



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

January 4, 2024

Craig Gammon, Administrator
United Methodist Childrens Home
2002 S Fillmore St
Little Rock, AR 72214-4848

Dear Mr. Gammon:

On December 21, 2023 a Recertification 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, Reviewer
OLTC, Survey & Certification Section
PO Box 8059, Slot S404
Little Rock, AR 72201-4608
(501) 320-6235
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 10th Street, Suite 400
Little Rock, AR 72204
Phone: 501-661-2201
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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/21/2023
NAME OF PROVIDER OR SUPPLIER UNITED METHODIST CHILDRENS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2002 S FILLMORE ST LITTLE ROCK, AR 72214		
(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. A validation survey was conducted from 12/18/2023 through 12/21/2023. The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center.	N 000			
N 127	PROTECTION OF RESIDENTS CFR(s): 483.356(a)(2) An order for restraint or seclusion must not be written as a standing order or on an as-needed basis. This ELEMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure a physician's order for a physical restraint was received for 1 (Client #5) of 1 client. The findings were: Client #5 had diagnoses of Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder (ADHD) and Child Physical and Psychological Abuse.	N 127			

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 127	Continued From page 1 A Nursing Progress note dated 10/31/23 revealed Client #5 was placed "...in a restraint at approximately 16:38 [4:38 PM]..." The Seclusion and Restraint Form Dated 10/31/2023 at 04:38 PM" revealed Client #5 was placed in a restraint. During record review, no physician orders were found for physical restraint on 10/31/23. On 12/21/2023 at 1:15 PM, the Surveyor requested the physician orders for the restraint on 10/31/23 from the Nurse Manager. On 12/21/2023 at 1:53 PM, the Nurse Manager reported there was not a physician's order for the restraint. The Surveyor asked the Nurse Manager if there were supposed to be orders for any type of restraint. The Nurse Manager stated, "Yes." A policy provided by the Administrator on 12/18/2023 at 11:35 AM revealed, "Subject: Procedures for the use of Personal or Chemical Restraints & Seclusion" with an effective date of "June 2000" documented, "Section J Orders: 1. Any restraint or seclusion procedure must be used and continued pursuant to an order from the attending physician who is primarily responsible for the ongoing care of the resident served ...6. As soon as possible, but no longer than one hour after the initiation of restraint or seclusion, a licensed nurse. 1. Notifies and obtains an order from the physician and, 2. Writes the time/date, order and who received the order on the restraint and seclusion form..."	N 127			
N 142	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(c)	N 142			

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N 142	<p>Continued From page 2</p> <p>A physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must order the least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with staff.</p> <p>This ELEMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure an order for physical and chemical restraints were not received at the same time for 3 (Clients #1, #2 and #5) clients. The findings are:</p> <p>1. Client #1 had diagnosis of Disruptive Mood Dysregulation Disorder, Reactive Attachment Disorder, Schizophrenia Spectrum, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder and Child Neglect.</p> <p>a. The Seclusion and Restraint Order form dated 11/13/2023 revealed date and time order received "11/13/2023 02:05 PM" for the personal restraint. The personal restraint had a duration of "4" minutes. A chemical restraint order was received on "11/13/2023 02:05 PM" Medication per nursing progress note "Zyprexa 5 mg [milligrams] IM [intramuscularly] and Benadryl 50 mg IM" were documented as given.</p> <p>b. The Seclusion and Restraint Order form dated 11/07/2023 revealed date and time order received "11/07/2023 09:57 AM" for the personal restraint. The personal restraint had a duration of "1" minute. A chemical restraint order was received on "11/07/2023 09:57 AM" Medication given per nursing progress note "Zyprexa 5 mg [milligram]</p>	N 142			

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N 142	<p>Continued From page 3 and Benadryl 50 mg x [times] 1 was given.</p> <p>c. The Seclusion and Restraint Order form dated 10/10/2023 revealed date and time order received, "10/10/2023 01:50 PM" for the personal restraint. A chemical restraint order was received on "10/10/2023 01:50 PM" Medication given per nursing progress note "Zydis 5 mg x 1 and Benadryl 25 mg x 1 was given.</p> <p>d. The Seclusion and Restraint Order form dated 10/09/2023 was reviewed and revealed date and time order received "10/09/2023 09:22 AM" for the personal restraint. The personal restraint had a duration of "7" minutes. A chemical restraint order was received on "10/09/2023 09:22 AM" Medication given per nursing progress note "Zyprexa 5 mg IM and Benadryl 50 mg IM was given.</p> <p>e. The Seclusion and Restraint Order form dated 10/03/2023 was reviewed and revealed date and time order received "10/03/2023 09:00 AM" for the personal restraint. The personal restraint had a duration of "1" minutes. A chemical restraint order was received on "10/03/2023 09:00 AM" Medication given per nursing progress note "Zyprexa 5 mg IM and Benadryl 50 mg IM was given.</p> <p>f. The Seclusion and Restraint Order form dated 10/02/2023 was reviewed and revealed date and time order received "10/02/2023 04:00 PM" for the personal restraint. The personal restraint had a duration of "6" minutes. A chemical restraint order was received on "10/02/2023 04:00 AM" Medication given per nursing progress note "Zyprexa 5 mg was given.</p>	N 142			

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N 142	<p>Continued From page 4</p> <p>g. The Seclusion and Restraint Order form dated 9/27/2023 was reviewed and revealed date and time order received "9/27/2023 09:10 AM" for the personal restraint. The personal restraint had a duration of "9" minutes. A chemical restraint order was received on "9/27/2023 09:10 AM" Medication given per nursing progress note "Zyprexa 5 mg and Benadryl 50 mg was given.</p> <p>h. On 12/19/2023 at 11:45 AM, the Nurse Manager was asked to review the physical and chemical restraint physician's orders for Client #1. She confirmed that the above listed orders for personal restraint and a chemical restraint were received at the same time.</p> <p>2. Client #2 had diagnosis of Reactive Attachment Disorder, Disruptive Impulse Control, Bipolar Disorder, Borderline Intellectual Functioning and History of Physical Abuse and Neglect.</p> <p>a. The Seclusion and Restraint Order form dated 10/11/2023 revealed date and time order received "10/11/2023 at 05:22 PM" for the personal restraint. A chemical restraint order was received on "10/11/2023 at 05:22 PM" Medication per nursing progress note "Zyprexa 5 mg IM and Benadryl 50 mg IM" were documented as given.</p> <p>3. Client #5 had diagnoses of Disruptive Mood Dysregulation Disorder, Child physical, psychological and sexual abuse.</p> <p>a. The Seclusion and Restraint Order form dated 09/28/2023 revealed date and time order received, "09/28/2023 at 09:24 AM" for the personal restraint. A chemical restraint order was received on "09/28/2023 at 09:24 AM" Medication per nursing progress note "Zyprexa 10 mg and Benadryl 50 mg IM" were documented as given.</p>	N 142			

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N 142	Continued From page 5 4. A policy provided by the Administrator on 12/18/2023 at 11:35 AM revealed, "Subject: Procedures for the use of Personal or Chemical Restraints & Seclusion" with an effective date of "June 2000" Section D part 3 revealed, "...3. Use of personal restraint requires documented clinical justification. The rationale for the procedure must address and identify the less restrictive interventions that were attempted and failed. Less restrictive intervention would include verbal de-escalation. time-out. prompts, preventive teaching. allowing the resident to verbalize feelings, decrease stimuli in the environment by removing other residents. ... J. Orders: 1. Any restraint or seclusion procedure must be used and continued pursuant to an order from the attending physician who is primarily responsible for the ongoing care of the resident served ... 6. As soon as possible, but no longer than one hour after the initiation of restraint or seclusion, a licensed nurse. 1. Notifies and obtains an order from the physician and, 2. Writes the time/date, order and who received the order on the restraint and seclusion form..."	N 142			



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

January 25, 2024

Craig Gammon, Administrator
United Methodist Childrens Home
2002 S Fillmore St
Little Rock, AR 72214-4848

Dear Mr.. Gammon:

On December 21, 2023, we conducted a Recertification 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 January 16, 2024.

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,

A handwritten signature in black ink that reads "Theresa Forrest, LPA". The signature is written in a cursive, flowing style.

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
10/25/24
tf

PRINTED: 01/04/2024
FORM APPROVED
OMB NO. 0938-0391

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N 127	PROTECTION OF RESIDENTS CFR(s): 483.356(a)(2) An order for restraint or seclusion must not be written as a standing order or on an as-needed basis. This ELEMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure a physician's order for a physical restraint was received for 1 (Client #5) of 1 client. The findings were: Client #5 had diagnoses of Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder (ADHD) and Child Physical and Psychological Abuse.	N 127	Corrective Action: The policy and procedure in place already require orders to be obtained for any restraint. Upon being notified of the deficiency in this area additional monitoring steps were put in place to insure that he policy is followed. All clients could potentially be effected by this issue so all clients have been included in the corrective response. All cases were reviewed and no additional negative findings were identified. The Nurse Manager is responsible for checking that orders are obtained for all restraints and seclusions and now checks these twice weekly for compliance. The residential treatment center (RTC) program has now enlisted the assistance of the health information management (HIM) department, to monitor the completion of seclusion and restraint documentation (S&R's) and physician orders as well, and the results of these audits are reported to administration. The Nurse Manager now reports on the accuracy of S&Rs including completed orders, at the bi-monthly Department Head Meetings. The Nurse Manager compares the orders with the critical incident reports (CIR's) and data collected by the RTC Office Manager. Person Responsible: RTC Nurse Manager with the assistance of the HIM department in conducting audits of order accuracy and completion.	1-16-24	

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

TITLE

(X6) DATE

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N 127	Continued From page 1 A Nursing Progress note dated 10/31/23 revealed Client #5 was placed "...in a restraint at approximately 16:38 [4:38 PM]..." The Seclusion and Restraint Form Dated 10/31/2023 at 04:38 PM" revealed Client #5 was placed in a restraint. During record review, no physician orders were found for physical restraint on 10/31/23. On 12/21/2023 at 1:15 PM, the Surveyor requested the physician orders for the restraint on 10/31/23 from the Nurse Manager. On 12/21/2023 at 1:53 PM, the Nurse Manager reported there was not a physician's order for the restraint. The Surveyor asked the Nurse Manager if there were supposed to be orders for any type of restraint. The Nurse Manager stated, "Yes." A policy provided by the Administrator on 12/18/2023 at 11:35 AM revealed, "Subject: Procedures for the use of Personal or Chemical Restraints & Seclusion" with an effective date of "June 2000" documented, "Section J Orders: 1. Any restraint or seclusion procedure must be used and continued pursuant to an order from the attending physician who is primarily responsible for the ongoing care of the resident served ...6. As soon as possible, but no longer than one hour after the initiation of restraint or seclusion, a licensed nurse. 1. Notifies and obtains an order from the physician and, 2. Writes the time/date, order and who received the order on the restraint and seclusion form..."	N 127			
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N 142	<p>Continued From page 2</p> <p>A physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must order the least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with staff.</p> <p>This ELEMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure an order for physical and chemical restraints were not received at the same time for 3 (Clients #1, #2 and #5) clients. The findings are:</p> <p>1. Client #1 had diagnosis of Disruptive Mood Dysregulation Disorder, Reactive Attachment Disorder, Schizophrenia Spectrum, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder and Child Neglect.</p> <p>a. The Seclusion and Restraint Order form dated 11/13/2023 revealed date and time order received "11/13/2023 02:05 PM" for the personal restraint. The personal restraint had a duration of "4" minutes. A chemical restraint order was received on "11/13/2023 02:05 PM" Medication per nursing progress note "Zyprexa 5 mg [milligrams] IM [intramuscularly] and Benadryl 50 mg IM" were documented as given.</p> <p>b. The Seclusion and Restraint Order form dated 11/07/2023 revealed date and time order received "11/07/2023 09:57 AM" for the personal restraint. The personal restraint had a duration of "1" minute. A chemical restraint order was received on "11/07/2023 09:57 AM" Medication given per nursing progress note "Zyprexa 5 mg [milligram]</p>	N 142	<p>Corrective Action: Upon notification of the deficiency nurses were educated to ensure that no simultaneous orders for physical and chemical restraints are obtained. This deficiency could potentially impact all clients, so all current client cases were reviewed and no additional negative findings were identified.</p> <p>Nursing staff are required to indicate that less restrictive measures have been attempted and failed within the supporting documentation specified on the Seclusion and Restraint Form. The less restrictive measures include, but are not limited to verbal de-escalation, prompts for a self-time-out, removing other residents from the area to decrease stimuli, preventative teaching, and allowing the resident to verbalize feelings.</p> <p>The Nurse Manager is now responsible for monitoring that the orders for physical and chemical restraints have not been received simultaneously. The Nurse Manager also reports on the accuracy of orders for restraints and with regard to the timing requirements in bi-monthly Department Head Meetings. Education and training on this issue is now also included in on the job orientation training and discussed within in-service trainings pertaining to orders.</p> <p>Person Responsible: RTC Nurse Manager</p>	1-16-24

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N 142	<p>Continued From page 3 and Benadryl 50 mg x [times] 1 was given.</p> <p>c. The Seclusion and Restraint Order form dated 10/10/2023 revealed date and time order received, "10/10/2023 01:50 PM" for the personal restraint. A chemical restraint order was received on "10/10/2023 01:50 PM" Medication given per nursing progress note "Zydis 5 mg x 1 and Benadryl 25 mg x 1 was given.</p> <p>d. The Seclusion and Restraint Order form dated 10/09/2023 was reviewed and revealed date and time order received "10/09/2023 09:22 AM" for the personal restraint. The personal restraint had a duration of "7" minutes. A chemical restraint order was received on "10/09/2023 09:22 AM" Medication given per nursing progress note "Zyprexa 5 mg IM and Benadryl 50 mg IM was given.</p> <p>e. The Seclusion and Restraint Order form dated 10/03/2023 was reviewed and revealed date and time order received "10/03/2023 09:00 AM" for the personal restraint. The personal restraint had a duration of "1" minutes. A chemical restraint order was received on "10/03/2023 09:00 AM" Medication given per nursing progress note "Zyprexa 5 mg IM and Benadryl 50 mg IM was given.</p> <p>f. The Seclusion and Restraint Order form dated 10/02/2023 was reviewed and revealed date and time order received "10/02/2023 04:00 PM" for the personal restraint. The personal restraint had a duration of "6" minutes. A chemical restraint order was received on "10/02/2023 04:00 AM" Medication given per nursing progress note "Zyprexa 5 mg was given.</p>	N 142			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/21/2023
NAME OF PROVIDER OR SUPPLIER UNITED METHODIST CHILDRENS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2002 S FILLMORE ST LITTLE ROCK, AR 72214		
(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 142	<p>Continued From page 4</p> <p>g. The Seclusion and Restraint Order form dated 9/27/2023 was reviewed and revealed date and time order received "9/27/2023 09:10 AM" for the personal restraint. The personal restraint had a duration of "9" minutes. A chemical restraint order was received on "9/27/2023 09:10 AM" Medication given per nursing progress note "Zyprexa 5 mg and Benadryl 50 mg was given.</p> <p>h. On 12/19/2023 at 11:45 AM, the Nurse Manager was asked to review the physical and chemical restraint physician's orders for Client #1. She confirmed that the above listed orders for personal restraint and a chemical restraint were received at the same time.</p> <p>2. Client #2 had diagnosis of Reactive Attachment Disorder, Disruptive Impulse Control, Bipolar Disorder, Borderline Intellectual Functioning and History of Physical Abuse and Neglect.</p> <p>a. The Seclusion and Restraint Order form dated 10/11/2023 revealed date and time order received "10/11/2023 at 05:22 PM" for the personal restraint. A chemical restraint order was received on "10/11/2023 at 05:22 PM" Medication per nursing progress note "Zyprexa 5 mg IM and Benadryl 50 mg IM" were documented as given.</p> <p>3. Client #5 had diagnoses of Disruptive Mood Dysregulation Disorder, Child physical, psychological and sexual abuse.</p> <p>a. The Seclusion and Restraint Order form dated 09/28/2023 revealed date and time order received, "09/28/2023 at 09:24 AM" for the personal restraint. A chemical restraint order was received on "09/28/2023 at 09:24 AM" Medication per nursing progress note "Zyprexa 10 mg and Benadryl 50 mg IM" were documented as given.</p>	N 142			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/21/2023
NAME OF PROVIDER OR SUPPLIER UNITED METHODIST CHILDRENS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2002 S FILLMORE ST LITTLE ROCK, AR 72214		
(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 142	Continued From page 5 4. A policy provided by the Administrator on 12/18/2023 at 11:35 AM revealed, "Subject: Procedures for the use of Personal or Chemical Restraints & Seclusion" with an effective date of "June 2000" Section D part 3 revealed, "...3. Use of personal restraint requires documented clinical justification. The rationale for the procedure must address and identify the less restrictive interventions that were attempted and failed. Less restrictive intervention would include verbal de-escalation. time-out. prompts, preventive teaching. allowing the resident to verbalize feelings, decrease stimuli in the environment by removing other residents. ... J. Orders: 1. Any restraint or seclusion procedure must be used and continued pursuant to an order from the attending physician who is primarily responsible for the ongoing care of the resident served ... 6. As soon as possible, but no longer than one hour after the initiation of restraint or seclusion, a licensed nurse. 1. Notifies and obtains an order from the physician and, 2. Writes the time/date, order and who received the order on the restraint and seclusion form..."	N 142			



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

March 4, 2024

Craig Gammon, Administrator
United Methodist Childrens Home
2002 S Fillmore St
Little Rock, AR 72214-4848

Dear Mr.. Gammon:

During the Revisit survey conducted on February 21, 2024, your facility was found to be in compliance with program requirements. **Please email the signed CMS 2567 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 black ink that reads "Lenora White, RN". The signature is written in a cursive, flowing style.

DPSQA/Office of Long Term Care
Survey and Certification Section

tf

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

PRINTED: 03/04/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04L106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/21/2024
NAME OF PROVIDER OR SUPPLIER UNITED METHODIST CHILDRENS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2002 S FILLMORE ST LITTLE ROCK, AR 72214		
(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>The facility was in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center.</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.