



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

October 20, 2023

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

Dear Mr. Hill:

On October 11, 2023 a Complaint Investigation survey was conducted at your facility by the Office of Long Term Care to determine if your facility was in compliance with Federal requirements for Psychiatric Residential Treatment Facilities participating in the Medicaid (Title XIX) Program. This survey found that your facility had deficiencies requiring correction/substantial correction prior to a revisit as specified in the attached CMS-2567.

**Plan of Correction**

**A POC must be submitted within 10 calendar days of you receipt of the Statement of Deficiencies.** Failure to submit a POC may result in termination. Include a completion date for each deficiency cited.

Theresa Forrest, LPN, Reviewer  
OLTC, Survey & Certification Section  
PO Box 8059, Slot S404  
Little Rock, AR 72201-4608  
(501) 3206235  
**email to Theresa.Forrest@dhs.arkansas.gov.**

**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 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 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.

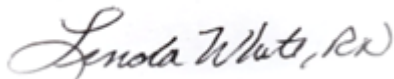
An incomplete informal dispute resolution procedure will not delay the effective date of any enforcement action or the requirement for timely submission of an acceptable plan of correction. Informal dispute resolution in no way is to be construed as a formal evidentiary hearing. It is an informal administrative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

**Please submit your request to:**

**IDR/IIDR Program Coordinator  
Health Facilities Services  
5800 West 10<sup>th</sup> Street, Suite 400  
Little Rock, AR 72204  
Phone: 501-661-2201  
[ADH.HFS@Arkansas.gov](mailto:ADH.HFS@Arkansas.gov)**

If you have any questions, please contact your Reviewer.

Sincerely,



DPSQA/Office of Long Term Care  
Survey & Certification Section

tf

cc: DRA

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

PRINTED: 10/20/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>04L112</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/11/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>DELTA FAMILY HEALTH AND FITNESS CENTER FOR CHILDRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>815 E ST LOUIS</b> <b>HAMBURG, AR 71646</b>		
(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.  Complaint AR00030833 was not in compliance, all or in part, with deficiencies cited at N128 and N132.  The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center.	N 000			
N 128	PROTECTION OF RESIDENTS CFR(s): 483.356(a)(3)  Restraint or seclusion must not result in harm or injury to the resident and must be used only-  This ELEMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure a physical restraint was implemented without injury for Client #1. The findings are:  Review of the Restraint Order Form dated 9/15/2023 for Client #1 noted the client attempted to hit staff with a closed fist and was at risk of harm to self or others. A telephone order to place Client #1 in a physical hold up to one hour for physical aggression towards staff was initiated at	N 128			

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 128	Continued From page 1 7:15 PM and ended at 7:19 PM.  The RN (Registered Nurse) Assessment for Behavior Management and/or Emergency Safety Interventions report dated 9/15/2023 showed at 8:10 PM Client #1 had bruising to the left side of the face on the cheek area, a cut on his lip and a raised area to the left side of temple area.  On 10/9/23 at 2:45 p.m., the Surveyor with the Director of Education watched the video of the restraint incident on 9/15/23. The restraint was not visible on the video due to being in the client's room.  On 10/10/23 at 9:22 a.m., the Surveyor asked the Director of Nursing (DON) how Client #1 got the bruising to the face and the cut on his lip. The DON stated, "The lip looked like he might have tried to bite. There was blood from his ear, it was a scratch. There was a bruise in the crease of his face." The Surveyor asked if he had these injuries prior to the restraint. The DON stated, "Not to my knowledge."	N 128			
N 132	PROTECTION OF RESIDENTS CFR(s): 483.356(b)  Emergency safety intervention. An emergency safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age; size; gender; physical, medical, and	N 132			

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N 132	<p>Continued From page 2</p> <p>psychiatric condition; and personal history (including any history of physical or sexual abuse).</p> <p>This ELEMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure a physical hold was performed in a safe manner for Client #2. The findings are:</p> <p>A review of the Restraint Order Form dated 9/15/23 showed Clint #2 behavior escalated to physical aggression and a telephone order was obtained for a physical hold up to 1 hour with a start time of 2:40 p.m. and ending at 2:58 p.m.</p> <p>On 10/9/23 at 2:45 p.m., the Surveyor with the Director of Education watched the video of the 9/15/23 incident with the restraint. The video showed Behavior Coach #2 talking with Client #2 who was sitting at a desk in a classroom; then physical contact between Behavior Coach #2 and Client #2 occurred, then the two had physical contact, a desk fell over, and then Behavior Coach #2 and Client #2 both fell to the ground. Behavior Coach #2 was then seen placing Client #2 in a physical hold. The Director of Education said "He could have been a little less aggressive.</p> <p>On 10/10/23 at 2:05 p.m., the Surveyor asked Behavior Coach #3 about the restraint incident with Client #2 on 9/15/23. She stated, "The hold itself was just awful. Her face hit the desk. It fell over on her way down."</p> <p>On 10/10/23 at 2:27 p.m., the Surveyor asked Client #2 about the restraint incident on 9/15/23. Client #2 stated, "He touched me like he was</p>	N 132			

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Division of Provider Services  
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P.O. Box 8059, Slot S404  
Little Rock, AR 72203-8059

October 30, 2023

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

Dear Mr. Hill:

On October 11, 2023, we conducted a Complaint Investigation 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 October 27, 2023.

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: **Theresa Forrest at 501-320-6235 or email to Theresa.Forrest@dhs.arkansas.gov.**

Sincerely,

*David E. Miller for*

Theresa Forrest, Reviewer  
DPSQA/Office of Long Term Care  
Survey & Certification Section

tf

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

APOC  
10/30/2027  
DM

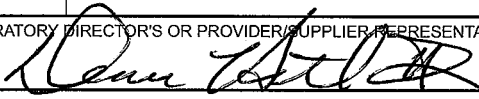
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE



Administrator

10/27/2023

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N 132	PROTECTION OF RESIDENTS CFR(s): 483.356(b)  Emergency safety intervention. An emergency safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior, and the resident's chronological and developmental age; size; gender; physical, medical, and	N 132	On 9.20.2023 the Program Director and CPI Instructor/Dept of Education Director provided training and in-service to all staff outlining proper CPI Techniques to use to prevent harm or injury to client. The training included emphasis on team approach, circumstances that would indicate need for physical hold as well as interventions used to prevent physical hold. CPI Instructor/Dept. of Education Director		

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N 132	<p>Continued From page 2</p> <p>psychiatric condition; and personal history (including any history of physical or sexual abuse).</p> <p>This ELEMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure a physical hold was performed in a safe manner for Client #2. The findings are:</p> <p>A review of the Restraint Order Form dated 9/15/23 showed Clint #2 behavior escalated to physical aggression and a telephone order was obtained for a physical hold up to 1 hour with a start time of 2:40 p.m. and ending at 2:58 p.m.</p> <p>On 10/9/23 at 2:45 p.m., the Surveyor with the Director of Education watched the video of the 9/15/23 incident with the restraint. The video showed Behavior Coach #2 talking with Client #2 who was sitting at a desk in a classroom; then physical contact between Behavior Coach #2 and Client #2 occurred, then the two had physical contact, a desk fell over, and then Behavior Coach #2 and Client #2 both fell to the ground. Behavior Coach #2 was then seen placing Client #2 in a physical hold. The Director of Education said "He could have been a little less aggressive.</p> <p>On 10/10/23 at 2:05 p.m., the Surveyor asked Behavior Coach #3 about the restraint incident with Client #2 on 9/15/23. She stated, "The hold itself was just awful. Her face hit the desk. It fell over on her way down."</p> <p>On 10/10/23 at 2:27 p.m., the Surveyor asked Client #2 about the restraint incident on 9/15/23. Client #2 stated, "He touched me like he was</p>	N 132	<p>cont'd from page 2</p> <p>will review camera footage for a minimum of 3 restraint holds per week and document findings. If any restraint hold is found to be inappropriate or a restraint is initiated without proper cause, the licensing unit will be notified by the next day as well as temporary suspension of staff until completion of in-house investigation and decisive disciplinary action can be determined.</p> <p>The documentation of these footage reviews shall be kept by DFC and provided to the Licensing Specialist by the last day of each month until licensing unit determines deficiency is corrected and goal of 100% compliance is met for 4 consecutive months.</p>	10/27/2023	

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Little Rock, AR 72203-8059

December 13, 2023

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

Dear Mr. Hill:

During the Revisit survey conducted on December 13, 2023, your facility was found to be in compliance with program requirements. **Please email the signed CMS 2567 to: Theresa.Forrest@dhs.arkansas.gov.**

If you have any questions, please contact your reviewer: **Theresa Forrest at 501-320-6235 or email to Theresa.Forrest@dhs.arkansas.gov.**

Sincerely,

A handwritten signature in cursive script that reads "Lenora White, RN".

DPSQA/Office of Long Term Care  
Survey and Certification Section

tf

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

PRINTED: 12/13/2023  
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE	

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