



Division of Provider Services
& Quality Assurance
P.O. Box 8059, Slot S404
Little Rock, AR 72203-8059
P: 501.320.6182
F: 501.682.6159

June 23, 2021

David Kuchinski, Administrator
Centers For Youth And Families Inc
6501 W 12th Street
Little Rock, AR 72225-1970

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear Mr. Kuchinski:

On May 11, 2021, a Complaint survey was conducted at your facility by the Office of Long Term Care to determine compliance with Federal requirements for Psychiatric Residential Treatment Facilities participating in the Medicaid program(s). This survey found your facility was not in substantial compliance with participation requirements. Please refer to our letter, dated May 20, 2021

A revisit was conducted on June 17, 2021, and your facility was still not in substantial compliance with the following participation requirement(s):

CFR 483.358(d) Orders for Use of Restraint or Seclusion
CFR 483.358(e) Orders for Use of Restraint or Seclusion
CFR 483.358(i) Orders for Use of Restraint or Seclusion
CFR 483.362(c) Monitoring During and After Restraint

Plan of Correction (PoC)

A Plan of Correction (PoC) for the cited deficiencies must be submitted within 10 calendar days of receipt of this letter to:

, Reviewer
OLTC, Survey & Certification Section
PO Box 8059, Slot S404
Little Rock, AR 72201-4608
(501) 320-6182
email to Sandra.Broughton@dhs.arkansas.gov.

A revisit will be authorized after an acceptable PoC is received. A completion date for each deficiency cited must be included. Your Plan of Correction must also include the following:

- 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;**
- 2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;**
- 3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,**
- 4. 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. The plan of correction is integrated into the quality assurance system. At the revisit, the quality assurance plan is reviewed to determine the earliest date of compliance. If there is no evidence of quality assurance being implemented, the earliest correction date will be the date of the revisit; and**
- 5. 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 and Human Services within ten (10) calendar days from receipt of the Statement of Deficiencies.** The request must state the specific deficiencies 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.

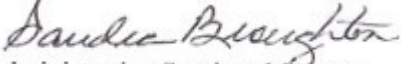
An incomplete informal dispute resolution procedure will not delay the effective date of any enforcement action. Informal dispute resolution in no way is to be construed as a formal evidentiary hearing. It is an informal administrative process to discuss the findings.

Please submit your request to:

**IDR/IIDR Program Coordinator
Health Facilities Services
5800 West 10th Street, Suite 400
Little Rock, AR 72204
Phone: 501-661-2201
Fax: 501-661-2165
ADH.HFS@Arkansas.gov**

If you have any questions concerning this letter, please contact your reviewer.

Sincerely,


Administrative Services Manager
DPSQA/Office of Long Term Care
Survey & Certification Section

sgb

cc: DRA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 06/17/2021
NAME OF PROVIDER OR SUPPLIER CENTERS FOR YOUTH AND FAMILIES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6501 W 12TH STREET LITTLE ROCK, AR 72225		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{N 000}	Initial Comments Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.	{N 000}			
N 143	The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(d) If the order for restraint or seclusion is verbal, the verbal order must be received by a registered nurse or other licensed staff such as a licensed practical nurse, while the emergency safety intervention is being initiated by staff or immediately after the emergency safety situation ends. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must verify the verbal order in a signed written form in the resident's record. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must be available to staff for consultation, at least by telephone, throughout the	N 143			

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

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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N 143	<p>Continued From page 1 period of the emergency safety intervention.</p> <p>This ELEMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure a physician order was obtained at the times of a restraint the safety of one sample client (Client #2) by not obtaining an order for a restraint during the restraint (a type of Emergency Safety Intervention) or immediately after the restraint.</p> <p>The findings are:</p> <p>Client #2 had diagnoses of Disruptive Mood Dysregulation Disorder and Disruptive Impulse Control and Conduct Disorder.</p> <p>a. An Emergency Safety Intervention (ESI) form dated 06/14/2021 did not document a physician' order for this ESI.</p> <p>b. On 06/16/2021 at 10:34 am, the Assistant Clinical Director was asked if there was a physician's order for the ESI on Client #2 on 06/14/2021. She looked at the electronic medical record (EMR) and stated, "No."</p> <p>c. On 06/16/2021 at 1:04 pm, the policy "Emergency Safety Interventions" was received from the Assistant Clinical Director. She stated, "This should include the information on documentation on the ESI from, physician orders, and the log." The policy "Emergency Safety Interventions" documented, "If the physician is not available to order the use of physical holding or 'IM' (intramuscular injection or shot) in writing, the physician's verbal order must be obtained by a nurse at the time the emergency safety</p>	N 143			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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N 143	Continued From page 2	N 143			
{N 144}	<p>intervention is initiated by staff. The nurse writes the verbal/telephone order in Physician's Order section of the client record . . ."</p> <p>ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(e)</p> <p>Each order for restraint or seclusion must:</p> <p>(1) Be limited to no longer than the duration of the emergency safety situation; and</p> <p>(2) Under no circumstances exceed 4 hours for residents ages 18 to 21; 2 hours for residents ages 9 to 17; or 1 hour for residents under age 9.</p> <p>This ELEMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure a physician's order was documented for 2 (Client #1 and #2) of 4 (Client #1, #2, #3 and #4) sampled clients who required an Emergency Safety Intervention. The findings are:</p> <p>1Client #1 was admitted on 6/16/21 and had diagnoses Disruptive Mood Dysregulation Disorder and Attention-deficit/hyperactivity disorder.</p> <p>a. An Emergency Safety Intervention Reporting Form, dated 6/11/2021, documented, "Multiple Restraints."...Time Initiated: 1613 [4:13 p.m.] Time Ended: 1615 [4:15 p.m.]...Time Initiated: 1647 [4:47 p.m.] Time Ended: 1654 [4:54 p.m.]...Time Initiated: 1710 [5:10 p.m.] Time Ended: 1715 [5:15 p.m.]...Time Initiated: 1724 [5:24 p.m.] Time Ended: 1726 [5:26 p.m.]... Emergency Medication IM (intramuscular)</p>	{N 144}			

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{N 144}	<p>Continued From page 3</p> <p>Benadryl 25 mg (milligram) IM STAT (now)..." There was no documented time of the IM Benadryl injection.</p> <p>b. A Physician's order, dated 6/11/21, documented, "...Initiate the following agency approved Emergency Safety Interventions for the following behaviors that are dangerous to self or others: 06/11/2121 student was hitting and kicking multiple staff, also destroying fellow student belongings as well as the dorm. Personal Restraint: CPI Seated Medium Position multiple restraints 1613 [4:13 p.m.]-1615 [4:15 p.m.]; 1647 [4:47 p.m.]-1648 [4:48 p.m.]; 1649 [4:49 p.m.]-1654 [4:54 p.m.]; 1710 [5:10 p.m.]-1715 [5:15 p.m.]; 1724 [5:24 p.m.]-1726 [5:26 p.m.]. Maximum Approved Time for Personal Restraint: 10 min (minutes) per restraint... PRN [as needed] Medication: Medication Injection: (Include medication in text box) Benadryl IM 25 mg STAT [now]... Date: 06/11/2021, Time: 9:57 pm." There was no other physician's orders documented for the use of each restraint and emergency medication use.</p> <p>c. On 6/16/21 at 2:19 p.m. the Assistant Clinical Director was asked, "Is there a physician's order for each restraint that was used on 6/11/2021?" She stated, "No, there should have been a doctor's order for each time."</p> <p>d. The facility Emergency Safety Interventions policy, received from the Assistant Clinical Director on 6/16/21 at 1:04 p.m., documented, "...If the physician is not available to order the use of physical holding or "IM" in writing, the physician's verbal order must be obtained by a nurse at the time the emergency safety intervention is initiated by staff. i. The nurse</p>	{N 144}			

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{N 144}	Continued From page 4 writes the verbal/telephone order in the Physician's Order section of the client's record and indicates: a. the date and time the order was obtained; b. the name of the physician issuing the order; c. the specific emergency safety intervention(s) ordered including the maximum length of time authorized for use (not to exceed a combined total of 30 minutes per order); d. justification for the use of the interventions;...C. Intramuscular (IM) injectable Medication: A client enrolled in certain residential programs may be given an intramuscular (IM) injectable medication under certain limited circumstances, in accordance with standard and accepted treatment procedures for the underlying medical or psychiatric condition for which the patient is being treated, and in accordance with the following policy: A. A physician's order must be obtained prior to administration..."	{N 144}			
{N 155}	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(i) The facility must maintain a record of each emergency safety situation, the interventions used, and their outcomes This ELEMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure an Emergency Safety Intervention Report Form was completed for each restraint used for 2 (Client #1 and #2) of 4 (Client #1, #2, #3, and #4) sampled clients who required a use of a restraint. The facility failed to ensure there was a cumulative log of all restraints utilized. The findings are: 1. Client #1 was admitted on 6/16/21 and had	{N 155}			

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{N 155}	<p>Continued From page 5</p> <p>diagnoses Disruptive Mood Dysregulation Disorder and Attention-deficit/hyperactivity disorder.</p> <p>a. An Emergency Safety Intervention Reporting Form, dated 6/11/2021, documented, "Multiple Restraints... Time Initiated: 1613 [4:13 p.m.] Time Ended: 1615 [4:15 p.m.]... Time Initiated: 1647 [4:47 p.m.] Time Ended: 1654 [4:54 p.m.] ...Time Initiated: 1710 [5:10 p.m.] Time Ended: 1715 [5:15 p.m.]... Time Initiated: 1724 [5:24 p.m.] Time Ended: 1726 [5:26 p.m.]... Emergency Medication IM [intramuscular] Benadryl 25 mg [milligram] IM STAT [now]..." There was no documented time of the IM Benadryl injection. There was no Emergency Safety Intervention Report Form completed for each of the personal restraints or the chemical restraint.</p> <p>b. On 6/16/21 at 10:55 a.m. the Assistant Clinical Director was asked, "Are the restraints/holds for [Client #1] on 6/11 on the ESI (Emergency Safety Intervention) log?" She stated, "No, they should have been on the log, but I don't see them."</p> <p>c. On 6/16/21 at 2:19 p.m. the Assistant Clinical Director was asked, "On the ESI (Emergency Safety Intervention) report for 6/11/21, is the time documented 1724 [5:24 p.m.] to 1726 [5:26 p.m.] a restraint?" She stated, "I would say yes, that's how I would read that if I was reading that. It's just not clear." The Assistant Clinical Director was asked, "At 1724 [5:24 p.m.] to 1726 [5:26 p.m.] what happened? What behaviors warranted the restraint?" She stated, "My assumption would be that would be the Benadryl injection." The Assistant Clinical Director was asked, "Can you show me where it specifies the second restraint was done, initiated? She stated, "No, it's not</p>	{N 155}		

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{N 155}	<p>Continued From page 6</p> <p>clear." The Assistant Clinical Director was asked, "What about the chemical restraint?" She stated, "You just have to assume the behavior continued, but it doesn't specify. It's not documented clearly." The Assistant Clinical Director was asked, "Should there have been separate ESI (Emergency Safety Intervention) reports?" She stated, "Yes."</p> <p>d. The facility Emergency Safety Interventions policy, received from the Assistant Clinical Director on 6/16/21 at 1:04 p.m. documented, "...P. Documentation Requirements 1. The use of an emergency safety intervention is clearly documented on the Emergency Safety Interventions Reporting form by the staff who initiated the procedure..."</p> <p>2. Client #2 had diagnoses of Disruptive Mood Dysregulation Disorder and Disruptive Impulse Control and Conduct Disorder.</p> <p>a. A facility log of ESIs dated from 03/25/2021 to 06/14/2021 was received from the Assistant Clinical Director. It did not include any ESIs being done on June 11, 2021 for Client #2.</p> <p>b. An ESI report dated 06/11/2021 documented the use of a restraint.</p> <p>c. On 06/16/2021 at 10:34 am, the Assistant Clinical Director was asked if he [Client #2] had an ESI on 06/11/2021. She stated, "Yes." She was then asked, "Is it on the log?" The facility ESI log was shown to her at this time. She stated, No, but I have the paperwork on it that I can bring</p>	{N 155}			

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{N 155}	Continued From page 7 you." She was then asked to bring any paperwork showing a log of the 06/11/2021 ESI for Client #2 and any policies regarding maintaining an ESI log. d. On 06/16/2021 at 1:04 pm, the policy "Emergency Safety Interventions" was received from the Assistant Clinical Director. She stated, "This should include the information on documentation on the ESI from, physician orders, and the log." A review of the policy did not find any information regarding log documentation. No cumulative log which included the ESI for Client #2 on 06/11/2021 was received from the facility prior to exit.	{N 155}			
{N 167}	MONITORING DURING AND AFTER RESTRAINT CFR(s): 483.362(c) A physician, or other licensed practitioner permitted by the state and the facility to evaluate the resident's well-being and trained in the use of emergency safety interventions, must evaluate the resident's well-being immediately after the restraint is removed. This ELEMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure an assessment was completed immediately after the use of a restraint for 1 (Client #1) of 4 (Client #1, #2, #3 and #4) sampled clients who required the use of a restraint. The findings are: Client #1 was admitted on 6/16/21 and had diagnoses Disruptive Mood Dysregulation	{N 167}			

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{N 167}	<p>Continued From page 8</p> <p>Disorder and Attention-deficit/hyperactivity disorder.</p> <p>a. An Emergency Safety Intervention Reporting Form, dated 6/11/2021, documented, "Multiple Restraints"...Time Initiated: 1613 [4:13 p.m.] Time Ended: 1615 [4:15 p.m.]...Time Initiated: 1647 [4:47 p.m.] Time Ended: 1654 [4:54 p.m.]...Time Initiated: 1710 [5:10 p.m.] Time Ended: 1715 [5:15 p.m.]...Time Initiated: 1724 [5:24 p.m.] Time Ended: 1726 [5:26 p.m.]...Emergency Medication IM [intramuscular] Benadryl 25 mg [milligram] IM STAT [now]...Nursing Evaluation (Immediately Upon Removal from Procedure): Time: 1654 [4:54 p.m.]" There was no documentation in the clinical record of a nursing assessment of the client immediately after the use of a restraints ending at 4:14 p.m., 5:15 p.m. and 5:26 p.m.=.</p> <p>b. On 6/16/21 at 2:19 p.m. the Assistant Clinical Director was asked, "Do you see any immediate nursing evaluation after the restraint was discontinued at 1615 (4:15 p.m.)?" She stated, "No ma'am." The Assistant Clinical Director was asked, "After the restraint at 1715 (5:15 p.m.) and 1726 (5:26 p.m.)?" She stated, "He should have been re-evaluated." The Assistant Clinical Director was asked, "Is there any documentation of [Client #1] being evaluated at those times?" She stated, "No, not for that specific time."</p>	{N 167}			



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& Quality Assurance
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July 8, 2021

David Kuchinski, Administrator
Centers For Youth And Families Inc
6501 W 12th Street
Little Rock, AR 72225-1970

Dear Mr. Kuchinski:

On June 17, 2021, we conducted a revisit survey at your facility. You have alleged that the deficiencies cited on that survey have been corrected. We are accepting your allegation of compliance and have approved your plan of correction and presume that you will achieve substantial correction by July 17, 2021.

We will be conducting a revisit of your facility to verify that substantial correction has been achieved and maintained.

If you have any questions, please contact your reviewer: **Sandra Broughton at 501-320--6182 or email to Sandra.Broughton@dhs.arkansas.gov.**

Sincerely,


Administrative Services Manager

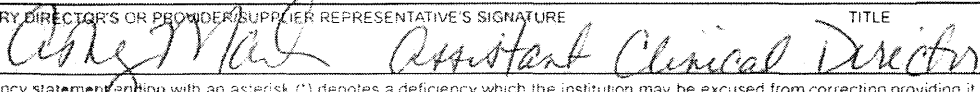
DPSQA/Office of Long Term Care
Survey & Certification Section

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(X5) COMPLETION DATE			
{N 000} Initial Comments	{N 000}		
	<p>Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p>		
N 143	<p>The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(d)</p> <p>If the order for restraint or seclusion is verbal, the verbal order must be received by a registered nurse or other licensed staff such as a licensed practical nurse, while the emergency safety intervention is being initiated by staff or immediately after the emergency safety situation ends. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must verify the verbal order in a signed written form in the resident's record. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must be available to staff for consultation, at least by telephone, throughout the</p>	N 143	<p>A training document has been developed by the Assistant Clinical Director to further educate nursing staff regarding the requirements for obtaining orders from the physician in a timely manner when an Emergency Safety Intervention (ESI) is initiated, documenting the maximum duration of the hold allowed, documenting the order both on the ESI form and in the Electronic Medical Record (EMR), and that there should be separate orders and separate ESI forms completed for separate holds. This was completed on 7/2/21. This training document is being reviewed with all nursing staff by the Nurse Managers. Failure to comply with this requirement of the ESI process will result in disciplinary action with nursing staff from the Nurse Managers</p>
			7/17/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE
 Assistant Clinical Director 7/7/21

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2021
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/17/2021	
NAME OF PROVIDER OR SUPPLIER CENTERS FOR YOUTH AND FAMILIES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6501 W 12TH STREET LITTLE ROCK, AR 72225		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

N 143 Continued From page 1
period of the emergency safety intervention.

This ELEMENT is not met as evidenced by:
Based on record review and interview, the facility failed to ensure a physician order was obtained at the times of a restraint the safety of one sample client (Client #2) by not obtaining an order for a restraint during the restraint (a type of Emergency Safety Intervention) or immediately after the restraint.

The findings are:

Client #2 had diagnoses of Disruptive Mood Dysregulation Disorder and Disruptive Impulse Control and Conduct Disorder.

a. An Emergency Safety Intervention (ESI) form dated 06/14/2021 did not document a physician' order for this ESI.

N 143 The Assistant Clinical Director has initiated daily review of ESI forms in residential programs and is giving feedback regarding any deficiencies in this area to Nurse Management.

b. On 06/16/2021 at 10:34 am, the Assistant Clinical Director was asked if there was a physician's order for the ESI on Client #2 on 06/14/2021. She looked at the electronic medical record (EMR) and stated, "No."

c. On 06/16/2021 at 1:04 pm, the policy "Emergency Safety Interventions" was received from the Assistant Clinical Director. She stated, "This should include the information on documentation on the ESI from, physician orders, and the log " The policy "Emergency Safety Interventions" documented, "If the physician is not available to order the use of physical holding or 'IM' (intramuscular injection or shot) in writing, the physician's verbal order must be obtained by a nurse at the time the emergency safety

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NAME OF PROVIDER OR SUPPLIER CENTERS FOR YOUTH AND FAMILIES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6501 W 12TH STREET LITTLE ROCK, AR 72225		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
N 143	Continued From page 2 intervention is initiated by staff. The nurse writes the verbal/telephone order in Physician's Order section of the client record . . ."	N 143			
(N 144)	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(e) Each order for restraint or seclusion must: (1) Be limited to no longer than the duration of the emergency safety situation; and (2) Under no circumstances exceed 4 hours for residents ages 18 to 21; 2 hours for residents ages 9 to 17; or 1 hour for residents under age 9. This ELEMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure a physician's order was documented for 2 (Client #1 and #2) of 4 (Client #1, #2, #3 and #4) sampled clients who required an Emergency Safety Intervention. The findings are: 1Client #1 was admitted on 6/16/21 and had diagnoses Disruptive Mood Dysregulation Disorder and Attention-deficit/hyperactivity disorder. a. An Emergency Safety Intervention Reporting Form, dated 6/11/2021, documented, "Multiple Restraints " . . .Time Initiated: 1613 [4:13 p.m.] Time Ended: 1615 [4:15 p.m.] . Time Initiated: 1647 [4:47 p.m.] Time Ended: 1654 [4:54 p.m.] . . .Time Initiated: 1710 [5:10 p.m.] Time Ended: 1715 [5:15 p.m.] . Time Initiated: 1724 [5:24 p.m.] Time Ended: 1726 [5:26 p.m.] Emergency Medication IM (intramuscular)	(N 144)	A training document has been developed by the Assistant Clinical Director to further educate nursing staff regarding the requirements for obtaining orders from the physician in a timely manner when an Emergency Safety Intervention (ESI) is initiated, documenting the maximum duration of the hold allowed, documenting orders for emergency medications, documenting the orders both on the ESI form and in the Electronic Medical Record (EMR), and that there should be separate orders and separate ESI forms completed for separate holds. This was completed on 7/2/21. This training document is being reviewed with all nursing staff by the Nurse Managers. Failure to comply with this requirement of the ESI process will result in disciplinary action with nursing staff from the Nurse Managers. The Assistant Clinical Director has initiated daily review of ESI forms in residential programs and is giving feedback regarding any deficiencies in this area to Nurse Management.	7/17/21	

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NAME OF PROVIDER OR SUPPLIER CENTERS FOR YOUTH AND FAMILIES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6501 W 12TH STREET LITTLE ROCK, AR 72225	
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{N 144}	Continued From page 3 Benadryl 25 mg (milligram) IM STAT (now)..." There was no documented time of the IM Benadryl injection. b. A Physician's order, dated 6/11/21, documented, "...Initiate the following agency approved Emergency Safety Interventions for the following behaviors that are dangerous to self or others: 06/11/2121 student was hitting and kicking multiple staff, also destroying fellow student belongings as well as the dorm. Personal Restraint: CPI Seated Medium Position multiple restraints 1613 [4:13 p.m.]-1615 [4:15 p.m.]; 1647 [4:47 p.m.]-1648 [4:48 p.m.]; 1649 [4:49 p.m.]-1654 [4:54 p.m.]; 1710 [5:10 p.m.]-1715 [5:15 p.m.]; 1724 [5:24 p.m.]-1726 [5:26 p.m.]. Maximum Approved Time for Personal Restraint: 10 min (minutes) per restraint.; PRN [as needed] Medication: Medication Injection: (Include medication in text box) Benadryl IM 25 mg STAT [now]... Date: 06/11/2021, Time: 9:57 pm." There was no other physician's orders documented for the use of each restraint and emergency medication use. c. On 6/16/21 at 2:19 p.m. the Assistant Clinical Director was asked, "Is there a physician's order for each restraint that was used on 6/11/2021?" She stated, "No, there should have been a doctor's order for each time." d. The facility Emergency Safety Interventions policy, received from the Assistant Clinical Director on 6/16/21 at 1:04 p.m., documented, "...If the physician is not available to order the use of physical holding or "IM" in writing, the physician's verbal order must be obtained by a nurse at the time the emergency safety intervention is initiated by staff. i. The nurse	{N 144}	

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{N 144}	Continued From page 4 writes the verbal/telephone order in the Physician's Order section of the client's record and indicates: a the date and time the order was obtained; b the name of the physician issuing the order; c the specific emergency safety intervention(s) ordered including the maximum length of time authorized for use (not to exceed a combined total of 30 minutes per order); d. justification for the use of the interventions;...C. Intramuscular (IM) injectable Medication: A client enrolled in certain residential programs may be given an intramuscular (IM) injectable medication under certain limited circumstances, in accordance with standard and accepted treatment procedures for the underlying medical or psychiatric condition for which the patient is being treated, and in accordance with the following policy: A. A physician's order must be obtained prior to administration..."	{N 144}			
{N 155}	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(i) The facility must maintain a record of each emergency safety situation, the interventions used, and their outcomes This ELEMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure an Emergency Safety Intervention Report Form was completed for each restraint used for 2 (Client #1 and #2) of 4 (Client #1, #2, #3, and #4) sampled clients who required a use of a restraint. The facility failed to ensure there was a cumulative log of all restraints utilized. The findings are: 1. Client #1 was admitted on 6/16/21 and had	{N 155}	A training document has been developed by the Assistant Clinical Director to further educate nursing staff regarding the requirements for obtaining orders from the physician in a timely manner when an Emergency Safety Intervention (ESI) is initiated, documenting the maximum duration of the hold allowed, documenting orders for emergency medications, documenting the orders both on the ESI form and in the Electronic Medical Record (EMR), and that there should be separate orders and separate ESI forms completed for separate holds. This was completed on 7/2/21. This training document is being reviewed with all nursing staff by the Nurse Managers. Failure to comply with this requirement of the ESI process will result in disciplinary action with nursing staff from the Nurse Managers	7/17/21	

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NAME OF PROVIDER OR SUPPLIER CENTERS FOR YOUTH AND FAMILIES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6501 W 12TH STREET LITTLE ROCK, AR 72226	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
{N 155}	Continued From page 5 diagnoses Disruptive Mood Dysregulation Disorder and Attention-deficit/hyperactivity disorder. a. An Emergency Safety Intervention Reporting Form, dated 6/11/2021, documented, "Multiple Restraints... Time Initiated: 1613 [4:13 p.m.] Time Ended: 1615 [4:15 p.m.]... Time Initiated: 1647 [4:47 p.m.] Time Ended: 1654 [4:54 p.m.] ... Time Initiated: 1710 [5:10 p.m.] Time Ended: 1715 [5:15 p.m.]... Time Initiated: 1724 [5:24 p.m.] Time Ended: 1726 [5:26 p.m.]... Emergency Medication IM [intramuscular] Benadryl 25 mg [milligram] IM STAT [now]..." There was no documented time of the IM Benadryl injection. There was no Emergency Safety Intervention Report Form completed for each of the personal restraints or the chemical restraint. b. On 6/16/21 at 10:55 a.m. the Assistant Clinical Director was asked, "Are the restraints/holds for [Client #1] on 6/11 on the ESI (Emergency Safety Intervention) log?" She stated, "No, they should have been on the log, but I don't see them." c. On 6/16/21 at 2:19 p.m. the Assistant Clinical Director was asked, "On the ESI (Emergency Safety Intervention) report for 6/11/21, is the time documented 1724 [5:24 p.m.] to 1726 [5:26 p.m.] a restraint?" She stated, "I would say yes, that's how I would read that if I was reading that. It's just not clear." The Assistant Clinical Director was asked, "At 1724 [5:24 p.m.] to 1726 [5:26 p.m.] what happened? What behaviors warranted the restraint?" She stated, "My assumption would be that would be the Benadryl injection." The Assistant Clinical Director was asked, "Can you show me where it specifies the second restraint was done, initiated? She stated, "No, it's not	{N 155}	The Assistant Clinical Director has initiated daily review of ESI forms in residential programs and is giving feedback regarding any deficiencies in this area to Nurse Management.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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{N 155}	Continued From page 6 clear " The Assistant Clinical Director was asked, "What about the chemical restraint?" She stated, "You just have to assume the behavior continued, but it doesn't specify. It's not documented clearly." The Assistant Clinical Director was asked, "Should there have been separate ESI (Emergency Safety Intervention) reports?" She stated, "Yes." d. The facility Emergency Safety Interventions policy, received from the Assistant Clinical Director on 6/16/21 at 1:04 p.m. documented, "...P. Documentation Requirements 1. The use of an emergency safety intervention is clearly documented on the Emergency Safety Interventions Reporting form by the staff who initiated the procedure..." 2. Client #2 had diagnoses of Disruptive Mood Dysregulation Disorder and Disruptive Impulse Control and Conduct Disorder. a. A facility log of ESIs dated from 03/25/2021 to 06/14/2021 was received from the Assistant Clinical Director. It did not include any ESIs being done on June 11, 2021 for Client #2. b. An ESI report dated 06/11/2021 documented the use of a restraint. c. On 06/16/2021 at 10:34 am, the Assistant Clinical Director was asked if he [Client #2] had an ESI on 06/11/2021. She stated, "Yes." She was then asked, "Is it on the log?" The facility ESI log was shown to her at this time. She stated, No, but I have the paperwork on it that I can bring	{N 155}		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NAME OF PROVIDER OR SUPPLIER CENTERS FOR YOUTH AND FAMILIES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6501 W 12TH STREET LITTLE ROCK, AR 72225	
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{N 155}	Continued From page 7 you." She was then asked to bring any paperwork showing a log of the 06/11/2021 ESI for Client #2 and any policies regarding maintaining an ESI log d. On 06/16/2021 at 1:04 pm, the policy "Emergency Safety Interventions" was received from the Assistant Clinical Director. She stated, "This should include the information on documentation on the ESI from, physician orders, and the log." A review of the policy did not find any information regarding log documentation. No cumulative log which included the ESI for Client #2 on 06/11/2021 was received from the facility prior to exit.	{N 155}	
{N 167}	MONITORING DURING AND AFTER RESTRAINT CFR(s): 483.362(c) A physician, or other licensed practitioner permitted by the state and the facility to evaluate the resident's well-being and trained in the use of emergency safety interventions, must evaluate the resident's well-being immediately after the restraint is removed. This ELEMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure an assessment was completed immediately after the use of a restraint for 1 (Client #1) of 4 (Client #1, #2, #3 and #4) sampled clients who required the use of a restraint. The findings are: Client #1 was admitted on 6/16/21 and had diagnoses Disruptive Mood Dysregulation	{N 167}	A training document has been developed by the Assistant Clinical Director regarding completion of ESI forms to include specific definitions and requirements of the timelines for completion of the evaluation of the resident immediately upon removal of a restraint. This was completed on 7/2/21. Nurse Management is reviewing this training with each nurse in the residential program. Failure to comply with any element of the requirements will result in disciplinary action. The Assistant Clinical Director has initiated daily review of ESI forms in residential programs and is giving feedback regarding any deficiencies in this area to Nurse Management.

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{N 167}	Continued From page 8 Disorder and Attention-deficit/hyperactivity disorder. a. An Emergency Safety Intervention Reporting Form, dated 6/11/2021, documented, "Multiple Restraints."...Time Initiated: 1613 [4:13 p.m.] Time Ended: 1615 [4:15 p.m.]...Time Initiated: 1647 [4:47 p.m.] Time Ended: 1654 [4:54 p.m.]...Time Initiated: 1710 [5:10 p.m.] Time Ended: 1715 [5:15 p.m.]...Time Initiated: 1724 [5:24 p.m.] Time Ended: 1726 [5:26 p.m.]...Emergency Medication IM [intramuscular] Benadryl 25 mg [milligram] IM STAT [now]...Nursing Evaluation (Immediately Upon Removal from Procedure): Time: 1654 [4:54 p.m.]" There was no documentation in the clinical record of a nursing assessment of the client immediately after the use of a restraints ending at 4:14 p.m., 5:15 p.m. and 5:26 p.m.=. b. On 6/16/21 at 2:19 p.m. the Assistant Clinical Director was asked, "Do you see any immediate nursing evaluation after the restraint was discontinued at 1615 (4:15 p.m.)?" She stated, "No ma'am." The Assistant Clinical Director was asked, "After the restraint at 1715 (5:15 p.m.) and 1726 (5:26 p.m.)?" She stated, "He should have been re-evaluated." The Assistant Clinical Director was asked, "Is there any documentation of [Client #1] being evaluated at those times?" She stated, "No, not for that specific time."	{N 167}		



Division of Provider Services
& Quality Assurance
P.O. Box 8059, Slot S404
Little Rock, AR 72203-8059
P: 501.320.6182
F: 501.682.6159

July 20, 2021

David Kuchinski, Administrator
Centers For Youth And Families Inc
6501 W 12th Street
Little Rock, AR 72225-1970

Dear Mr. Kuchinski:

During the Revisit survey conducted on July 19, 2021, your facility was found to be in compliance with program requirements. **Please email the signed CMS 2567 Sandra.Broughton@dhs.arkansas.gov.**

If you have any questions, please contact your reviewer: **Sandra Broughton at 501-320-6182 or email to Sandra.Broughton@dhs.arkansas.gov.**

Sincerely,


Administrative Services Manager

DPSQA/Office of Long Term Care
Survey and Certification Section

sgb

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/20/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 07/19/2021
NAME OF PROVIDER OR SUPPLIER CENTERS FOR YOUTH AND FAMILIES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6501 W 12TH STREET LITTLE ROCK, AR 72225		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{N 000}	<p>Initial Comments</p> <p>Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>A revisit was conducted on July 19, 2021 for all deficiencies cited on June 17, 2021. All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.</p>	{N 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			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.

SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Office of Financial Management, HCFA, P.O. Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

Provider/Supplier Number 04L101	Provider/Supplier Name CENTERS FOR YOUTH AND FAMILIES INC
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Type of Survey (select all that apply)

<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---------------------------------------	---------------------------------------	--------------------------	--------------------------	--------------------------

- A Complaint Investigation
- B Dumping Investigation
- C Federal Monitoring
- D Follow-up Visit
- M Other
- E Initial Certification
- F Inspection of Care
- G Validation
- H Life Safety Code
- I Recertification
- J Sanctions/Hearing
- K State License
- L CHOW

Extent of Survey (select all that apply)

<input checked="" type="checkbox"/> D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

- A Routine/Standard Survey (all providers/suppliers)
- B Extended Survey (HHA or Long Term Care Facility)
- C Partial Extended Survey (HHA)
- D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1.	06/16/2021	06/17/2021	0.50	0.00	12.50	0.00	5.00	5.50
2.	06/16/2021	06/17/2021	0.50	0.00	12.50	0.00	1.50	3.00
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours.....	1.00	Total RO Supervisory Review Hours.....	0.00
Total SA Clerical/Data Entry Hours.....	0.50	Total RO Clerical/Data Entry Hours.....	0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

