



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

December 6, 2023

David Napier, Administrator Youth Home Inc 20400 Colonel Glenn Road Little Rock, AR 72210-5323

Dear Mr. Napier:

On November 28, 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 your 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 a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness.

e. Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. Your facility is ultimately accountable for its own compliance. The plan of correction will serve as the facility's allegation of compliance. Unless otherwise stated on the PoC, the last completion date will be the date of alleged compliance.

#### **Informal Dispute Resolution**

In accordance with 42 CFR § 488.331, you have one opportunity to question deficiencies through an informal dispute resolution (IDR) process. To obtain an IDR, you must send your written request to Health Facility Services, Arkansas Department of Health within ten (10) calendar days from receipt of the Statement of Deficiencies. The request must state the specific 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

If you have any questions, please contact your Reviewer.

Sincerely,

DPSQA/Office of Long Term Care Survey & Certification Section

Lenola White, RX

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cc: DRA

PRINTED: 12/06/2023 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L107	B. WING			C 11/28/2023	
NAME OF PR	ROVIDER OR SUPPLIER			204	REET ADDRESS, CITY, STATE, ZIP CODE  OO COLONEL GLENN ROAD  TLE ROCK, AR 72210	1 117.	20/2023
(X4) ID PREFIX TAG			ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
N 000	Initial Comments		N (	000			
N 132	is an official, legal doremain unchanged excorrection, correction space. Any discrepancitation(s) will be reported office (RO) for referral Inspector General (Oinformation is inadver provider/supplier, the should be notified immoduled by the should be notified in such should be notified immoduled by the should be notified in such should be not	IG) for possible fraud. If tently changed by the State Survey Agency (SA) mediately.  282 was not in compliance, iciencies written at N132 and a compliance with §483, as of Participation for al Treatment Center.  ESIDENTS  ervention. An emergency just be performed in a proportionate, and werity of the behavior, and logical and developmental sysical, medical, and and personal history	N	132			
A DODATORY I	DIRECTOR'S OR PROVIDERS	SUPPLIER REPRESENTATIVE'S SIGNATURI	=		TITI F		(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.

Facility ID: 3006

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		04L107	B. WING _			C 11/28/2023
NAME OF PE	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CO 20400 COLONEL GLENN ROAD LITTLE ROCK, AR 72210	DE	11120/2020
(X4) ID PREFIX TAG			ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
N 132	a. An Incident Report Compliance Officer, complaint as "Persor Seclusion, Aggressiv Injury to Staff, Threat Destruction." Also designed.	gnoses of "Reactive and Disruptive Mood	N 1	132		
	over furniture, perso seclusion, broke peep plastic edges, spiting banging her head or seclusion room. RN assessment noted a reported small abrasher thumb from the rher eyes and cheeks 10/25/2023. A hotling resident was ordered (Emergency Room) rash, on her face and diagnosis of concuss activity limit for three b. An interview with 11/27/2023 at 1:30 F (Qualified Behaviora been let go because [QBHP #1] had initial jerking patient and h	nal restraint, placed in ers cup, exposed sharp g, scratching staff, after walls and front window of (Registered Nurse) fter the incident. Resident ion on her palm side next to estraint, petechiae around a that were not observed on ereport was made. The d for further evaluation at ER on 10/26/2023 for petechia d headache, knee pain with a sion. Resident was placed on er (3) days.  Chief Clinical Officer on PM, stated that QBHP I Health Provider) #1 had, "Video footage showed ted a one-person restraint, ad shoved her into seclusion. It the room was free of				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L107	B. WING	B. WING		C 11/28/2023	
NAME OF PR	ROVIDER OR SUPPLIER		<u> </u>	2	TREET ADDRESS, CITY, STATE, ZIP CODE 0400 COLONEL GLENN ROAD ITTLE ROCK, AR 72210	1102	20/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 132	PM, read in part, "P up to 60 minutes until no longer a threat to seed. On 11/27/2023, at interview was conducted interview was conducted slamming her door, at three minutes. Upon a screaming and being room by [QBHP #1]." "What did you observed had picked up a wateresident, and was bar banging her head on [QBHP #1], [QBHP #2] her on the floor. I got then she agreed to stroom, refused treatment hospital the next day.  e. During a lap top vical to the day room, and "[QHBP #1] aggression seclusion room, locked escorted another resist seclusion room leaving bottle. Then from 8:06 resident continued to the plastic bottle into second in the plastic bottle into second in the plastic bottle into second in the se	ated 10/25/2023, at 8:06 clace in locked seclusion for calm and cooperative and safety."  1:35 PM, a telephone sted with RN #1. She stated, her medication, by and had stepped away for returning, she heard resident escorted to the seclusion. In response to the question, e?" RN #1 stated, "Resident rottle, left by another aging it on the glass, the floor. There were three, 2], and [QBHP #3] holding a pillow for her head and op and went to the comfort ent. The resident went to the "  deo review on 11/27/2023 at Manager #1, he stated that 23 at 8:05 PM, had walked d knocked over two chairs. Vely took the resident to the ed the door as [QHBP #2] dent out of the open ag the plastic empty water	N	132	DEFICIENCY)		
	[QHBP #1] with two o	er head on walls. At 8:10 PM, ther employees came into e resident by holding arms gan to remove shards of the					

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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  20400 COLONEL GLENN ROAD  LITTLE ROCK, AR 72210		11/20/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
N 132	plastic water bottle." "What was wrong wi Manager #1 stated " CPI [Crisis Preventic grabbed her and spu  f. On 11/27/2023 at 2 entered the dayroom taken into the seclus response to the ques observe?" QBHP #2 plastic bottle on the v door, until they came Another resident had room sleeping and I response to the ques banging her head?"  g. On 11/27/2023 at that Client #1 had no response to the ques not compliant?" QBH yelling, screaming, a partner, [QBHP #1], as I was eating dinne seclusion room and [Client #1] was kickin drew blood from my banging her head. [F deescalated to a cali calm state, she was response to the ques water bottle?" QHBF bottle.  h. At 11/27/2023 at 3 accompanied by her the question, "Can y	In response to the question the the restraints?" Unit He snatched her up, not the in Institute] hold we use, in her around."  2:30 PM, QBHP #2 stated, "I after Client #1 had been ion room by [QHBP #1]." In stion, "What did you stated, "She was banging a window door. I stayed at the back to subdue her. I been in the open seclusion had moved her out." In stion, "Did you see her QBHP #2 replied, "I did not."	N 1	32			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G	, ,	(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER	042107		STREET ADDRESS, CITY, STATE, ZIP CODE  20400 COLONEL GLENN ROAD  LITTLE ROCK, AR 72210		128/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
N 132	(10/25/2023), after hamy room closet so I con Dayroom and started [QHBP #1] grabbed in me to seclusion. I pin hurting me. I cut my risleeping, and I got he in seclusion so I bang concussion. Banged if floor. The concussion went to the hospital the question, "Why dinext day?" Client #1 sapproval before I couried i. During a second lapon 10/25/2023 at 8:07 Unit Manager #2. He seclusion began at 8: taking [Client #1] into and the previous resident is banging the camera, and the wall head. They should habroken plastic out of the usually talk them down resident in, making suin the room and free of In addition, he said, "I ground, CPI does not is not a proper technic MONITORING DURIT SECLUSION CFR(s): 483.364(b)(2)	d left the comfort room aving had locked myself in ould breathe. I went to the knocking down chairs. The by my hoodie and took ched him because he was light hand. Another girl was ar water bottle. Rather not be gied my head and got a my head on the walls and feels like bolts tightening. I he next day." In response to d you go to the hospital the stated, "Needed doctor's lid go."  Into p viewing of the incident of PM, shows [QHBP #1], the locked seclusion room, the dent is moved out by [QHBP bottle on the floor. The le water bottle on the glass, as well as her banging her live held her, moved the line seclusion room. They are before they lock the lare other residents were not of plastic bottles and debris."  [QHBP #1], took her to the take residents to the floor. It que."  NG AND AFTER	N 13				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04L107	B. WING _			1	C / <b>28/2023</b>
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, 20400 COLONEL G LITTLE ROCK, A		<u> </u>	120/2020
(X4) ID PREFIX TAG			ID PREFI; TAG	(EACH	OVIDER'S PLAN OF CORRECTIV CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROF DEFICIENCY)	.D BE	(X5) COMPLETION DATE
N 172	unprotected light fix  This ELEMENT is r Based on observat review, the facility fa protected from phys in a locked seclusio  The findings are:  1. Client #1, had dia Attachment Disorde Dysregulation Disor  a. An Incident Repo Compliance Officer, complaint as "Perso Seclusion, Aggress Injury to Staff, Three Destruction." Also rude, hid in closet, r over furniture, perso seclusion, broke pe plastic edges, spitin banging her head o seclusion room. RN assessment noted a reported small abra her thumb from the	us conditions such as tures and electrical outlets.  not met as evidenced by: ion, interview, and record ailed to ensure a resident was sical harm while being placed in room (Client #1).	N -	72	DEFICIENCY		
	resident was ordere (Emergency Room) rash, on her face ar	ne report was made. The ad for further evaluation at ER on 10/26/2023 for petechia and headache, knee pain with a sision. Resident was placed on the (3) days.					

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(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
N 172	11/27/2023 at 1:30 P (Qualified Behavioral been let go because, [QBHP #1] had initiat jerking patient and ha Without ensuring that hazards or other occide. On 11/27/2023, at 1:35 PM, a telephone with RN #1. She state medication, by slamm stepped away for threshe heard resident set to the seclusion room to the question, "What stated, "Resident had left by another reside glass, banging her het three, [QBHP #1], [Qholding her on the floand then she agreed comfort room, refuse went to the hospital the d. During a lap top vince 1:50 PM with the Unit Client #1 on 10/25/20 into the day room, ar "[QHBP #1] aggressi seclusion room, locked escorted another respectively bottle. Then from 8:00 resident continued to the plastic bottle into walls, camera, and the securing that in the security of the plastic bottle into walls, camera, and the security of the security of the plastic bottle into walls, camera, and the security of the security of the plastic bottle into walls, camera, and the security of the	Chief Clinical Officer on M, stated that QBHP Health Provider) #1 had "Video footage showed ted a one-person restraint, and shoved her into seclusion. It the room was free of upants."  1:35 PM, On 11/27/2023, at a interview was conducted ted, "The resident refused her ning her door, and had be minutes. Upon returning, creaming and being escorted in by [QBHP #1]." In response at did you observe?" RN #1 of picked up a water bottle, and was banging it on the tead on the floor. There were BHP #2], and [QBHP #3] foor. I got a pillow for her head to stop and went to the did treatment. The resident the next day."  deo review on 11/27/2023 at the Manager #1, he stated that 123 at 8:05 PM, had walked and knocked over two chairs. Each of the ded the door as [QHBP #2]	N 17	72		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		04L107	B. WING			C 1/28/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 20400 COLONEL GLENN ROAD LITTLE ROCK, AR 72210		1/20/2023
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
N 172	the room, subdued the and legs. [RN #1] be plastic water bottle." "What was wrong with Manager #1 stated." CPI [Crisis Prevention grabbed her and sputher.  e. On 11/27/2023 at entered the dayroom taken into the seclus response to the questionserve?" QBHP #2 plastic bottle on the vidoor, until they came Another resident had room sleeping and I response to the question, until they came Another resident had room sleeping and I response to the question, "Can year the graph of the concustion. I pin hurting me. I cut my sleeping, and I got he in seclusion so I ban concussion. Banged floor. The concussion went to the hospital the question, "Why described in the question, "Why described in the plant of t	other employees came into the resident by holding arms agan to remove shards of the In response to the question with the restraints?" Unit the snatched her up, not the in Institute] hold we use, in her around."  2:30 PM, QBHP #2 stated, "I after Client #1 had been ion room by [QHBP #1]." In stion, "What did you stated, "She was banging a window door. I stayed at the	N 17	72		

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		04L107	B. WING		11	C / <b>/28/2023</b>
NAME OF PROVIDER OR SUPPLIER  YOUTH HOME INC			•	STREET ADDRESS, CITY, STATE, ZIP CODE 20400 COLONEL GLENN ROAD LITTLE ROCK, AR 72210	,	
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
N 172	on 10/25/2023 at 8:0 Unit Manager #2. He seclusion began at 8 taking [Client #1] into and the previous resi #2], leaving the wate resident is banging the camera, and the wall head. They should head. They should head. They should head the plastic out of usually talk them downesident in, making so in the room and free In addition, he said, ground, CPI does not is not a proper techn.  The Policy "Use of Residential" (Review "Seclusion is utilized injuring self or others punishment or for the members. Seclusion situations when less	ap top viewing of the incident 7 PM, on 11/28/2023 with a stated "The video of the :06 PM, shows [QHBP #1], of the locked seclusion room, ident is moved out by [QHBP or bottle on the floor. The ne water bottle on the glass, as well as her banging her ave held her, moved the the seclusion room. They we before they lock the ure other residents were not of plastic bottles and debris." [QHBP #1], took her to the take residents to the floor. It ique."  If Seclusion-Intensive ed 07/24/2023), read in part, and to protect the patient from is used only for emergency restrictive interventions have VIII. Seclusion is not used see undue physical	N 13	72		





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

January 3, 2024

David Napier, Administrator Youth Home Inc 20400 Colonel Glenn Road Little Rock, AR 72210-5323

Dear Mr. Napier:

On November 28, 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 December 14, 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,

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

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YOUTH HO	OME INC		20	TREET ADDRESS, CITY, STATE, ZIP CODE 0400 COLONEL GLENN ROAD ITTLE ROCK, AR 72210		
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ABOBATORY	NECTOR'S OF PROVIDER	SLIPPLIER REPRESENTATIVE'S SIGNATUR	DE .	TITI F	(X6) DATE	

Chief Regulatory Officer

12/14/2023

Any deficiency state nent ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing vis 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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		04L107	B. WING			11/28/2023
NAME OF PI	ROVIDER OR SUPPLIER			STE	REET ADDRESS, CITY, STATE, ZIP CODE	
VOLITULU	OME INC			204	100 COLONEL GLENN ROAD	
YOUTH H	JME INC			LIT	TLE ROCK, AR 72210	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION
N 132	a. An Incident Report Compliance Officer, complaint as "Persor Seclusion, Aggressiv Injury to Staff, Threat Destruction." Also dirude, hid in closet, reover furniture, persor seclusion, broke peet plastic edges, spiting banging her head on seclusion room. RN assessment noted at reported small abrasher thumb from their her eyes and cheeks 10/25/2023. A hotling resident was ordered (Emergency Room) and transported small abrasher thumb from their her eyes and cheeks 10/25/2023. A hotling resident was ordered (Emergency Room) and transported small abrasher thumb from their her eyes and cheeks 10/25/2023. A hotling resident was ordered (Emergency Room) and transported small abrasher thumb from their eyes and cheeks 10/25/2023. A hotling resident was ordered (Emergency Room) and transported the specific three by the first transported to the first transported transported transported transported to the first transported trans	gnoses of "Reactive and Disruptive Mood ler.  It, provided by the Record on 10/25/2023, listed the hal Restraints, Locked reness to Staff and Peers, it to Safety, and Property escribed Resident being efused medications, flipped hal restraint, placed in rs cup, exposed sharp growing, scratching staff, after walls and front window of (Registered Nurse) fter the incident. Resident ion on her palm side next to estraint, petechiae around at that were not observed on the report was made. The differ further evaluation at ER on 10/26/2023 for petechiae di headache, knee pain with a sion. Resident was placed on	N	132	Youth Home upgraded our camera's July 2020 which covers most commour campus. This enables us to have pictures and audio of incidents that not incidents more meaningful and movideo footage of each restraint/sechis reviewed as quickly as possible by Manager, usually within 24 hours, a 1, 2024 this will occur on weekends video reviewed is documented with the scenario and kept in a Video Rew When anything is noted that is either or inappropriate, the Chief Clinical on the team member(s) involved, a and/or disciplinary action up to and termination.  In the case of this incident, the team involved in the inappropriate hold redisciplinary action of dismissal. All members who were part of the incident retraining from their Unit Manager, White, regarding appropriate holds also received disciplinary action in the following action in the following personnel action. The interported to the Child Abuse Hotline date of review.  On 10/25/23, the date of the incident Resident # 1, she was assessed by note that the properties of the incident in the case of the child Abuse Hotline date of review.	on areas of clear quality makes review fore efficient. Justion incident by the Unit also. Each details of view Log. In questionable Officer is or retraining thotline call, including the member deceived all other team dent received Anthony in Crisis 26/23. They the form incident was on the att for

Without ensuring that the room was free of

hazards or other occupants."

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
				20400 COLONEL GLENN ROAD	
YOUTH H	OME INC			LITTLE ROCK, AR 72210	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE COMPLETION
N 132	Continued From pag	e 2	N 13	Ebony Galmore, R.N. at 8:28 p.n her face-to-face assessment after	N 10 8719
	c. Physician Orders	dated 10/25/2023, at 8:06		We consider that any other reside	
		Place in locked seclusion for		facility has the potential to be af	
		I calm and cooperative and		findings; therefore, on the date of	
	no longer a threat to	safety."		that included 39 other residents.	2
	d. On 11/27/2023, at	1:35 PM, a telephone		continue to monitor each incident	of seclusion/
		cted with RN #1. She stated,		restraint that occurs in our facility	v. The
	"The resident refused			monitoring is completed by video	
	slamming her door, and had stepped away for three minutes. Upon returning, she heard resident screaming and being escorted to the seclusion			all incidents by the Unit Manager	
				the area the incident occurs in wi	_
		In response to the question,		tation of details via a Video Rev	iew Log.
	"What did you obser	ve?" RN #1 stated, "Resident		The Chief Clinical Officer review	
		er bottle, left by another		basis and reports results from the	151
		nging it on the glass, the floor. There were three,		Performance Improvement	
		2], and [QBHP #3] holding		Committee meeting on a quarterl	y basis. Members
		a pillow for her head and		of that committee include our Ch	ief Medical
		top and went to the comfort		Officer, all the Executive Team,	Director of
	room, refused treatment hospital the next day	ent. The resident went to the		Nursing, all other departments w	thin the facility.
		deo review on 11/27/2023 at			
		it Manager #1, he stated that 023 at 8:05 PM, had walked		In addition, beginning January 1	, 2024 Youth
		nd knocked over two chairs.		Home is embarking on a concert	ed effort to
		vely took the resident to the		decrease our number of restraints	and seclusions.
		ed the door as [QHBP #2]		We will begin using a checklist t	o assist with
		ident out of the open		predicting violent behavior whic	h has been effective
		ng the plastic empty water 6 PM to 8:10 PM, the		in other settings similar to ours.	t is a checklist
		loudly scream and break		that is completed on each patient	for each shift
		small pieces, hitting it on the		that helps predict their level of e	scalation. It
		ne front window of the room		is communicated to each shift co	ming on to
		er head on walls. At 8:10 PM,		help them be prepared to work b	est with each
		other employees came into ne resident by holding arms		patient. The number of seclusion	ns and restraints
	the recent addition to				

and legs. [RN #1] began to remove shards of the

prior to beginning the tool will be compared

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 12/06/2023 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES						OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						С	
		04L107	B WING			11/28/2023	
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
YOUTH H	OME INC			20	400 COLONEL GLENN ROAD		
TOOTH HOME INC				LI	TTLE ROCK, AR 72210		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	HOULD BE COMPLETION	
N 132	Continued From page	3	N	132	to the number after beginning use each		
	plastic water bottle." I	n response to the question			with these results reported to the Perf	AND STATE OF	
		n the restraints?" Unit			Improvement Committee by the Chie	f Clinical	
		He snatched her up, not the n Institute] hold we use, n her around."			Officer on a quarterly basis.		
	entered the dayroom taken into the seclusion response to the quest observe?" QBHP #2 splastic bottle on the widoor, until they came Another resident had room sleeping and I have response to the quest banging her head?" Of g. On 11/27/2023 at 2 that Client #1 had not	ayroom after Client #1 had been seclusion room by [QHBP #1]." In see question, "What did you HP #2 stated, "She was banging a on the window door. I stayed at the y came back to subdue her. ent had been in the open seclusion and I had moved her out." In see question, "Did you see her lead?" QBHP #2 replied, "I did not."					
	response to the question, "Why was [Client #1] not compliant?" QBHP #3 stated, "She was yelling, screaming, and throwing chairs. My						
	as I was eating dinne seclusion room and of [Client #1] was kickin drew blood from my hanging her head. [R deescalated to a calm calm state, she was a response to the ques water bottle?" QHBP bottle.	grabbed her. I did not get up r. [QBHP #1] took her to the alled me to take his place. g, screaming, scratching, and from scratches, and N #1] brought a pillow. She in state. We released her to a assessed by the nurse." In tion, did you see a broken #3 did not recall the water					
		counselor. In response to					

the question, "Can you tell me what happened before going to the hospital on 10/26/2023?"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		STRUCTION		(X3) DATE SURVEY COMPLETED	
		04L107	B. WING			C /28/2023		
NAME OF PROVIDER OR SUPPLIER  YOUTH HOME INC				20400	T ADDRESS, CITY, STATE, ZIP CODE COLONEL GLENN ROAD E ROCK, AR 72210		20,2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
	(10/25/2023), after hamy room closet so I of Dayroom and started [QHBP #1] grabbed in me to seclusion. I pin hurting me. I cut my risleeping, and I got he in seclusion so I bang concussion. Banged if floor. The concussion went to the hospital the question, "Why dinext day?" Client #1 sapproval before I could i. During a second lapton 10/25/2023 at 8:07 Unit Manager #2. He seclusion began at 8: taking [Client #1] into and the previous resident is banging the camera, and the wall head. They should habroken plastic out of the usually talk them down resident in, making so in the room and free of In addition, he said, "I ground, CPI does not is not a proper technic MONITORING DURIT SECLUSION CFR(s): 483.364(b)(2)	d left the comfort room wing had locked myself in ould breathe. I went to the knocking down chairs, he by my hoodie and took ched him because he was ight hand. Another girl was rewater bottle. Rather not be led my head and got a my head on the walls and feels like bolts tightening. I he next day." In response to do you go to the hospital the stated, "Needed doctor's lid go."  In the provision of the incident of PM, on 11/28/2023 with stated "The video of the 106 PM, shows [QHBP #1], the locked seclusion room, dent is moved out by [QHBP bottle on the floor. The ele water bottle on the glass, as well as her banging her live held her, moved the he seclusion room. They in before they lock the lare other residents were not of plastic bottles and debris." (QHBP #1], took her to the take residents to the floor. It que."  NG AND AFTER		132				

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ND DI AN OF CORRECTION IDENTIFICATION NI IMPER			(X3) DATE SURVEY COMPLETED C	
	04L107	B. WING _		11/28/2023
			STREET ADDRESS, CITY, STATE, ZIP CODE 20400 COLONEL GLENN ROAD LITTLE ROCK, AR 72210	
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
	VIDER OR SUPPLIER  IE INC  SUMMARY S (EACH DEFICIEN	ORRECTION IDENTIFICATION NUMBER:  04L107  VIDER OR SUPPLIER	DRRECTION IDENTIFICATION NUMBER:  04L107  B. WING  VIDER OR SUPPLIER  IE INC  SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX	ORRECTION  IDENTIFICATION NUMBER:  A. BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  20400 COLONEL GLENN ROAD  LITTLE ROCK, AR 72210  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  CROSS-REFERENCED TO THE APPR

12/28/23

#### N 172 Continued From page 5

potentially hazardous conditions such as unprotected light fixtures and electrical outlets.

This ELEMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a resident was protected from physical harm while being placed in a locked seclusion room (Client #1).

The findings are:

- 1. Client #1, had diagnoses of "Reactive Attachment Disorder and Disruptive Mood Dysregulation Disorder.
- a. An Incident Report, provided by the Record Compliance Officer, on 10/25/2023, listed the complaint as "Personal Restraints, Locked Seclusion, Aggressiveness to Staff and Peers, Injury to Staff, Threat to Safety, and Property Destruction." Also described Resident being rude, hid in closet, refused medications, flipped over furniture, personal restraint, placed in seclusion, broke peers cup, exposed sharp plastic edges, spiting, scratching staff, after banging her head on walls and front window of seclusion room. RN (Registered Nurse) assessment noted after the incident. Resident reported small abrasion on her palm side next to her thumb from the restraint, petechiae around her eyes and cheeks that were not observed on 10/25/2023. A hotline report was made. The resident was ordered for further evaluation at ER (Emergency Room) on 10/26/2023 for petechia rash, on her face and headache, knee pain with a diagnosis of concussion. Resident was placed on activity limit for three (3) days.

N 172 Retraining on the proper use of seclusion was provided by the Unit Manager, Anthony White, on 10/26/23 for all staff involved in the incident quickly after review of the video. This retraining included a reminder discussion of the need to intervene when an inappropriate interaction is observed.

All direct care staff were assigned a training module on seclusion in our online learning system on 12/7/23 to be completed by 12/14/23. At the time of report, all team members except 18 had completed this training. Any who have not completed the training module will be required to complete it prior to being in ratio on their next scheduled shift. Failure to do so will result in disciplinary action.

Youth Home will monitor each incident of seclusion that occurs at our facility. The monitoring is completed by video review of all incidents by the Unit Manager assigned to the area where the incident occurs with documentation of details via a Video Review Log. The Chief Clinical Officer reviews on a weekly basis and reports results from the log at each Performance Improvement Committee meeting on a quarterly basis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
			A BOILDING		С	
		04L107	B. WING		11/28/2023	
YOUTH H	ROVIDER OR SUPPLIER		2040	EET ADDRESS, CITY, STATE, ZIP CODE 10 COLONEL GLENN ROAD I'LE ROCK, AR 72210		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	
N 172	11/27/2023 at 1:30 PI (Qualified Behavioral been let go because, [QBHP #1] had initiat jerking patient and ha Without ensuring that hazards or other occid. C. On 11/27/2023, at 1:35 PM, a telephone with RN #1. She state medication, by slamm stepped away for threshe heard resident so to the seclusion room to the question, "What stated, "Resident had left by another reside glass, banging her he three, [QBHP #1], [Qholding her on the floand then she agreed	Chief Clinical Officer on M, stated that QBHP Health Provider) #1 had "Video footage showed ed a one-person restraint, and shoved her into seclusion. It the room was free of upants."  1:35 PM, On 11/27/2023, at a interview was conducted ed, "The resident refused her ning her door, and had be minutes. Upon returning, creaming and being escorted at did you observe?" RN #1 of picked up a water bottle, int, and was banging it on the lead on the floor. There were BHP #2], and [QBHP #3] or. I got a pillow for her head to stop and went to the did treatment. The resident	N 172			
	1:50 PM with the Unit Client #1 on 10/25/20 into the day room, an "[QHBP #1] aggressing seclusion room, locked escorted another resist seclusion room leaving bottle. Then from 8:00 resident continued to the plastic bottle into walls, camera, and the	ng the plastic empty water				

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTR		STRUCTION	(X3) DATE SURVEY COMPLETED
		04L107	B. WING			C 11/28/2023
NAME OF P	ROVIDER OR SUPPLIER			STREET	TADDRESS, CITY, STATE, ZIP CODE	11/20/2020
				20400 0	COLONEL GLENN ROAD	
үоитн н	OME INC			LITTLE	E ROCK, AR 72210	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED FOR THE APPRO	D BE COMPLETION
N 172	the room, subdued the and legs. [RN #1] beg	e 7 ther employees came into e resident by holding arms gan to remove shards of the in response to the question	N	172		1
	"What was wrong wit Manager #1 stated "H	h the restraints?" Unit de snatched her up, not the n Institute] hold we use,				
	entered the dayroom taken into the seclusion response to the quest observe?" QBHP #2 plastic bottle on the vidoor, until they came Another resident had room sleeping and I have response to the questing taken into the plastic bottle.	stated, "She was banging a vindow door. I stayed at the back to subdue her. been in the open seclusion and moved her out." In tion, "Did you see her				
	f. At 11/27/2023 at 3: accompanied by her the question, "Can yo before going to the hic Client #1 stated, "I had (10/25/2023), after had my room closet so I on Dayroom and started	2BHP #2 replied, "I did not."  15 PM, Client #1 arrived counselor. In response to but tell me what happened pospital on 10/26/2023?" and left the comfort room aving had locked myself in could breathe. I went to the knocking down chairs.				
	me to seclusion. I pin hurting me. I cut my r sleeping, and I got he in seclusion so I bang concussion. Banged floor. The concussion	ne by my hoodie and took ched him because he was ight hand. Another girl was er water bottle. Rather not be ged my head and got a my head on the walls and a feels like bolts tightening. I he next day." In response to				

the question, "Why did you go to the hospital the next day?" Client #1 stated, "Needed doctor's

CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			TE SURVEY MPLETED	
		04L107	B. WING		1	C 1/28/2023	
NAME OF PE	ROVIDER OR SUPPLIER		STR	EET ADDRESS, CITY, STATE, ZIP CODE			
YOUTH H	OME INC		1000000	00 COLONEL GLENN ROAD FLE ROCK, AR 72210			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
N 172	Continued From page	∋ 8	N 172				
	approval before I cou	ld go."					
	on 10/25/2023 at 8:0 Unit Manager #2. He seclusion began at 8: taking [Client #1] into and the previous resi #2], leaving the water resident is banging the camera, and the wall head. They should habroken plastic out of usually talk them down resident in, making so in the room and free In addition, he said, "	p top viewing of the incident 7 PM, on 11/28/2023 with stated "The video of the 06 PM, shows [QHBP #1], the locked seclusion room, dent is moved out by [QHBP r bottle on the floor. The ne water bottle on the glass, as well as her banging her ave held her, moved the the seclusion room. They we before they lock the ure other residents were not of plastic bottles and debris." [QHBP #1], took her to the take residents to the floor. It que."					
	"Seclusion is utilize injuring self or others punishment or for the members. Seclusion situations when less	ed 07/24/2023), read in part, d to protect the patient from It is not used as e convenience of team is used only for emergency restrictive interventions have . VIII. Seclusion is not used ses undue physical					





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

March 4, 2024

David Napier, Administrator Youth Home Inc 20400 Colonel Glenn Road Little Rock, AR 72210-5323

Dear Mr. Napier:

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,

DPSQA/Office of Long Term Care Survey and Certification Section

Lenola White, RN

tf

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
	<b>04L107</b> B. WI		B. WING				R-C <b>02/21/2024</b>	
NAME OF PROVIDER OR SUPPLIER  YOUTH HOME INC				STREET ADDRESS, CITY, STATE, ZIP CO 20400 COLONEL GLENN ROAD LITTLE ROCK, AR 72210	1 02/	21/2024		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG	X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
{N 000}	is an official, legal doremain unchanged excorrection, correction space. Any discrepancitation(s) will be reported (RO) for referra Inspector General (Oinformation is inadver provider/supplier, the should be notified immarked and deficiencies cited of deficiencies have been noncompliance was from pliance with all results.	IG) for possible fraud. If tently changed by the State Survey Agency (SA) mediately.  ed on February 21, 2024, for on November 28, 2023. All en corrected, and no new ound. The facility is in	{N 0	TITLE			(V6) DATE	

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

LE (X6) DAT

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.