 1437, Slot 210
Little Rock, AR 72203-1437

Pursuant to Appendix A of the Long Term Care Provider Manual, the Chairman must receive the request within sixty (60) days of receipt of this letter. The request must state the basis for the appeal with supporting documentation attached.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

If you have any questions, please contact Sandra Broughton, Reviewer at 501-320-6182.

Sincerely,

Lori Hobbs, Nursing Manager Office of Long Term Care

Survey & Certification Section

sgb

cc: Ombudsman

DRC

file

PRINTED: 02/11/2019 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION _	(X3) DATE COMF	SURVEY
		04L112	B. WING	•	<del></del>	04/5	
	ROVIDER OR SUPPLIER	FITNESS CENTER FOR CHILDRE		S 8	TREET ADDRESS, CITY, STATE, ZIP CODE 15 E ST LOUIS IAMBURG, AR 71646	01/2	29/2019
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N 000	Initial Comments		. N (	000			
	is an official, legal remain unchanged correction, correcti space. Any discrep citation(s) will be re Office (RO) for refe Inspector General information is inad	document. All information must except for entering the plan of on dates, and the signature pancy in the original deficiency eported to the Dallas Regional erral to the Office of the (OIG) for possible fraud. If vertently changed by the he State Survey Agency (SA) immediately.					
		022508 was substantiated, all ciencies cited at N100, N126,					
N 100	Subpart G - Condi Psychiatric Reside	ot in compliance with §483, tions of Participation for ential Treatment Facilities. INT AND SECLUSION	N	100			
	of Restraint and S Residential Treatn	ion of Participation for the Use eclusion in Psychiatric nent Facilities Providing ric Services for Individuals one.					
		is not met as evidenced by: 022508 was substantiated, all se findings:				tr.	
LABORATOR	Y DIRECTOR'S OR PROV	IDER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	*	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.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L112	B. WING		01	C /29/2019	
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N 100	Based on record refailed to meet the of Participation of evidenced by the finvestigation was i resident was place sustained injury, fapolicy and procedure straints was followed in a personal potential injury by involved in a personal initiate staff retrain procedures for the (Resident #1) of 1 involved in a physinjury. This failed Jeopardy, which consistently procedures for the (Resident #1) of 1 involved in a physinjury. This failed Jeopardy, which consistently failed was safely implement immediately invested a scalp in the serious harm, injured in the serious from furth to immediately retained procedure for for 1 (Resident #1 involved in a physinjury. This failed jeopardy, which consistents from furth involved in a physinjury. This failed jeopardy, which consistents from furth involved in a physinjury. This failed jeopardy, which consistents from furth involved in a physinjury. This failed jeopardy, which consistents from furth involved in a physinjury. This failed jeopardy, which consistents from furth involved in a physinjury. This failed jeopardy, which consistents from furth involved in a physinjury. This failed jeopardy, which consistents from furth involved in a physinjury. This failed jeopardy, which consistents from furth involved in a physinjury. This failed jeopardy, which consistents from furth involved in a physinjury. This failed jeopardy, which consistents from furth involved in a physinjury. This failed jeopardy, which consistents from furth involved in a physinjury. This failed jeopardy, which consistents from furth involved in a physinjury. This failed jeopardy, which consistents from furth involved in a physinjury.	age 1 eview and interview, the facility requirements for the Condition Restraints and Seclusion, as acility's failure to ensure an immediately initiated after a ed in a personal restraint and ailure to ensure the facility ures for the use of personal extended failure to immediately and extended for the use of personal extended for the use of personal extended for the staff member who was conal restraint which resulted in a staff member who was conal restraint which resulted in the sampled resident who was for the facility policy and extended for the staff member who was for the facility policy and extended for the facility policy and extended for could have caused any or death to Resident #1, who acceration requiring staples a personal restraint. The trator and the Program Director the Immediate Jeopardy on the Immediate Jeopardy on the findings are:  The					

Facility ID: 3009

	F CORRECTION	IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		СОМ	E SURVEY PLETED
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N 100	N126 and N128.  2. The Immediate	page 2 a personal restraint. Refer to be Jeopardy was removed on boom. when the facility	N.	100				
	implemented the "Effective date: 1	following Plan of Removal: -29-19 will continue indefinitely						
	and shift leaders procedures are fo	, Behavior Coach Supervisor will ensure that these ollowed and will be reviewed by and Assistant Administrator to be.						
	[Crisis Prevention	a resident is injured during a CPI n Intervention] event the ares will be implemented.					·	
	This is a 23 bed of 19 Residents.	capacity facility and currently has					·.	
	with regard to res ensure the safety appropriately. Stattend a refreshe 6 months. Staff r January refreshe	mined that the policy in place traint procedures is adequate to of the residents if conducted aff members are required to r course of CPI techniques every members are now attending the r course. New employees are If the initial training of CPI prior to with the residents.	,					
	by the supervisor administrative pe will contain inforn situation required	ne incident will begin immediately on shift and or the rsonnel on duty. Documentation nation to determine if the CPI or other techniques were volved and the situation that led						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		E CONSTRUCTION	СОМ	E SURVEY PLETED
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N 100	Continued From p	age 3	N ·	100			
	not according to po member involved v	that CPI was done incorrectly or olicy and procedure the staff will be removed from the not be allowed to work until the mplete.					
	employees, immed CPI techniques. A will receive an in-s took place and app the staff shift briefi	be conducted for all on shift diately, covering appropriate all staff from the on-coming shift ervice covering the event that propriate CPI techniques during any prior to going to the floor.					
	In-service covering continued during e personnel have re	be noted on the shift brief. g CPI techniques will be each shift briefing until all ceived the in-service. Staff the shift brief to document they ng.					
	prior to the staffs r but not limited to r supervision, suspe	ctive action will be completed return to the schedule to include etraining, senior staff ension and or termination at the investigation conclusions					
	completed, the se the staff member of work performance de-escalation tech professionalism of Staff member will he is proven comp	er is retained and retraining is nior staff assigned to work with under supervision will document response to crisis, iniques and overall fitheir work on a daily basis. remain under supervision until petent in carrying out his daily ce with company policy.	i i				
	Documentation wi	Il be noted daily for as long as is under supervision and will be		,			

	F CORRECTION	IDENTIFICATION NUMBER:			CONSTRUCTIO	N			СОМ	E SURVEY PLETED
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N 100	Continued From p	essment.	N.	100						
,	Behavior Coach S	nts will be monitored by the supervisor and the Program in the staff members personnel.								
	will be reviewed quand professionalisthe staff member procedure he will comply. If the star	of supervision the staff member uarterly to ensure competency of for one year. If in that year violates company policy and be discharged for failure to ff member has shown		-	· · · · · · · · · · · · · · · · · · ·					
N 126				126						
	restraint or seclus	the right to be free from ion, of any form, used as a n, discipline, convenience, or								
	This ELEMENT is Complaint #AR00 or in part, with the	s not met as evidenced by: 0022508 was substantiated, all ese findings:							,	
	failed to ensure a of a physical restr resulted in injury f resident who was that resulted in inj in immediate jeop have caused series	review and interview, the facility resident was free from the use aint used as discipline, which for 1 (Resident #1) of 1 sampled placed in a physical restraint tury. This failed practice resulted pardy, which caused or could pus harm, injury or death to was involved in a physical								

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA   IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE	E SURVEY PLETED
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N 126	required staples. The Program Direct Immediate Jeopard The findings are:	ed in scalp laceration that he Assistant Administrator and or were informed of the ly on 1/29/18 at 10:57 a.m.	N 1	126			
	diagnoses Major Do R/O (Rule out) Bipo	admitted on 12/12/18 and had epressive Disorder, Recurrent blar Disorder Physical & (and) t Traumatic Stress Disorder, Abuse.					
	1/19/19 at 1:35 p.m #1] was instructed to during the movie or out. [Resident #1] to leave out, due to	ncident Report Form dated n. documented, "[Resident to be quiet in the day room he would be asked to leave and a few others were asked not complying with				•	
	their room. [Behav hall to let the reside they could come ba [Behavioral Coach] doorway to sit down	dent #1] and his peers went to ioral Coach] walked down the ents know that after 10 minutes ack in the day room.  went back to the day room when he saw [Resident #1] om. [Resident #1]					
	#1] stated, 'Nah. I'n entered in the dayrd escort [Resident #1 [Resident #1] refus [Behavioral Coach]	out the day room. [Resident n good.' [Behavioral Coach] com attempting to open hand out and back to his room. ed to move therefore attempted to close hand					
	balling up both his land punching, strik eye. [Behavioral C [Resident #1] contin Coach] attempted t Intervention]. [Resident #1]	I] when he became combative hands making a fist, swinging ing [Behavioral Coach] in the oach] called a code yellow as nued hitting him. [Behavioral to do CPI [Crisis Prevention dent #1] and [Behavioral por causing [Resident #1] to hit					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		CONSTRUCTION		E SURVEY PLETED
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DELTA F	AMILY HEALTH AND	FITNESS CENTER FOR CHILDRE	<b>E</b>		5 E ST LOUIS AMBURG, AR 71646	•	
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N 126	on documentation in a physical hold others. Should/Co Prevented/Anticipa explain: If [Behav and procedure of that no staff meml room that's not vis assistance unless [Resident #1] was	k that staff was using to write sheets. [Resident #1] was put to prevent harm to self and buld This Incident Have Been ated? Yes. If yes please ioral Coach] had followed policy Facility Name], which states per is allowed to enter into a sible to the camera without is a threat to self or others sent to [Hospital name] for	N	126			
	and signed by theSubj (Subject): Ir on 1-19-19; I met morning of 1-21-1 about the event th staples for a lacer [Resident #1] sha some of his peers room due to being	staples."  1/21/19, sent to administration Program Director documented, ncident involving [Resident #1] with [Resident #1] on the 9 for his regular session to ask at resulted in him receiving 3 ation to the top of his head. red with me that after he and were asked to leave the day too loud he returned to the day hission. When the behavior					
	coach noticed that the day room [Resident #1] lesident #1] Resident #1] Resident #1] Resident #1] and ground. As they whit a desk that walaceration. When nurse on duty ser	t [Resident #1] had reentered sident #1] reported that the ated, 'go back to your.' [Resident #1] refused and the tempted to closed hand escort room at which point [Resident the behavior coach with a the behavior coach attempted to into a physical hold both the behavior coach fell to the vere falling [Resident #1's] head in the day room causing the all aggression ceased the tell [Resident #1] and two staff is facility to the Emergency room					

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		E CONSTRUCTION	СОМ	E SURVEY PLETED
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N 126	Continued From p	age 7	N.	126			
4	in [city name] to he treated"	ave [Resident #1's] injury					P
	was asked, "Did a incident?" He star rest of the kids we Coach] told them walked to the end down and in ten me the dayroom'. Whall, he went to the #1] was back in the was asked, "Did to the least as soon as [Behamon him to restrain him and when restrain him, that's desk." The Progryou completed an procedures?" He yet, but we will co	25 p.m., the Program Director nyone else witness the ted, "Not that I'm aware of; the tre in their rooms. [Behavioral all to go to their rooms and then of the hall and said, 'look, calm ninutes you can come back to the ne came back down the eday room and saw [Resident ere." The Program Director ne closed hand restraint cause et agitated?" He stated, "Yes, vioral Coach] placed his hands him that's when [Resident #1] [Behavioral Coach] tried to swhen he hit the corner of the am Director was asked, "Have y training on restraint policy and stated, "We haven't done that wer that tomorrow." There was taff on the facility restraint policy					
	and procedures for d. On 1/29/19 at 9 was asked, "Did [ the incident on 1/1/21? He stated, the 20th." The Pr "Was he supervis 20th?" He stated was asked, "Did [ and Procedures?' 12:42 p.m. the Admember here known by yourself with a	or 10 days after the incident.  2:49 a.m., the Program Director Behavioral Coach] work after 19, until he was suspended on "He was scheduled to work on ogram Director was asked, ed while he was here on the "No." The Program Director Behavioral Coach] follow Policy He stated, "No, he didn't." At ministrator stated, "Every staff ows that you don't go into a roon resident; they have been told if the hall, they are to have	n				

	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD		E CONSTRUCTION	СОМ	E SURVEY PLETED
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N 126	e. A Corrective Ac procedure dated January 21, 2019 suspended for 36	go into a room with them." etion Plan regarding policy and 1/21/19 documented, "On [Behavior Coach] will be hours, 3 full work days, and	N	126			
	company Policy a room with one rescamera and initia unassisted. [Beh in-service on app following compan addressing defiar team instead of ir suspension and ir and he was informed that he may be to the Behavior Corresidents unsuperestraint policy ar investigation into injury for [Resident of the company of	warning as a result of breaking and Procedure by entering a sident that placed himself off ting closed hand restraint avior Coach] received an ropriate de-escalation and in y policy with regard to at and aggressive residents as a dividually [Behavior Coach] n-service took place on this date and that if this happens again rminated immediately. 1-21-19" ach was allowed to work with rvised and without retraining on a procedure on 1/20/19. An the incident which resulted in the first place in the service to the service on the service of the s	•				
	Personal or Chen the Program Dire documented, "Pu resident served ir youth have the rig a means of coerc retaliation. To prosafe and appropr Chemical Restrai with adequate jus regard for resider De-escalation) Direct Di	icy and Procedure for the use of nical Restraints, received from ctor on 1/29/19 at 9:35 a.m., rpose: To insure the rights of the that all resident children and ght of be free from restraints as ion, discipline, convenience, or ovide direction for staff in the fate use of Physical Holds and ints Restraints are used only stiffication, documentation, and it safety Phase I (Verbal uring the early stages of a crisis pisode), staff should begin to					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		E SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIE	ER	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
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DELIAF	AMILY HEALTH AN	D FITNESS CENTER FOR CHILDRI	=   H	IAMBURG, AR 71646		
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				1.		
N 126	Continued From	page 9	N 126			
	verbally de-escal	late the situation. Early				
	consultation is a	n attempt at preventing the use of				
	the restraint. 1. F	Remove the resident from the				
	group. a. Ask th	e resident to go for a time out. b.				
	Remove other re	sidents from the situation. 2.				
	During normal w	orking hours direct care staff will				
	call for a therapis	st, SBC or BC (Behavioral				
		or to try and assist the direct care				
		ating the situation. 3. After			•	-
		hours or on weekends the SBC				
		istrative] personnel present will				
' ' '		st the direct care staff Phase II:		r .		
. •		fuses to calm down and				
		verbally aggressive, the direct				
		empt to escort the resident to the				
\ 		f during the escort, or any other				
		nt becomes physically aggressive				:
		harm self or others the direct				
		ll for a physical restraint and code		0		
		cal restraint will only be utilized as	3			
		revent harm to the resident or				
		) Phase IV Restraints are				
		interventions and will be used	-			
		gency when all other means of				
		sident have not been successful				
		e resident's safety C. Personal				
		cal hold) is defined as: *The				
		ysical force without the use of				
		he purposes of restraining the				
		of a resident's body. *Use of				
		nt requires documented clinical				
		e rationale for the procedure mus	t			
		ntify the less restrictive				
		at were attempted and failed.	.			
		interventions would include verba	<b>I</b>  .			
		me-out, prompts, preventive				
		ng resident to verbalize feelings,				
		i in the environment by removing				
ı	the other reside	nts, etc D. Serious Injuries:			4	

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION		E SURVEY PLETED
		04L112	B. WING		·	1	C <b>29/2019</b>
	PROVIDER OR SUPPLIER	FITNESS CENTER FOR CHILDR	E	8	TREET ADDRESS, CITY, STATE, ZIP CODE 15 E ST LOUIS 1AMBURG, AR 71646	1 01/23/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BÊ PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
N 126	of the physical condetermined by quaincludes, but is not bone fractures, are whether self-inflict If any injury occur other time, contact immediately. You steps to take, inclincident form P. initials] communic initials] concerning care responsibility addresses: *[facilized with individual of limiting the use emergencies in wresident physically including staff*Tall staff (see about demonstrate an unicluding staff*Tall staff (see about dem	eans any significant impairment andition of the resident as alified medical personnel. This at limited to, burns, lacerations, and injuries to internal organs, and injuries to any an intervention or any at the Administrator on call will then be directed as to what uding completing a critical arraining: *Leaders of [facility attention to all staff with direct and the philosophy of the philosophy of the underlying the preferred intervention to be duals served. *The importance of these procedures to thich there is imminent risk of a process organing training and inderstanding of the underlying the phaviors exhibited by		126			
	g. The facility Disc "The following li examples of misc that may warrant yourself one-on-o the camera syste and therapist*To holding residents case of prevention restraint. Pats of	ciplinary Policy documented, st includes, but is not limited to, onduct and/or violation of rules immediate termination: *Placing ne with a resident, out of view of m, excluding medical personnel buching, grabbing, pushing or is not permitted unless in the n, intervention, or an ordered the back, handshakes and 'highed at the appropriate times"	F				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	СОМ	E SURVEY PLETED
		04L112	B. WING _		l l	29/2019
	PROVIDER OR SUPPLIER  AMILY HEALTH AND	FITNESS CENTER FOR CHILDR	E	STREET ADDRESS, CITY, STATE, ZIP 815 E ST LOUIS HAMBURG, AR 71646		20/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
N 126	Continued From pa	age 11	N 12	26		
	1/291/9 at 12:45 p.	Jeopardy was removed on m. when the facility ollowing Plan of Removal:				
	Program Director, and shift leaders w procedures are foll	29-19 will continue indefinitely Behavior Coach Supervisor vill ensure that these lowed and will be reviewed by and Assistant Administrator to				
	CPI [Crisis Preven	Resident is injured during a tion Intervention] event the es will be implemented.				
	This is a 23 bed ca 19 Residents.	apacity facility and currently has				
	with regard to restrensure the safety of appropriately. Statet attend a refresher 6 months. Staff mulanuary refresher	nined that the policy in place raint procedures is adequate to of the Residents if conducted ff members are required to course of CPI techniques every tembers are now attending the course. New employees are the initial training of CPI prior to the the Residents.	/			
	by the supervisor of administrative pers will contain information situation required	e incident will begin immediately on shift and or the sonnel on duty. Documentation ation to determine if the CPI or other techniques were olved and the situation that led				
	If it is determined	that CPI was done incorrectly o	r			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		E CONSTRUCTION		E SURVEY IPLETED
		04L112	B. WING	i,		1	C <b>29/2019</b>
	PROVIDER OR SUPPLIER  AMILY HEALTH AND		E	81	REET ADDRESS, CITY, STATE, ZIP CODE 5 E ST LOUIS AMBURG, AR 71646	1 017	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
N 126	Continued From p	age 12	N.	126			
	member involved	olicy and procedure the staff will be removed from the not be allowed to work until the mplete.					
	employees, immeder CPI techniques. A will receive an in-stook place and apthe staff shift brief. This in-service will in-service covering continued during a personnel have re	be conducted for all on shift diately, covering appropriate All staff from the on-coming shift service covering the event that propriate CPI techniques during ing prior to going to the floor. I be noted on the shift brief. I g CPI techniques will be each shift briefing until all ceived the in-service. Staff the shift brief to document they ing.					
	prior to the staffs but not limited to r supervision, susp	ctive action will be completed return to the schedule to include etraining, senior staff ension and or termination at the investigation conclusions					
	completed, the set the staff member work performance de-escalation tech professionalism of Staff member will he is proven compasks in accordant Documentation with estaff member	er is retained and retraining is nior staff assigned to work with under supervision will document, response to crisis, aniques and overall f their work on a daily basis. remain under supervision until petent in carrying out his daily ce with company policy. ill be noted daily for as long as is under supervision and will be ne Delta Family Center essment.	t				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		04L112 B. WING 0						
	PROVIDER OR SUPPLIER	FITNESS CENTER FOR CHILDRI	STREET ADDRESS, CITY, STATE, ZIP CODE  815 E ST LOUIS					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE COMPLETIC	ON		
N 126	Behavior Coach Su	age 13 ts will be monitored by the upervisor and the Program n the staff members personnel.	Ň 126					
N 128	will be reviewed que and professionalisment the staff member of procedure he will be comply. If the staff consistent adherer procedure he will be supervision."		N 128					
	injury to the reside This ELEMENT is	ion must not result in harm or nt and must be used only- not met as evidenced by:						
	or in part, with these Based on record refailed to ensure a primplemented, which (Resident #1) of 1 placed in a physical injury. This failed price pardy, which caserious harm, injury was involved in a print a scalp laceration and the Program Immediate Jeopar The findings are:	o22508 was substantiated, all se findings: eview and interview, the facility physical restraint was safely the resulted in injury for 1 sampled resident who was all restraint that resulted in an oractice resulted in immediate aused or could have caused by or death to Resident #1, who onlysical restraint that resulted on. The Assistant Administrator Director were informed of the dy on 1/29/18 at 10:57 a.m.						

	OF DEFICIENCIES F CORRECTION					PLETED	
	r	04L112	B. WING		·		29/2019
	PROVIDER OR SUPPLIER	FITNESS CENTER FOR CHILDRE	Ξ .	8	TREET ADDRESS, CITY, STATE, ZIP CODE 15 E ST LOUIS IAMBURG, AR 71646	011	23/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	-D BE	(X5) COMPLETION DATE
N 128	R/O (Rule out) Bip	age 14 Depressive Disorder, Recurrent polar Disorder Physical & (and) st Traumatic Stress Disorder,	N.	128			
	and Polysubstance a. Facility Critical I 1/19/19 at 1:35 p. #1] was instructed during the movie of out. [Resident #1]	e Abuse. Incident Report Form dated m. documented, "[Resident I to be quiet in the day room or he would be asked to leave I and a few others were asked	-				
· .	instructions. [Res their room. [Beha hall to let the resic they could come to [Behavioral Coach doorway to sit down sitting in the day r	o not complying with ident #1] and his peers went to vioral Coach] walked down the lents know that after 10 minutes back in the day room.  I went back to the day room when he saw [Resident #1] oom. [Resident #1] was then		٠.			
	#1] stated, 'Nah. I entered in the day escort [Resident # [Resident #1] refu [Behavioral Coach escort [Resident # balling up both his	e out the day room. [Resident m good.' [Behavioral Coach] room attempting to open hand [1] out and back to his room. sed to move therefore n] attempted to close hand [1] when he became combative is hands making a fist, swinging king [Behavioral Coach] in the					
	[Resident #1] con Coach] attempted Intervention]. [Res Coach] fell to the his head on a des on documentation in a physical hold others. Should/C Prevented/Anticip explain: If [Behav	Coach] called a code yellow as tinued hitting him. [Behavioral to do CPI [Crisis Prevention sident #1] and [Behavioral floor causing [Resident #1] to hit k that staff was using to write a sheets. [Resident #1] was put to prevent harm to self and ould This Incident Have Been ated? Yes. If yes please vioral Coach] had followed policy [Facility Name], which states					

	F CORRECTION	IDENTIFICATION NUMBER:	1 ' '		COMPLETED				
		04L112	B. WING		C 01/29/201	19			
	PROVIDER OR SUPPLIER  AMILY HEALTH AND	FITNESS CENTER FOR CHILDR	E 81	REET ADDRESS, CITY, STATE, ZIP CODE 15 E ST LOUIS AMBURG, AR 71646	E, ZIP CODE				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPI	(5) LETION ATE			
N 128	Continued From pa	nge 15	N 128						
	room that's not visi assistance unless i	er is allowed to enter into a ble to the camera without s a threat to self or others sent to [Hospital name] for staples."							
	b. A report dated 1/ and signed by the I Subj (Subject): Ind on 1-19-19; I met v morning of 1-21-19 about the event tha	21/19, sent to administration Program Director documented, cident involving [Resident #1] with [Resident #1] on the for his regular session to ask at resulted in him receiving 3 attion to the top of his head.		÷					
	[Resident #1] share some of his peers room due to being room without perm coach noticed that the day room [Resident #1]	the top of his flead, and were asked to leave the day too loud he returned to the day ission. When the behavior [Resident #1] had reentered dent #1] reported that the ted, 'go back to your	,						
	[explicative] room.' behavior coach atthe him out of the dayr #1] began hitting the closed hand. As the	[Resident #1] refused and the empted to closed hand escort oom at which point [Resident he behavior coach with a he behavior coach attempted to							
	[Resident #1] and to ground. As they we hit a desk that was laceration. When a nurse on duty sent members from the	nto a physical hold both the behavior coach fell to the ere falling [Resident #1's] head in the day room causing the all aggression ceased the [Resident #1] and two staff facility to the Emergency room ave [Resident #1's] injury							
	was asked, "Did ar incident?" He state	25 p.m., the Program Director nyone else witness the ed, "Not that I'm aware of; the re in their rooms. [Behavioral		-					

		IDENTIFICATION NUMBER:	A. BUILD			COMPLETED		
		04L112	B. WING			1	C <b>29/2019</b>	
	PROVIDER OR SUPPLIER  AMILY HEALTH AND	FITNESS CENTER FOR CHILDRI	E	815 HAI				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
N 128	walked to the end down and in ten m the dayroom'. Wh hall, he went to the #1] was back in th was asked, "Did th [Resident #1] to go as soon as [Behavon him to restrain hit him and when prestrain him, that's desk." The Prograyou completed an procedures?" He yet, but we will con no re-training of states.	age 16 all to go to their rooms and then of the hall and said, 'look, calm inutes you can come back to en he came back down the e day room and saw [Resident ere." The Program Director ne closed hand restraint cause et agitated?" He stated, "Yes, vioral Coach] placed his hands him that's when [Resident #1] Behavioral Coach] tried to when he hit the corner of the am Director was asked, "Have y training on restraint policy and stated, "We haven't done that ver that tomorrow." There was eaff on the facility restraint policy or 10 days after the incident.		28				
	was asked, "Did [I the incident on 1/1 1/21? He stated, the 20th." The Pro" "Was he supervise 20th?" He stated, was asked, "Did [I and Procedures?" 12:42 p.m. the Ad member here kno by yourself with a the resident is off someone else to go e. A Corrective Ad procedure dated January 21, 2019 suspended for 36	:49 a.m., the Program Director Behavioral Coach] work after 19, until he was suspended on "He was scheduled to work on ogram Director was asked, ed while he was here on the "No." The Program Director Behavioral Coach] follow Policy He stated, "No, he didn't." At ministrator stated, "Every staff ws that you don't go into a room resident; they have been told if the hall, they are to have go into a room with them."  Ition Plan regarding policy and 1/21/19 documented, "On [Behavior Coach] will be hours, 3 full work days, and warning as a result of breaking						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		04L112	B. WING	i		01/	29/2019
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 01/2	23/2013
DELTA F	AMILY HEALTH AND	FITNESS CENTER FOR CHILDR	RE .		15 E ST LOUIS AMBURG, AR 71646		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE
N 128	Continued From p	age 17	N	128	•	<i>:</i>	,
	room with one res camera and initiat	nd Procedure by entering a ident that placed himself offing closed hand restraint avior Coach] received an					
	in-service on appr following company addressing defian	opriate de-escalation and in policy with regard to the aggressive residents as a dividually [Behavior Coach]					
	suspension and in and he was inform that he may be ten The Behavior Coa residents unsuper	-service took place on this date ned that if this happens again minated immediately. 1-21-19". ch was allowed to work with vised and without retraining on					
	investigation into t	d procedure on 1/20/19. An he incident which resulted in t #1] was not initiated until					
	Personal or Chem the Program Direct documented, "Put	cy and Procedure for the use of nical Restraints, received from otor on 1/29/19 at 9:35 a.m., pose: To insure the rights of the					
	youth have the rig a means of coerc	that all resident children and ht of be free from restraints as on, discipline, convenience, or vide direction for staff in the					-
	safe and appropri Chemical Restrain with adequate jus	ate use of Physical Holds and nts Restraints are used only tification, documentation, and					
	De-escalation) Du (non-compliant ep	t safety Phase I (Verbal rring the early stages of a crisis pisode), staff should begin to ate the situation. Early		-			
	consultation is an the restraint. 1. Re group. a. Ask the	attempt at preventing the use of emove the resident from the resident to go for a time out.					
	During normal wo	sidents from the situation. 2. rking hours direct care staff will s, SBC or BC (Behavioral			•		

	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILE		E CONSTRUCTION	СОМ	E SURVEY PLETED
		04L112	B. WING	)		1	C <b>29/2019</b>
NAME OF F	PROVIDER OR SUPPLIER		<u> </u>	s	TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	23/2013
DELTA FA	AMILY HEALTH AND	FITNESS CENTER FOR CHILDS	RE	i	15 E ST LOUIS HAMBURG, AR 71646	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
<b>N</b> 128	Continued From p	age 18	N	128			
	•	to try and assist the direct care		0			
		ing the situation. 3. After					-
-		nours or on weekends the SBC					
		trative] personnel present will					
		the direct care staff Phase II:			·		
		ises to calm down and			,		
	continues to be ve	erbally aggressive, the direct					
		mpt to escort the resident to the	9				
	time out room. If o	during the escort, or any other					
	time, the resident	becomes physically aggressive	<b>:</b>				1
	and attempts to ha	arm self or others the direct					
	care staff will call t	for a physical restraint and code	е				
	yellow. (A physica	al restraint will only be utilized a	S				
	a last resort to pre	event harm to the resident or					a Grande
		Phase IV Restraints are				•	
		nterventions and will be used					,
	only in an emerge	ncy when all other means of					
	managing the resi	ident have not been successful					
		resident's safety C. Personal	<b>J</b> .				
	Restraint (physica	ll hold) is defined as: *The					
	application of phys	sical force without the use of					
	any device, for the	e purposes of restraining the					
		a resident's body. *Use of					
	personal restraint	requires documented clinical					
,		rationale for the procedure mus	st				
		tify the less restrictive					
		were attempted and failed.			. •		
		terventions would include verba	al				
	1	e-out, prompts, preventive			h.		
		resident to verbalize feelings,					
		n the environment by removing					
		s, etc D. Serious Injuries:					
		eans any significant impairment	t				
		ndition of the resident as	•				_
		alified medical personnel. This					
		ot limited to, burns, lacerations,					
		nd injuries to internal organs,					
		ted or inflicted by someone else					
	If any injury occur	s during an intervention or any					

	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING				(X3	COMPLETE		
		04L112	B. WING		•		C <b>01/29/2</b> 0	19
	PROVIDER OR SUPPLIER  AMILY HEALTH AND	FITNESS CENTER FOR CHILDR	RE	815	EET ADDRESS, CITY, STATE, Z E ST LOUIS MBURG, AR 71646	P CODE	01720720	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE THE APPROPRIAT	COM	X5) . PLETION NATE
N 128	immediately. You wasteps to take, includincident form P. Initials] communicationitials] concerning care responsibility, addresses: *[facility reduce and hopefutype of restraint. *T de-escalation as the utilized with individing flimiting the use of emergencies in what resident physically including staff*To all staff (see above demonstrate an unitial staff	the Administrator on call will then be directed as to what ding completing a critical raining: *Leaders of [facility te the philosophy of [facility restraints to all staff with direct *At a minimum the philosophy of commitment to prevent, lly, eliminate the use of any the role of the verbal e preferred intervention to be call served. *The importance of these procedures to ich there is imminent risk of a harming him/herself or others, minimize the use of restraints of receives ongoing training and derstanding of the underlying ing behaviors exhibited by	t /	128				
	"The following lis examples of misco that may warrant ir yourself one-on-on the camera system and therapist*To holding residents is case of prevention restraint. Pats of the fives are permitted.  2. The Immediate of 1/291/9 at 12:45 p. implemented the following in the first section in the following in the	plinary Policy documented, to includes, but is not limited to, nduct and/or violation of rules nmediate termination: *Placing e with a resident, out of view or an excluding medical personnel uching, grabbing, pushing or so not permitted unless in the intervention, or an ordered he back, handshakes and 'high at the appropriate times"  Jeopardy was removed on m. when the facility ollowing Plan of Removal:	J of					

	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD		E CONSTRUCTION	COM	E SURVEY IPLETED
		04L112	B. WING	,	· · · · · · · · · · · · · · · · · · ·	1	C <b>29/2019</b>
	PROVIDER OR SUPPLIER	FITNESS CENTER FOR CHILDR	RE	81	REET ADDRESS, CITY, STATE, ZIP CODE 15 E ST LOUIS AMBURG, AR 71646		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
N 128	and shift leaders we procedures are fol	Behavior Coach Supervisor vill ensure that these lowed and will be reviewed by and Assistant Administrator to	N	128			
	CPI [Crisis Prever following procedure	Resident is injured during a tion Intervention] event the es will be implemented. apacity facility and currently has	6				
	It has been detern with regard to rest ensure the safety appropriately. Sta attend a refresher 6 months. Staff m January refresher	nined that the policy in place raint procedures is adequate to of the Residents if conducted off members are required to course of CPI techniques even embers are now attending the course. New employees are the initial training of CPI prior to the the Residents.	у				
	by the supervisor administrative per will contain inform situation required	e incident will begin immediatel on shift and or the sonnel on duty. Documentation ation to determine if the CPI or other techniques were olved and the situation that led	n				
	not according to p	that CPI was done incorrectly of colicy and procedure the staff will be removed from the not be allowed to work until the implete.			~		
	1	be conducted for all on shift diately, covering appropriate				•	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		1	PLETED
	-	04L112	B. WING		_	01/2	29/2019
	PROVIDER OR SUPPLIER	FITNESS CENTER FOR CHILDR	E 818	REET ADDRESS, CITY, STA 5 E ST LOUIS AMBURG, AR 71646	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLA (EACH CORRECTIVI CROSS-REFERENCED DEFIC	EACTION SHOUL	D BE	(X5) COMPLETION DATE
N 128	Continued From p	age 21	N 128				
	CPI techniques. A will receive an in-s took place and ap the staff shift brief This in-service will In-service covering continued during e personnel have remembers will sign	All staff from the on-coming shift service covering the event that propriate CPI techniques during ing prior to going to the floor. I be noted on the shift brief. I be compared to the compared the shift briefing until all ceived the in-service. Staff the shift brief to document they					
	prior to the staffs in but not limited to r supervision, suspe	ing.  ctive action will be completed return to the schedule to include retraining, senior staff ension and or termination at the investigation conclusions					
	completed, the se the staff member work performance de-escalation tech	er is retained and retraining is nior staff assigned to work with under supervision will document e, response to crisis, aniques and overall f their work on a daily basis.				· ·	
	Staff member will he is proven comp tasks in accordan Documentation wi the staff member	remain under supervision until betent in carrying out his daily ce with company policy. ill be noted daily for as long as is under supervision and will be ne Delta Family Center					
	Behavior Coach S	nts will be monitored by the Supervisor and the Program in the staff members personnel.				)	
	will be reviewed q	of supervision the staff member uarterly to ensure competency sm for one year. If in that year					

# DEPAR®MENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD			(X3) DATE SURVEY COMPLETED			
		04L112	B. WING		1	01/3	29/2019		
	PROVIDER OR SUPPLIER  AMILY HEALTH AND	FITNESS CENTER FOR CHILDRI	STREET ADDRESS, CITY, STATE, ZIP CODE  815 F ST LOUIS						
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUTH FOR CROSS-REFERENCED TO THE APPROPRIEM DEFICIENCY)			(X5) COMPLETION DATE		
N 128	procedure he will b comply. If the staff consistent adherer	age 22 iolates company policy and le discharged for failure to member has shown lice to company policy and lie removed from this additional	N	128					

PRINTED: 03/18/2019 FORM APPROVED OMB NO. 0938-0391

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	
NAME OF D	DOVIDED OD CUIDDUED	042112	1 5: *******	CTD	EET ADDRESS, CITY, STATE, ZIP CODE	03/	14/2019
NAIVIE OF PE	ROVIDER OR SUPPLIER		815 E ST LOUIS				
DELTA FA	MILY HEALTH AND FITN	ESS CENTER FOR CHILDRE			MBURG, AR 71646		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	Initial Comments  Note: The CMS-2567 is an official, legal dorremain unchanged excorrection, correction space. Any discrepancitation(s) will be reported (RO) for referral Inspector General (O information is inadver provider/supplier, the should be notified immediately and the control of the	7 (Statement of Deficiencies) cument. All information must accept for entering the plan of dates, and the signature act in the original deficiency orted to the Dallas Regional all to the Office of the IG) for possible fraud. If tently changed by the State Survey Agency (SA) mediately.  ed on March 14, 2019 for all January 29, 2019. All en corrected, and no new ound. The facility is in	I		CROSS-REFERENCED TO THE APPROPRIA		
ABORATORY I	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	:		TITLE		(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(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.