



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

September 16, 2024

Derek Thompson, Administrator  
Woodridge Of The Ozarks  
2466 S 48th Street  
Springdale, AR 72762

Dear Mr. Thompson:

On August 30, 2024 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.

Robyn Cornelius, Reviewer  
OLTC, Survey & Certification Section  
PO Box 8059, Slot S404  
Little Rock, AR 72201-4608  
(501) 320-3945  
**email to [robyn.l.cornelius@dhs.arkansas.gov](mailto:robyn.l.cornelius@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,



for Jeff Rosenbaum

DPSQA/Office of Long Term Care  
Survey & Certification Section

rc

cc: DRA

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

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OMB NO. 0938-0391

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|--|--|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>04L120</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                              |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><br><b>08/30/2024</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WOODRIDGE OF THE OZARKS</b> |  |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2466 S 48TH STREET</b><br><b>SPRINGDALE, AR 72762</b> |  |  |                            |
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| 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>Complaint #(AR00033420) was not in compliance, all or in part, with deficiency cited at N127, N142, N144, N145, N148, N149, N151, N152, N153, N154, N156, N178, N179, N188, N189, N193</p> <p>Complaint #(AR00034831) was not in compliance, all or in part, with deficiency cited at N127, N128, N142, N144, N145, N148, N149, N151, N152, N153, N154, N156, N178, N179, N188, N189, and N193</p> <p>Complaint #(AR00034929) was not in compliance, all or in part, with deficiency cited at N127, N144, N145, N148, N149, N151, N152, N153, N154, N156, N188, N189, and N193</p> |  |  | N 000   |  |  |                            |
| N 126  | <p>The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center.</p> <p>PROTECTION OF RESIDENTS</p> <p>CFR(s): 483.356 (a)(1)</p> <p>Each resident has the right to be free from</p>   |  |  | N 126   |  |  |                            |

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 126  | <p>Continued From page 1</p> <p>restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation.</p> <p>This ELEMENT is not met as evidenced by:<br/>Based on observation, interview and record review, the facility failed to ensure Client #1 was free from chemical restraint.</p> <p>The findings are:</p> <p>Review of a psychiatric progress note dated "06/22/24", revealed Client #1 had diagnoses including borderline intellectual function, disruptive mood dysregulation disorder, and history of abuse.</p> <p>The following is a review of facility video footage of 06/22/24.</p> <p>At approximately 9:15 AM, Client #1 walked into the seclusion room alone and went to the corner under the video camera, Client #1 was not visible for the rest of the video footage due to the position of camera. At approximately 9:35 AM, via video in hallway footage, two male staff members were seen dragging Client #1 from the seclusion room holding the client under both arms, two female staff members were following. Video footage from the day room revealed at 9:36 AM Client #1 being taken into the day room before trying to return through the doors pushing at and striking at staff when staff continued to take client into the day room. Additional clients began to push and hit at staff and Client#1. Staff separated the clients and Client #1 was escorted to a chair and sat down at 9:36 AM.</p> | N 126  |  |  |  |

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| N 126  | <p>Continued From page 2</p> <p>Client #1's lower body was visible from the camera angle, except for head and shoulders. Client #1 continued to sit in the same position. Another client approached and threw a cup of water at Client #1, to which Client #1 did not physically react. The cup laid on Client's lap until 9:44 AM when Client #1's right knee began to bounce up and down slightly causing the cup to roll off his/her lap. Two male staff members remained in dayroom talking and interacting with other clients, no interaction were noted between staff and Client #1.</p> <p>At approximately 9:52 AM, three additional staff members entered, approached Client #1, and administered an injection. Client #1 remained seated and began to rub his/her right thigh after staff stepped away. Video footage was viewed until 10:06 AM, at which Client #1 continued to sit in the same chair.</p> <p>On 08/26/24 at 3:36 PM, the Director of Risk Management agreed that review of Client #1's behavior revealed Client #1 was sitting quietly for approximately 17 minutes and did not appear to be in need of a chemical restraint.</p> <p>A facility policy received on 08/26/2024 titled "Restraint or Seclusion Use" with a revised date of "01/2024" showed a restraint is any manual method, physical or mechanical device, or a drug used as a restriction to manage a client's behavior, and that prior to using a restraint an alternative method should be considered that is less restrictive. and indicated the techniques should never be used for punishment</p> | N 126  |  |  |  |
| N 127  | <p>PROTECTION OF RESIDENTS</p> <p>CFR(s): 483.356(a)(2)</p>   | N 127  |  |  |  |

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| N 127  | <p>Continued From page 3</p> <p>An order for restraint or seclusion must not be written as a standing order or on an as-needed basis.</p> <p>This ELEMENT is not met as evidenced by:<br/>Based on interview and record review, the facility failed to ensure physician's orders for a restraint or seclusion were documented in the clients record for 5 (Clients #1, #2, #5, #6, and #7) case mix clients.</p> <p>The findings are:</p> <p>A review of the psychiatric discharge summary dated 04/24/2024 revealed Client #5 had diagnoses of attention deficit hyperactivity disorder [ADHD], conduct disorder, oppositional defiant disorder, and manic episode.</p> <p>The emergency safety intervention justification packets were reviewed for these dates, they showed that Client #5 had physical, chemical restraints, and/or seclusion administered on 04/11/2024 sat 1937 [7:37 PM] and 04/22/2024 at 1329 [1:29 PM] without a physician's order documented or available in the clients record.</p> <p>A review of the Psychiatric Progress note dated 07/24/2024 revealed Client #7 had a diagnoses of disruptive mood dysregulation disorder and ADHD.</p> <p>The emergency safety intervention justification packets were reviewed for this dates, they showed that the Client #7 had physical or chemical restraints and/or seclusion documentation on 03/18/2024 at 1803 [6:03 PM],</p> | N 127  |  |  |  |

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| N 127  | <p>Continued From page 4</p> <p>04/01/2024 at 1420 [2:20 PM], 04/15/2024 at 1745 [5:45 PM], 05/02/2024 at 1309 [1:09 PM], 05/11/2024 at 0908 [9:08 AM] 07/14/2024 at 1647 [4:47 PM], 07/19/2024 at 1928 [7:28 PM] and 2058 [8:58 PM] without a physician's order documented or available in the client's record.</p> <p>A review of facility policy received on 08/26/2024 titled "Restraint or Seclusion Use," revised date of "01/2024," showed restraint is any manual method, physical or mechanical device, or a drug used as a restriction to manage a clients behavior. Seclusion is involuntary confinement alone in a room or area and the client is prevented from leaving. A least restrictive measure is referred to as a consideration prior to the use of medication. The order will be obtained from the attending physician either during the emergency, or immediately after the implementation of restraint or seclusion.</p> <p>On 8/28/2024 at 9:00 AM, during an interview with the Director of Nursing [DON] and the Director of Risk Management, both agreed physician's orders were required for restraints or seclusion. On 8/29/2024 at 11:42 AM, during an interview with the Director of Risk Management, she stated she was unable to find any of the missing orders.</p> <p>Review of a psychiatric progress note dated 06/22/24 revealed Client #1 had diagnoses including borderline intellectual function, disruptive mood dysregulation disorder, and history of abuse.</p> <p>Review of Client#1's medical record revealed a nurse's note dated 06/12/24, and the facility's restraint and seclusion log revealed Client #1 was</p> | N 127  |  |                            |  |

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| N 127  | Continued From page 5<br><br>placed in a physical restraint from 7:47 PM to<br>8:08 PM on 06/12/2024. No physician order was<br>in the chart.<br><br>-Review of Client#1's chart revealed an<br>Emergency Safety Intervention packet dated<br>06/22/2024 revealed Client #1 was placed in<br>seclusion from 1:13 PM until 1:30 PM. No<br>physician order was in the chart.<br><br>Documents were requested from the Director of<br>Risk Management (DRM). On 08/26 at 3:36 PM,<br>the DRM reported she was unable to locate the<br>physician orders regarding the incidents.<br><br>Client #6 had a diagnosis of disruptive mood<br>dysregulation disorder.<br>Review of the facility's restraint and seclusion log<br>revealed on 06/16/2024, Client #6 was placed in<br>a physical restraint from 2:55 PM until 3:37 PM<br>and was given a chemical restraint at 3:11 PM.<br>No physician orders were in the chart. | N 127  |  |                            |  |
| N 128  | PROTECTION OF RESIDENTS<br>CFR(s): 483.356(a)(3)<br><br>Restraint or seclusion must not result in harm or<br>injury to the resident and must be used only-<br><br>This ELEMENT is not met as evidenced by:<br>Based on video review, interview, and record<br>review, the facility failed to ensure that client who<br>received emergency safety interventions didn't<br>receive potentially avoidable injuries for 3 (Clients<br>#2, #3 and #4) case mix clients who had<br>emergency safety interventions.<br><br>The findings are:   | N 128  |  |                            |  |



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| N 128  | <p>Continued From page 6</p> <p>A review of the psychiatric progress note dated 08/14/2024 revealed Client #3 had diagnosis of Disruptive Mood Dysregulation Disorder and Conduct Disorder.</p> <p>A review of the emergency safety intervention justification packet dated 08/11/2024 at 1715 [5:15 PM] with a physical and chemical restraint safety intervention implemented revealed Client #3 received an injury due to improper technique of the applied physical restraint. The emergency safety intervention documentation was reviewed and indicated client #3 had pain to the right side of the head.</p> <p>On 08/28/2024 at 11:03 AM the video documentation of the incident was reviewed with the Director of Risk Management. Client #3 during the video review of the emergency safety intervention, it revealed client was pulled from the melee at 5:21 PM and placed into a physical restraint, then received a chemical restraint at 5:44 PM.</p> <p>Client #3 was interviewed on 8/28/24 1:21 PM and indicated an injury to the right side of the head that occurred during the emergency safety intervention.</p> <p>On 8/29/2024 at 3:54 PM, an interview was conducted with Registered Nurse [RN] #2, who was asked if he felt the restraint had been applied correctly. The RN #2 indicated feeling that the restraint didn't follow the Handle with Care [HWC] training provided by the facility. RN #2 indicated during the debriefing there was a concern with the level of force used against the client during the implementation of the restraint.</p> <p>Client #4 a review of the psychiatric progress note</p> | N 128  |  |                            |  |

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| N 128  | <p>Continued From page 7</p> <p>dated 7/24/2024 revealed the client had diagnoses of major depressive disorder recurrent, severe, bulimia nervosa, and post-traumatic stress disorder [PTSD].</p> <p>Review of Client #4's 8.11 1700 ESI injury document revealed the client had an emergency safety intervention on 08/11/2024 at 1715 [5:15 PM] with a physical and chemical restraint intervention implemented, the emergency safety intervention documentation was reviewed and indicated client #4 had a laceration on the lip, an abrasion to the left shoulder and pain to the back of the head and the right side of the head and neck.</p> <p>On 08/28/2024 at 11:03 AM the video documentation of the incident was reviewed with the Director of Risk Management. During video review of the emergency safety intervention, involving Client #4, it revealed client #4 was placed into personal restraint at 5:20 PM, staff #3 was observed with the left forearm over the neck of client #4. According to the Director of Risk Management, this technique isn't part of the "Handle With Care" program instructed at the facility. This intervention, performed incorrectly, resulted in an injury to the client's right side of the head, shoulder, neck and lip.</p> <p>On 8/29/2024 at 3:54 PM, an interview was conducted with Registered Nurse [RN] #2. RN #2 who was holding the clients right arm indicated staff #4 who was standing, "stomped" on client #4's head and staff #3 was holding their arm on the clients neck. RN #2 indicated the inability to stop the action or say anything during the restraint due to the event happening over a matter of seconds. RN #2 reported his concerns</p> | N 128  |  |  |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WOODRIDGE OF THE OZARKS</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2466 S 48TH STREET</b><br><b>SPRINGDALE, AR 72762</b>                    |                            |  |
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| N 128  | <p>Continued From page 8</p> <p>as soon as possible after the event to the DON [director of nursing] and the Clinical Director.</p> <p>-A facility policy received on 08/26/2024 titled "Restraint or Seclusion Use" with a revised date of 01/2024 showed a restraint is any manual method, physical or mechanical device, or a drug used as a restriction to manage a clients behavior. Any signs of injury related to the implementation of the emergency safety intervention should be documented. (bottom and mid page 7)</p> <p>-The Handle with Care system manual, received on 8/27/2024, was reviewed and indicated the techniques should never be used for punishment. The training addresses holding the shoulders down, being sure to not put pressure on the chest and to protect the head from injuries.</p> <p>Review of The Master Treatment Plan dated, "7/5/2024" revealed Client # 2 had diagnoses including post-traumatic stress disorder, oppositional defiant disorder, attention deficit hyperactivity disorder, bipolar II disorder, borderline intellectual functioning.</p> <p>Review of the Emergency Safety Intervention packet dated "8/11/2024" revealed Client #2 had an emergency safety intervention on 08/11/2024 at 1715 [5:15 PM] with a physical and chemical restraint intervention implemented. The emergency safety intervention documentation was reviewed and indicated Client #2 had a bruise on the right inner forearm.</p> <p>On 08/28/2024 at 1:40 PM, during an interview Client #2 reported receiving a bruise on her/his right inner forearm during the behavioral incident</p> | N 128  |  |                            |  |

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| N 128  | Continued From page 9<br>on 08/11/2024.   | N 128  |  |  |  |
| N 141  | <p>ORDERS FOR USE OF RESTRAINT OR<br/>SECLUSION<br/>CFR(s): 483.358(b)</p> <p>If the resident's treatment team physician is<br/>available, only he or she can order restraint or<br/>seclusion.</p> <p>This ELEMENT is not met as evidenced by:<br/>Based on interviews and record review the<br/>facility failed to ensure a physician's order for<br/>restraints and seclusion was obtained for Clients<br/>#1 and #2.</p> <p>The findings are:</p> <p>Review of a psychiatric progress note dated,<br/>"06/22/24" revealed Client #1 had diagnoses<br/>including borderline intellectual function,<br/>disruptive mood dysregulation disorder, and<br/>history of abuse.</p> <p>Review of the facility's restraint / seclusion log<br/>and nurse's note dated 6/12/24 revealed Client #1<br/>was placed in a physical restraint from 7:47 PM to<br/>8:08 PM. No physician order or Emergency<br/>Safety Intervention Justification Packet (ESI)<br/>were in the chart.</p> <p>Review of the facility's restraint and seclusion log<br/>and Emergency Safety Intervention Justification<br/>packet dated 6/22/24, revealed Client #1 was<br/>placed in seclusion at 1:13 PM until 1:30 PM. No<br/>physician orders were in the chart.</p> <p>Physician orders and ESI documents were<br/>requested from the Director of Risk Management</p> | N 141  |  |  |  |

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| N 141  | <p>Continued From page 10</p> <p>(DRM). At 3:36 PM, the DRM reported she was unable to locate the ESI or physician orders regarding the incidents.</p> <p>Review of the Master Treatment Plan dated, "7/5/2024" indicated Client # 2 had diagnoses including post-traumatic stress disorder, oppositional defiant disorder, attention deficit hyperactivity disorder, bipolar II disorder, borderline intellectual functioning.</p> <p>Review of the facility's restraint and seclusion log, ESI, and nurse's note dated 8/11/24 at 5:17 and signed by Registered Nurse #1, revealed client was placed in seclusion on 08/11/2024 at 5:18 PM and released at 5:55 PM. No physician orders for seclusion were in the chart for 8/11/24</p> <p>Review of ESI dated 08/13/2024 indicated client was placed in a physical restraint at 9:57 AM, released at 9:58 AM, and placed in seclusion at 9:59 AM. No physician orders for physical restraint or seclusion for 8/13/24 were in the chart.</p> <p>On 08/27/24 at 11:50 AM, the Surveyor requested all physician orders regarding Client #2 from the DRM. At 12:50 PM, the DRM reported there were no additional physician orders or ESI packets for Client #2.</p> <p>Review of a history and physical dated "03/-7/2023" revealed Client #6 had diagnosis of disruptive mood dysregulation disorder.</p> <p>Review of the facility's restraint and seclusion log revealed client was placed in seclusion on 06/11/2024 at 8:20 PM client was placed in a physical hold and given a chemical restraint, no</p> | N 141  |  |                            |  |

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| N 141  | Continued From page 11<br>physician orders for restraints were in the chart<br>for 6/11/24.  | N 141  |  |                            |  |
| N 142  | <p>Review of a facility policy titled "Restraint or Seclusion Use" revised 1/2024 revealed a physician's order is to be obtained before a restraint or seclusion is implemented or with a few minutes of the restraint or seclusion.</p> <p><b>ORDERS FOR USE OF RESTRAINT OR SECLUSION</b><br/>CFR(s): 483.358(c)</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:<br/>Based on interview and record review the facility failed to ensure physician's orders for physical and chemical restraints were not received at the same time for 5 (Client #3, #4, #5, #6 and #7) case mix clients.</p> <p>A review of the psychiatric progress note dated 08/14/2024 revealed Client #3 had diagnosis of disruptive mood dysregulation disorder and conduct disorder.</p> <p>Client #3's physician's orders dated:<br/>-8/11/2024 1722 [5:22 PM] showed orders for physical and chemical restraint.<br/>-8/20/2024 received at 10:48 AM for physical and chemical restraint.</p> | N 142  |  |                            |  |

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| N 142  | <p>Continued From page 12</p> <p>A review of the psychiatric progress note dated 7/24/2024 revealed Client #4 had diagnosis of major depressive disorder, bulimia nervosa, and post-traumatic stress disorder [PTSD].</p> <p>Client #4 physician's orders showed the following:<br/>-6/8/2024 1353 [1:53 PM] for physical and chemical restraints.<br/>-6/10/2024 0908 [9:08 AM] for physical and chemical restraints.</p> <p>A review of the psychiatric discharge summary dated 04/24/2024 revealed Client #5 had diagnosis of attention deficit hyperactivity disorder [ADHD], conduct disorder, oppositional defiant disorder, and manic episode.</p> <p>Client #5's physician's orders showed the following:<br/>-03/15/2024 1029 [10:29 AM] for physical and chemical restraints.<br/>-03/28/2024 1548 [3:48 PM] for physical and chemical restraints.<br/>-04/05/2024 2122 [9:22 PM] for physical and chemical restraints.<br/>-04/22/2024 1900 [7:00 PM] for physical and chemical restraints.</p> <p>A review of the Psychiatric Progress note dated 07/24/2024 revealed Client #7 had diagnosis of Disruptive Mood Dysregulation Disorder and Attention-Deficit/Hyperactivity Disorder: (ADHD).</p> <p>Client #7's physician's orders showed the following:<br/>-01/18/2024 at 1332 [1:32 PM] physical and chemical restraint.<br/>-03/6/2024 at 1802 [6:02 PM] physical and</p> | N 142  |  |                            |  |

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| N 142  | <p>Continued From page 13</p> <p>chemical restraint.</p> <p>-03/18/2024 at 1821 [6:21 PM] for physical and chemical restraint.</p> <p>-04/09/2024 at 0829 [8:29 AM] for physical restraint and seclusion.</p> <p>-04/13/2024 at 1011 [10:11 AM] for chemical restraint and seclusion.</p> <p>On 8/28/2024 at 9:00 AM, during an interview the Director of Nurses [DON] and the Director of Risk Management, agreed the orders should not be obtained at the same time and the physician should have signed the orders in a timely manner.</p> <p>A facility policy received and reviewed on 08/26/2024 titled "Restraint or Seclusion Use" with a revised date of "01/2024" showed a restraint is any manual method, physical or mechanical device, or a drug used as a restriction to manage a clients behavior. Seclusion is involuntary confinement alone in a room or area and the client is prevented from leaving. The policy did not address physician's orders received at the same time.</p> <p>Review of a medical history and physical dated "03/07/2023" revealed Client #6 had a diagnosis of disruptive mood dysregulation disorder.</p> <p>Review of the facility's restraint and seclusion log, and emergency safety intervention documents revealed Client #6 had the following restraint/seclusion events:</p> <p>On 03/25/24 Client #6 had a physical restraint from 1:18 PM until 1:31 PM and a chemical restraint at 1:26 PM, both physician orders were</p> | N 142  |  |                            |  |



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| N 142  | Continued From page 14<br>dated and timed 03/25/24 at 1:25 PM.   | N 142  |  |  |  |
| N 144  | <p>On 04/26/24 client #6 had a physical restraint documented from 5:12 PM until 5:30 PM and chemical restraint at 5:27 PM with both physician orders dated and timed 04/26/24 at 5:24 PM.</p> <p><b>ORDERS FOR USE OF RESTRAINT OR SECLUSION</b><br/>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:<br/>Based on interview and record review, the facility failed to ensure that an emergency safety intervention justification packet was completed to ensure that the duration of the safety intervention was documented for 5 (Client #1, #4, #5, #6, and #7) case mix clients who had emergency safety interventions.</p> <p>The findings are:</p> <p>A review of the psychiatric progress note dated 7/24/2024 revealed that Client #4 had diagnoses of major depressive disorder recurrent, severe, bulimia nervosa, and post-traumatic stress disorder [PTSD].</p> <p>A review of the physician's orders revealed Client #4 had emergency safety interventions on</p> | N 144  |  |  |  |

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| N 144  | <p>Continued From page 15</p> <p>06/10/2024 at 1043 [10:43 AM], 06/11/2024 at 1715 [5:15 PM] and 06/12/2024 at 1015 [10:15 AM]. When the emergency safety intervention justification packet(s) were requested from the Director of Risk Management, the director confirmed they were not available for the clients records. No Emergency Safety Intervention Justification packet(s) were completed for these dates to document the duration of the restraint or seclusion.</p> <p>A review of the psychiatric discharge summary for Client #5 dated 04/24/2024 revealed client had diagnoses of attention deficit hyperactivity disorder [ADHD], combined presentation, conduct disorder, oppositional defiant disorder, and manic episode.</p> <p>A review of the physician's orders revealed Client #5 had emergency safety interventions on 03/06/2024 at 1530 [3:30 PM], 04/05/2024 at 2122 [9:22 PM], 04/17/2024 at 1336 [1:36 PM]. When the emergency safety intervention justification packet(s) were requested from the Director of Risk Management, the director confirmed they were not available for the clients records. No Emergency Safety Intervention Justification packet(s) were completed for these dates to document the duration of the restraint or seclusion.</p> <p>A review of the Psychiatric Progress note dated 07/24/2024 revealed Client #7 had diagnoses of disruptive mood dysregulation disorder and ADHD.</p> <p>A review of the physician's orders revealed Client #7 had emergency safety interventions on 03/06/2024 at 1445 [2:45 PM], 03/06/2024 at</p> | N 144  |  |                            |  |

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| N 144  | <p>Continued From page 16</p> <p>1802 [6:02 PM], 04/13/2024 at 1011 [10:11 AM], 04/19/2024 at 0815 [8:15 AM], 08/16/2024 at 1615 [4:15 PM] and 08/17/2024 at 2016 [8:16 PM]. When the emergency safety intervention justification packet(s) were requested from the Director of Risk Management, the director confirmed they were not available for the clients records. No Emergency Safety Intervention Justification packet(s) were completed for these dates to document the duration of the restraint or seclusion.</p> <p>A facility policy received on 08/26/2024 titled "Restraint or Seclusion use," revised date of "01/2024," was reviewed and read in part that a restraint is any manual method, physical or mechanical device, or a drug used as a restriction to manage a clients behavior. Seclusion is involuntary confinement alone in a room or area and the client is prevented from leaving. The order for the restraint or seclusion must be time limited to include a start and end time.</p> <p>On 8/29/2024 at 11:42 AM during an interview with the Director of Risk Management, when the emergency safety intervention justification packet(s) were requested, the Director of Risk Management confirmed they were not available for the clients records.</p> <p>Review of progress notes revealed Client #1 had diagnoses including borderline intellectual function, disruptive mood dysregulation disorder, and history of abuse.</p> <p>Review of the facility's restraint and seclusion log and Client #1's chart on the nurse's note dated 6/12/24, revealed Client #1 was placed in a physical restraint from 7:47 PM to 8:08 PM. No</p> | N 144  |  |                            |  |

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| N 144  | Continued From page 17<br>Emergency Safety Intervention Justification packet was completed for these dates to document the duration of the restraint or seclusion. Documents were requested from the Director of Risk Management (DRM). At 3:36 PM, the DRM reported she was unable to locate the ESI or physician orders regarding the incident.<br><br>Review of progress notes revealed Client #6 had a diagnosis of disruptive mood dysregulation disorder.<br>Review of the facility's "Seclusion/Restraint Log revealed Client #6 had the following restraint/seclusion events:<br>06/11/24 Physical and Chemical restraint at 8:20 PM<br>06/16/24 Physical restraint at 2:55 PM to 3:37 PM and Chemical restraint at 3:11 PM<br>Chart revealed a nurse's note dated 04/17/24 which indicated Client #6 was placed in seclusion at 9:26 AM and on 04/17/24 at 9:47 AM a physician's order for seclusion was received. No Emergency Safety Intervention Justification packet was completed for these dates to document the duration of the restraint or seclusion. | N 144  |  |                            |  |
| N 145  | ORDERS FOR USE OF RESTRAINT OR SECLUSION<br>CFR(s): 483.358(f)<br><br>Within 1 hour of the initiation of the emergency safety intervention a physician, or other licensed practitioner trained in the use of emergency safety interventions and permitted by the state and the facility to assess the physical and psychological wellbeing of residents, must conduct a face-to-face assessment of the physical and psychological wellbeing of the  | N 145  |  |                            |  |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>04L120</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><br><b>08/30/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WOODRIDGE OF THE OZARKS</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2466 S 48TH STREET</b><br><b>SPRINGDALE, AR 72762</b>                    |  |  |
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| N 145  | <p>Continued From page 18<br/>resident, including but not limited to-</p> <p>(1) The resident's physical and psychological status;</p> <p>(2) The resident's behavior;</p> <p>(3) The appropriateness of the intervention measures; and</p> <p>(4) Any complications resulting from the intervention.</p> <p>This ELEMENT is not met as evidenced by:<br/>Based on interview and record review, the facility failed to ensure that an emergency safety intervention justification packet was completed to ensure that the face-to-face assessment was documented for 5 (clients #1, #4, #5, #6 and #7) case mix clients who had emergency safety interventions.</p> <p>The findings are:<br/>Client #4 a review of the psychiatric progress note dated 7/24/2024 revealed the client had diagnoses of major depressive disorder recurrent, severe, bulimia nervosa, and post-traumatic stress disorder [PTSD].</p> <p>A review of the physician's orders revealed the Client #4 had emergency safety interventions on 06/10/2024 at 1043 [10:43 AM], 06/11/2024 at 1715 [5:15 PM] and 06/12/2024 at 1015 [10:15 AM]. No Emergency Safety Intervention Justification packet was completed for these dates to document the face-to-face assessment that was to be completed within one hour of the restraint or seclusion.</p> | N 145  |  |  |  |

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| N 145  | <p>Continued From page 19</p> <p>A review of the psychiatric discharge summary dated 04/24/2024 revealed Client #5 had diagnoses of attention deficit hyperactivity disorder [ADHD], combined presentation, conduct disorder, oppositional defiant disorder, and manic episode.</p> <p>A review of the physician's orders revealed Client #5 had emergency safety interventions on 03/06/2024 at 1530 [3:30 PM], 04/05/2024 at 2122 [9:22 PM], 04/17/2024 at 1336 [1:36 PM]. No Emergency Safety Intervention Justification packet was completed for these dates to document the face-to-face assessment that was to be completed within one hour of the restraint or seclusion.</p> <p>A review of the Psychiatric Progress note dated 07/24/2024 revealed Client #7 had diagnoses of disruptive mood dysregulation disorder and ADHD.</p> <p>A review of the physician's orders revealed Client #7 had emergency safety interventions on 03/06/2024 at 1445 [2:45 PM], 03/06/2024 at 1802 [6:02 PM], 04/13/2024 at 1011 [10:11 AM], 04/19/2024 at 0815 [8:15 AM], 08/16/2024 at 1615 [4:15 PM] and 08/17/2024 at 2016 [8:16 PM]. No Emergency Safety Intervention Justification packet was completed for these dates to document the face-to-face assessment that was to be completed within one hour of the restraint or seclusion.</p> <p>A facility policy received on 08/26/2024 titled "Restraint or Seclusion Use," revision date of "01/2024," was reviewed and read in part that a restraint is any manual method, physical or mechanical device, or a drug used as a restriction</p> | N 145  |  |                            |  |

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| N 145  | <p>Continued From page 20</p> <p>to manage a clients behavior. Seclusion is involuntary confinement alone in a room or area and the client is prevented from leaving. The post emergency safety intervention justification packet and the face to face assessment should have been completed within one hour of initiation of the intervention.</p> <p>On 8/29/2024 at 11:42 AM during an interview with the Director of Risk Management, when documents were requested, the Director of Risk Management was unable to provide documentation.</p> <p>Client #1 had diagnoses including borderline intellectual function, disruptive mood dysregulation disorder, and history of abuse.</p> <p>Review of the facility's restraint and seclusion log and Client#1's chart on the nurse's note dated 6/12/24, revealed Client #1 was placed in a physical restraint from 7:47 PM to 8:08 PM. No Emergency Safety Intervention Justification (ESI) packet was completed for 6/12/24 to document the face-to-face assessment that was to be completed within one hour of the restraint or seclusion. Documents were requested from the Director of Risk Management (DRM). At 3:36 PM, the DRM reported she was unable to locate the ESI or physician orders regarding the incident.</p> <p>Client #6 had diagnosis of disruptive mood dysregulation disorder.</p> <p>Review of the facility's restraint and seclusion log revealed Client #6 had the following restraint/seclusion events:<br/>06/11/24 Physical and Chemical restraint at 8:20 PM.</p> | N 145  |  |                            |  |

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| N 145  | Continued From page 21<br>06/16/24 Physical restraint at 2:55 PM to 3:37 PM<br>and Chemical restraint at 3:11 PM.<br>Chart revealed a nurse's note dated 04/17/24<br>which indicated Client #6 was placed in seclusion<br>at 9:26 AM and on 04/17/24 a physician's order<br>for seclusion was received. No Emergency<br>Safety Intervention Justification packets were<br>completed for these dates to document the<br>face-to-face assessments that were to be<br>completed within one hour of the restraint or<br>seclusion.  | N 145  |  |                            |  |
| N 148  | ORDERS FOR USE OF RESTRAINT OR<br>SECLUSION<br>CFR(s): 483.358(g)(3)<br><br>[Each order for restraint or seclusion must<br>include] the emergency safety intervention<br>ordered, including the length of time for which the<br>physician or other licensed practitioner permitted<br>by the state and the facility to order restraint or<br>seclusion authorized its use.<br><br>This ELEMENT is not met as evidenced by:<br>Based on interview and record review, the facility<br>failed to ensure that an emergency safety<br>intervention justification packet was completed to<br>ensure that the appropriate type of intervention<br>was ordered and documented for 5 (clients #1,<br>#4, #5, #6 and #7) case mix clients who had<br>emergency safety interventions.<br><br>The findings are:<br><br>A review of the psychiatric progress note dated<br>7/24/2024 revealed Client #4 had diagnoses of<br>major depressive disorder recurrent, severe,<br>bulimia nervosa, and post-traumatic stress<br>disorder [PTSD]. | N 148  |  |                            |  |



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| N 148  | <p>Continued From page 22</p> <p>A review of the physician's orders revealed Client #4 had emergency safety interventions on 06/10/2024 at 1043 [10:43 AM], 06/11/2024 at 1715 [5:15 PM] and 06/12/2024 at 1015 [10:15 AM]. According to the Director of Risk Management no Emergency Safety Intervention Justification packet(s) was/were available to ensure that the appropriate type of intervention was ordered and documented for these dates.</p> <p>A review of the psychiatric discharge summary dated 04/24/2024 revealed Client #5 had diagnoses of attention deficit hyperactivity disorder [ADHD], combined presentation, conduct disorder, oppositional defiant disorder, and manic episode.</p> <p>A review of the physician's orders revealed Client #5 had emergency safety interventions on 03/06/2024 at 1530 [3:30 PM], 04/05/2024 at 2122 [9:22 PM], 04/17/2024 at 1336 [1:36 PM]. According to an interview with the Director of Risk Management no Emergency Safety Intervention Justification packet(s) was/were available to ensure that the appropriate type of intervention was ordered and documented for these dates.</p> <p>A review of the Psychiatric Progress note dated 07/24/2024 revealed Client #7 had a diagnoses of disruptive mood dysregulation disorder and ADHD.</p> <p>A review of the physician's orders revealed Client #7 had emergency safety interventions on 03/06/2024 at 1445 [2:45 PM], 03/06/2024 at 1802 [6:02 PM], 04/13/2024 at 1011 [10:11 AM], 04/19/2024 at 0815 [8:15 AM], 08/16/2024 at 1615 [4:15 PM] and 08/17/2024 at 2016 [8:16</p> | N 148  |  |                            |  |

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| N 148  | <p>Continued From page 23</p> <p>PM]. According to an interview with the Director of Risk Management no Emergency Safety Intervention Justification packet(s) was/were available to ensure that the appropriate type of intervention was ordered and documented for these dates.</p> <p>A facility policy received on 08/26/2024 titled, "Restraint or Seclusion use," revised date of "01/2024," was reviewed and read in part that a restraint is any manual method, physical or mechanical device, or a drug used as a restriction to manage a clients behavior. Seclusion is involuntary confinement alone in a room or area and the client is prevented from leaving. The physician's order must designate the type of restraint/seclusion to be used.</p> <p>On 8/29/2024 at 11:42 AM, during an interview with the Director of Risk Management, when the Emergency Safety Intervention Justification packet(s) were requested, the director informed this surveyor there were no justification packets available to ensure the appropriate intervention was ordered and documented in the clients record.</p> <p>Client #1 had diagnoses including borderline intellectual function, disruptive mood dysregulation disorder, and history of abuse.</p> <p>Review of the facility's restraint and seclusion log and Client #1's chart on the nurse's note dated 6/12/24 revealed Client #1 was placed in a physical restraint from 7:47 PM to 8:08 PM. No Emergency Safety Intervention Justification (ESI) packet was completed for 6/12/24 to document the type of restraint ordered. Documents were requested from the Director of Risk Management</p> | N 148  |  |                            |  |

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| N 148  | Continued From page 24<br>(DRM). At 3:36 PM, the DRM reported she was<br>unable to locate the ESI or physician orders<br>regarding the incident.<br><br>Client #6 had a diagnosis of disruptive mood<br>dysregulation disorder.<br>Review of the facility's restraint and seclusion log<br>revealed Client #6 had the following<br>restraint/seclusion events:<br>06/11/24 Physical and Chemical restraint at 8:20<br>PM.<br>06/16/24 Physical restraint at 2:55 PM to 3:37 PM<br>and Chemical restraint at 3:11 PM.<br>Chart revealed a nurse's note dated 04/17/24<br>which indicated Client #6 was placed in seclusion<br>at 9:26 AM and on 04/17/24 a physician's order<br>for seclusion was received. No Emergency<br>Safety Intervention Justification packets were<br>completed for these dates to document the type<br>of restraint ordered. | N 148  |  |                            |  |
| N 149  | ORDERS FOR USE OF RESTRAINT OR<br>SECLUSION<br>CFR(s): 483.358(h)<br><br>Staff must document the intervention in the<br>resident's record. That documentation must be<br>completed by the end of the shift in which the<br>intervention occurs. If the intervention does not<br>end during the shift in which it began,<br>documentation must be completed during the<br>shift in which it ends. Documentation must<br>include all of the following:<br><br>This ELEMENT is not met as evidenced by:<br>Based on interview and record review, the facility<br>failed to log emergency safety interventions for 5<br>(Clients #1, #4, #5, #6, and #7) who had   | N 149  |  |                            |  |

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| N 149  | <p>Continued From page 25</p> <p>emergency safety interventions documented in their record.</p> <p>The findings are:</p> <p>A review of the psychiatric progress note dated 7/24/2024 revealed Client #4 had diagnoses of major depressive disorder recurrent, severe, bulimia nervosa, and post-traumatic stress disorder [PTSD].</p> <p>A review of the clients record revealed Client #4 had documented emergency safety interventions dated 06/11/2024 at 1000 [10:00 AM] and 06/12/2024 at 1140 [11:40 AM] that were not identified on the seclusion/restraint log for the appropriate dates.</p> <p>A review of the psychiatric discharge summary dated 04/24/2024 revealed Client #5 had diagnoses of attention deficit hyperactivity disorder [ADHD], combined presentation, conduct disorder, oppositional defiant disorder, and manic episode.</p> <p>A review of the clients record revealed Client #5 had documented emergency safety interventions dated 03/06/2024 at 1550 [3:50 PM] and 03/17/2024 at 1345 [1:45 PM], and 04/5/2024 at 2122 [9:22 PM] that were not identified on the seclusion/restraint log for the appropriate dates.</p> <p>A review of the Psychiatric Progress note dated 07/24/2024 revealed Client #7 had diagnoses of disruptive mood dysregulation disorder and ADHD</p> <p>A review of the clients record revealed Client #7 had documented emergency safety interventions</p> | N 149  |  |                            |  |

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| N 149  | <p>Continued From page 26</p> <p>dated 03/06/2024 at 1445 [2:45 PM and 03/06/2024 at 1802 [6:02 PM] that were not identified on the seclusion/restraint log for the appropriate dates.</p> <p>A facility policy received on 08/26/2024 titled "Restraint or Seclusion use" with a revised date of 01/2024 was reviewed and did not address the requirement for logging each emergency safety intervention [ESI].</p> <p>During a conversation with the Director of Risk Management on 08/26/2024, the surveyors were informed that the responsibility for logging ESI's had been given to Risk Management in April of 2024. Logging of the ESI's prior to that time had not been consistent.</p> <p>Client #1 had diagnoses including borderline intellectual function, disruptive mood dysregulation disorder, and history of abuse.</p> <p>Review of the facility's restraint and seclusion log and Client#1's chart on the nurse's note dated 6/12/24, revealed Client #1 was placed in a physical restraint from 7:47 PM to 8:08 PM. No other documents regarding the restraint were in the client's record, specifically, no physician order or Emergency Safety Intervention Justification Packet (ESI) documents were requested from the Director of Risk Management (DRM). At 3:36 PM, the DRM reported she was unable to locate the ESI or physician orders regarding the incident.</p> <p>Client #6 had a diagnosis of disruptive mood dysregulation disorder.</p> <p>Review of the facility's restraint and seclusion log revealed Client #6 had the following</p> | N 149  |  |                            |  |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>04L120</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><br><b>08/30/2024</b> |
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| N 149  | Continued From page 27<br>restraint/seclusion events:<br>06/11/24 Physical and Chemical restraint at 8:20<br>PM<br>06/16/24 Physical restraint at 2:55 PM to 3:37 PM<br>and Chemical restraint at 3:11 PM<br>No other documents regarding the restraints were<br>in the client's record, specifically, no physician<br>order or ESI.<br><br>Chart revealed a nurse's note dated 04/17/24<br>which indicated Client #6 was placed in seclusion<br>at 9:26 AM and on 04/17/24 a physician's order<br>for seclusion was received. No other documents<br>regarding the restraints were in the client's<br>record.   | N 149  |  |  |  |
| N 151  | ORDERS FOR USE OF RESTRAINT OR<br>SECLUSION<br>CFR(s): 483.358(h)(2)<br><br>[Documentation must include] the time the<br>emergency safety intervention actually began and<br>ended.<br><br>This ELEMENT is not met as evidenced by:<br>Based on interview and record review, the facility<br>failed to ensure that an emergency safety<br>intervention justification packet was completed to<br>ensure that the initiation time of the<br>restraint/seclusion was documented for 5 (clients<br>#1, #4, #5, #6 and #7) case mix clients who had<br>emergency safety interventions<br><br>The findings are:<br><br>A review of the psychiatric progress note dated<br>7/24/2024 revealed Client #4 had diagnoses of<br>major depressive disorder recurrent, severe, | N 151  |  |  |  |

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| N 151  | <p>Continued From page 28</p> <p>bulimia nervosa, and post-traumatic stress disorder [PTSD].</p> <p>A review of the physician's orders revealed Client #4 had emergency safety interventions on 06/10/2024 at 1043 [10:43 AM], 06/11/2024 at 1715 [5:15 PM] and 06/12/2024 at 1015 [10:15 AM]. No Emergency Safety Intervention Justification packet was available according to an interview with the Director of Risk Management. When the justification packet(s) were requested, the director confirmed they were not available for these dates to document the initiation time of the restraint or seclusion.</p> <p>A review of the psychiatric discharge summary dated 04/24/2024 revealed Client #5 had diagnoses of attention deficit hyperactivity disorder [ADHD], combined presentation, conduct disorder, oppositional defiant disorder, and manic episode.</p> <p>A review of the physician's orders revealed Client #5 had emergency safety interventions on 03/06/2024 at 1530 [3:30 PM], 04/05/2024 at 2122 [9:22 PM], 04/17/2024 at 1336 [1:36 PM]. No Emergency Safety Intervention Justification packet was available according to an interview with the Director of Risk Management. When the justification packet(s) were requested, the director confirmed they were not available for these dates to document the initiation time of the restraint or seclusion.</p> <p>A review of the Psychiatric Progress note dated 07/24/2024 revealed Client #7 had a diagnoses of disruptive mood dysregulation disorder and ADHD.</p> | N 151  |  |  |  |

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| N 151  | <p>Continued From page 29</p> <p>A review of the physician's orders revealed Client #7 had emergency safety interventions on 03/06/2024 at 1445 [2:45 PM], 03/06/2024 at 1802 [6:02 PM], 04/13/2024 at 1011 [10:11 AM], 04/19/2024 at 0815 [8:15 AM], 08/16/2024 at 1615 [4:15 PM] and 08/17/2024 at 2016 [8:16 PM]. No Emergency Safety Intervention Justification packet was available according to an interview with the Director of Risk Management. When the justification packet(s) were requested, the director confirmed they were not available for these dates to document the initiation time of the restraint or seclusion.</p> <p>A facility policy received on 08/26/2024 titled "Restraint or Seclusion Use," revised date of "01/2024," was reviewed and read in part that a restraint is any manual method, physical or mechanical device, or a drug used as a restriction to manage a clients behavior. Seclusion is involuntary confinement alone in a room or area and the client is prevented from leaving. The physician's order must designate the start and end times of the restraint/seclusion to be used.</p> <p>On 8/29/2024 at 11:42 AM during an interview with the Director of Risk Management, when the Emergency Safety Intervention Justification packet(s) were requested, the director informed this surveyor there were no justification packets available for these dates to document the initiation time of the restraint or seclusion.</p> <p>Review of a psychiatric progress note dated "06/22/24" revealed Client #1 had diagnoses including borderline intellectual function, disruptive mood dysregulation disorder, and history of abuse.</p> | N 151  |  |                            |  |



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| N 151  | Continued From page 30<br><br>Review of the facility's restraint and seclusion log and Client#1's chart on the nurse's note dated 6/12/24, revealed Client #1 was placed in a physical restraint from 7:47 PM to 8:08 PM. No Emergency Safety Intervention Justification packet was completed for these dates to document the initiation time of the restraint or seclusion. Documents were requested from the Director of Risk Management (DRM). At 3:36 PM, the DRM reported she was unable to locate the ESI or physician orders regarding the incident.<br><br>Client #6 had a diagnosis of disruptive mood dysregulation disorder.<br>Review of the facility's restraint and seclusion log revealed Client #6 had the following restraint/seclusion events:<br>06/11/24 Physical and Chemical restraint at 8:20 PM<br>06/16/24 Physical restraint at 2:55 PM to 3:37 PM and Chemical restraint at 3:11 PM<br>Chart revealed a nurse's note dated 04/17/24 which indicated Client #6 was placed in seclusion at 9:26 AM and on 04/17/24 a physician's order for seclusion was received.<br>No Emergency Safety Intervention Justification packet was completed for these dates to document the initiation time of the restraint or seclusion | N 151  |  |                            |  |
| N 152  | ORDERS FOR USE OF RESTRAINT OR SECLUSION<br>CFR(s): 483.358(h)(3)<br><br>[Documentation must include] the time and results of the 1-hour assessment required in paragraph (f) of this section.   | N 152  |  |                            |  |

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| N 152  | <p>Continued From page 31</p> <p>This ELEMENT is not met as evidenced by:<br/>Based on interview and record review, the facility failed to ensure that an emergency safety intervention justification packet was completed to ensure that the face-to-face assessment was documented in the clients record for 5 (clients #1, #4, #5, #6 and #7) case mix clients who had emergency safety interventions.</p> <p>The findings are:</p> <p>A review of the psychiatric progress note dated 7/24/2024 revealed Client #4 had diagnoses of major depressive disorder recurrent, severe, bulimia nervosa, and post-traumatic stress disorder [PTSD].</p> <p>A review of the physician's orders revealed Client #4 had emergency safety interventions on 06/10/2024 at 1043 [10:43 AM], 06/11/2024 at 1715 [5:15 PM] and 06/12/2024 at 1015 [10:15 AM]. No Emergency Safety Intervention Justification packet was available according to an interview with the Director of Risk Management. When the justification packet(s) were requested, the director confirmed they were not available for these dates to document the face-to-face assessment in the clients record.</p> <p>A review of the psychiatric discharge summary dated 04/24/2024 revealed Client #5 had diagnoses of attention deficit hyperactivity disorder [ADHD], combined presentation, conduct disorder, oppositional defiant disorder, and manic episode.</p> <p>A review of the physician's orders revealed Client #5 had emergency safety interventions on 03/06/2024 at 1530 [3:30 PM], 04/05/2024 at</p> | N 152  |  |                            |  |

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| N 152  | <p>Continued From page 32</p> <p>2122 [9:22 PM], 04/17/2024 at 1336 [1:36 PM]. No Emergency Safety Intervention Justification packet was available according to an interview with the Director of Risk Management. When the justification packet(s) were requested, the director confirmed they were not available for these dates to document the face-to-face assessment in the client's record.</p> <p>A review of the Psychiatric Progress note dated 07/24/2024 revealed Client #7 had a diagnoses of disruptive mood dysregulation disorder and ADHD.</p> <p>A review of the physician's orders revealed Client #7 had emergency safety interventions on 03/06/2024 at 1445 [2:45 PM], 03/06/2024 at 1802 [6:02 PM], 04/13/2024 at 1011 [10:11 AM], 04/19/2024 at 0815 [8:15 AM], 08/16/2024 at 1615 [4:15 PM] and 08/17/2024 at 2016 [8:16 PM]. No Emergency Safety Intervention Justification packet was available according to an interview with the Director of Risk Management. When the justification packet(s) were requested, the director confirmed they were not available for these dates to document the face-to-face assessment in the clients record.</p> <p>A facility policy received on 08/26/2024 titled "Restraint or Seclusion use," revised date of "01/2024," was reviewed and read in part that a restraint is any manual method, physical or mechanical device, or a drug used as a restriction to manage a clients behavior. Seclusion is involuntary confinement alone in a room or area and the client is prevented from leaving. The documentation requirements included that the trained nurse should conduct a one-hour face to face assessment.</p> | N 152  |  |                            |  |

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| N 152  | <p>Continued From page 33</p> <p>On 8/29/2024 at 11:42 AM, during an interview with the Director of Risk Management, when the Emergency Safety Intervention Justification packet(s) were requested, the director confirmed they were not available for these dates to document the face-to-face assessment in the clients record.</p> <p>Review of a psychiatric progress note dated "06/22/24", revealed Client #1 had diagnoses including borderline intellectual function, disruptive mood dysregulation disorder, and history of abuse.</p> <p>Review of the facility's restraint and seclusion log and Client#1's chart on the nurse's note dated 6/12/24, revealed Client #1 was placed in a physical restraint from 7:47 PM to 8:08 PM. No Emergency Safety Intervention Justification packet was completed for these dates to document the face-to-face assessment in the clients record. Documents were requested from the Director of Risk Management (DRM). At 3:36 PM, the DRM reported she was unable to locate the ESI or physician orders regarding the incident.</p> <p>Client #6 had a diagnosis of disruptive mood dysregulation disorder.</p> <p>Review of the facility's restraint and seclusion log revealed Client #6 had the following restraint/seclusion events:<br/>06/11/24 Physical and Chemical restraint at 8:20 PM<br/>06/16/24 Physical restraint at 2:55 PM to 3:37 PM and Chemical restraint at 3:11 PM</p> | N 152  |  |                            |  |

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| N 152  | Continued From page 34<br>Chart revealed a nurse's note dated 04/17/24<br>which indicated Client #6 was placed in seclusion<br>at 9:26 AM and on 04/17/24 a physician's order<br>for seclusion was received.  | N 152  |  |  |  |
| N 153  | No Emergency Safety Intervention Justification<br>packet was completed for these dates to<br>document the face-to-face assessment in the<br>clients record.<br><br>ORDERS FOR USE OF RESTRAINT OR<br>SECLUSION<br>CFR(s): 483.358(h)(4)<br><br>[Documentation must include] the emergency<br>safety situation that required the resident to be<br>restrained or put in seclusion.<br><br>This ELEMENT is not met as evidenced by:<br>Based on interview and record review, the facility<br>failed to ensure that an emergency safety<br>intervention justification packet was completed to<br>ensure that the situation that led to restraint or<br>seclusion was documented in the clients record<br>for 5 (clients #1, #4, #5, #6, and #7) case mix<br>clients who had emergency safety interventions.<br><br>The findings are:<br><br>A review of the psychiatric progress note dated<br>7/24/2024 revealed Client #4 had diagnoses of<br>major depressive disorder recurrent, severe,<br>bulimia nervosa, and post-traumatic stress<br>disorder [PTSD].<br><br>A review of the physician's orders revealed Client<br>#4 had emergency safety interventions on<br>06/10/2024 at 1043 [10:43 AM], 06/11/2024 at | N 153  |  |  |  |

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| N 153  | <p>Continued From page 35</p> <p>1715 [5:15 PM] and 06/12/2024 at 1015 [10:15 AM]. No Emergency Safety Intervention Justification packet was available according to the Director of Risk Management for these dates to document the event that precipitated the restraint or seclusion.</p> <p>A review of the psychiatric discharge summary dated 04/24/2024 revealed Client #5 had diagnoses of attention deficit hyperactivity disorder [ADHD], combined presentation, conduct disorder, oppositional defiant disorder, and manic episode.</p> <p>A review of the physician's orders revealed Client #5 had emergency safety interventions on 03/06/2024 at 1530 [3:30 PM], 04/05/2024 at 2122 [9:22 PM], 04/17/2024 at 1336 [1:36 PM]. No Emergency Safety Intervention Justification packet was available according to the Director of Risk Management for these dates to document the event that precipitated the restraint or seclusion.</p> <p>A review of the Psychiatric Progress note dated 07/24/2024 revealed Client #7 had a diagnoses of disruptive mood dysregulation disorder and ADHD.</p> <p>A review of the physician's orders revealed Client #7 had emergency safety interventions on 03/06/2024 at 1445 [2:45 PM], 03/06/2024 at 1802 [6:02 PM], 04/13/2024 at 1011 [10:11 AM], 04/19/2024 at 0815 [8:15 AM], 08/16/2024 at 1615 [4:15 PM] and 08/17/2024 at 2016 [8:16 PM]. No Emergency Safety Intervention Justification packet was available according to the Director of Risk Management for these dates to document the event that precipitated the</p> | N 153  |  |  |  |

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| N 153  | <p>Continued From page 36<br/>restraint or seclusion.</p> <p>A facility policy received on 08/26/2024 titled "Restraint or Seclusion Use," revised date of "01/2024," was reviewed and read in part that a restraint is any manual method, physical or mechanical device, or a drug used as a restriction to manage a clients behavior. Seclusion is involuntary confinement alone in a room or area and the client is prevented from leaving. Documentation should have included the clinical justification for use of a restraint or seclusion.</p> <p>On 8/29/2024 at 11:42 AM, during an interview with the Director of Risk Management, when asked to provide the emergency safety intervention justification packets, the Director revealed the documentation was not available.</p> <p>Review of a psychiatric progress note dated "06/22/24", revealed Client #1 had diagnoses including borderline intellectual function, disruptive mood dysregulation disorder, and history of abuse.</p> <p>Review of the facility's restraint and seclusion log and Client #1's chart on the nurse's note dated 6/12/24, revealed Client #1 was placed in a physical restraint from 7:47 PM to 8:08 PM. No Emergency Safety Intervention Justification packet was completed for these dates to document the event that precipitated the restraint or seclusion. Documents were requested from the Director of Risk Management (DRM). At 3:36 PM, the DRM reported she was unable to locate the ESI or physician orders regarding the incident.</p> <p>Review of a history and physical dated</p> | N 153  |  |                            |  |

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| N 153  | Continued From page 37<br>"03/-7/2023" revealed Client #6 had a diagnosis<br>of disruptive mood dysregulation disorder.<br><br>Review of the facility's restraint and seclusion log<br>revealed Client #6 had the following<br>restraint/seclusion events:<br>06/11/24 Physical and Chemical restraint at 8:20<br>PM<br>06/16/24 Physical restraint at 2:55 PM to 3:37 PM<br>and Chemical restraint at 3:11 PM<br><br>Chart revealed a nurse's note dated 04/17/24<br>which indicated Client #6 was placed in seclusion<br>at 9:26 AM and on 04/17/24 a physician's order<br>for seclusion was received.<br><br>No Emergency Safety Intervention Justification<br>packet was completed for these dates to<br>document the event that precipitated the restraint<br>or seclusion. | N 153  |  |                            |  |
| N 154  | ORDERS FOR USE OF RESTRAINT OR<br>SECLUSION<br>CFR(s): 483.358(h)(5)<br><br>[Documentation must include] the name of staff<br>involved in the emergency safety intervention.<br><br>This ELEMENT is not met as evidenced by:<br>Based on interview and record review, the facility<br>failed to ensure that an emergency safety<br>intervention justification packet was completed to<br>ensure that documentation was completed for<br>listing the staff involved with the restraint or<br>seclusion in the clients record for 5 (clients #1,<br>#4, #5, #6 and #7) case mix clients who had<br>emergency safety interventions.   | N 154  |  |                            |  |



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| N 154  | <p>Continued From page 38</p> <p>The findings are:</p> <p>A review of the psychiatric progress note dated 7/24/2024 revealed Client #4 had diagnoses of major depressive disorder recurrent, severe, bulimia nervosa, and post-traumatic stress disorder [PTSD].</p> <p>Review of a psychiatric progress note dated 07/24/2024 revealed Client #4 had emergency safety interventions on 06/10/2024 at 1043 [10:43 AM], 06/11/2024 at 1715 [5:15 PM] and 06/12/2024 at 1015 [10:15 AM]. No Emergency Safety Intervention Justification packet was completed for these dates to document the staff involved with the restraint or seclusion.</p> <p>A review of the psychiatric discharge summary dated 04/24/2024 revealed Client #5 had diagnoses of attention deficit hyperactivity disorder [ADHD], combined presentation, conduct disorder, oppositional defiant disorder, and manic episode.</p> <p>Client #5 had emergency safety interventions on 03/06/2024 at 1530 [3:30 PM], 04/05/2024 at 2122 [9:22 PM], 04/17/2024 at 1336 [1:36 PM]. No Emergency Safety Intervention Justification packet was completed for these dates to document the staff involved with the restraint or seclusion. When the Emergency safety intervention documentation was requested, the Director of Risk Management confirmed there was no documentation to provide.</p> <p>A review of the Psychiatric Progress note dated 07/24/2024 revealed Client #7 had diagnoses of disruptive mood dysregulation disorder and ADHD.</p> | N 154  |  |                            |  |

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| N 154  | <p>Continued From page 39</p> <p>Clients #7 physician's orders were reviewed and they revealed there were no emergency safety intervention documentation for the following dates. Client #7 had emergency safety interventions on 03/06/2024 at 1445 [2:45 PM], 03/06/2024 at 1802 [6:02 PM], 04/13/2024 at 1011 [10:11 AM], 04/19/2024 at 0815 [8:15 AM], 08/16/2024 at 1615 [4:15 PM] and 08/17/2024 at 2016 [8:16 PM]. No Emergency Safety Intervention Justification packet was completed for these dates to document the staff involved with the restraint or seclusion. When the Emergency safety intervention documentation was requested, the Director of Risk Management confirmed there was no documentation to provide.</p> <p>A facility policy received on 08/26/2024 titled "Restraint or Seclusion Use," revised date of "01/2024," was reviewed and read in part that a restraint is any manual method, physical or mechanical device, or a drug used as a restriction to manage a clients behavior. Seclusion is involuntary confinement alone in a room or area and the client is prevented from leaving. Documentation should have included the clinical justification for use of a restraint or seclusion. The completion of the episode review should include the staff involved in the restraint or seclusion . (mid page 7)</p> <p>On 8/29/2024 at 11:42 AM, during an interview with the Director of Risk Management, when the Emergency Safety Intervention Justification packet(s) were requested, the Director of Risk Management was unable to locate the documentation in or out of the clients record.</p> | N 154  |  |                            |  |

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| N 154  | <p>Continued From page 40</p> <p>Review of a psychiatric progress note dated "06/22/24", revealed Client #1 had diagnoses including borderline intellectual function, disruptive mood dysregulation disorder, and history of abuse.</p> <p>- Review of the facility's restraint and seclusion log and Client#1's chart on the nurse's note dated 6/12/24, revealed Client #1 was placed in a physical restraint from 7:47 PM to 8:08 PM. No Emergency Safety Intervention Justification packet was completed for these dates to document the staff involved with the restraint or seclusion. Documents were requested from the Director of Risk Management (DRM). At 3:36 PM, the DRM reported she was unable to locate the ESI regarding the incident.</p> <p>Review of a history and physical dated "03/-7/2023" revealed Client #6 had a diagnosis of disruptive mood dysregulation disorder.</p> <p>Review of the facility's restraint and seclusion log revealed Client #6 had the following restraint/seclusion events:<br/>06/11/24 Physical and Chemical restraint at 8:20 PM<br/>06/16/24 Physical restraint at 2:55 PM to 3:37 PM and Chemical restraint at 3:11 PM</p> <p>Chart revealed a nurse's note dated 04/17/24 which indicated Client #6 was placed in seclusion at 9:26 AM and on 04/17/24 a physician's order for seclusion was received.</p> <p>No Emergency Safety Intervention Justification packet was completed for these dates to document the staff involved with the restraint or seclusion.</p> | N 154  |  |                            |  |

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| N 156  | <p>ORDERS FOR USE OF RESTRAINT OR SECLUSION<br/>CFR(s): 483.358(j)</p> <p>The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must sign the restraint or seclusion order in the resident's record as soon as possible.</p> <p>This ELEMENT is not met as evidenced by:<br/>Based on interview and record review the facility failed to ensure that physician's orders for restraints and seclusion were signed and in the clients record for 4 (Clients #2, #3, #4 and #7) case mix clients who had documented use of restraints or seclusion.</p> <p>The findings are:</p> <p>A review of the Psychiatric Progress not dated 8/14/2024 revealed Client #3 had diagnoses of disruptive mood dysregulation disorder and conduct disorder.</p> <p>A review of the clients record revealed Client #3 had physician's orders dated 08/20/2024, for a physical and chemical restraint with a time stamp signature of 08/26/2024 at 6:50 PM, the signed physicians orders were placed in the clients record on 08/27/2024 after requested by the survey team.</p> <p>A review of the psychiatric progress note dated 7/24/2024 revealed Client #4 had diagnoses of major depressive disorder, bulimia nervosa, and post-traumatic stress disorder [PTSD].</p> <p>A review of the clients record revealed Client #4</p> |  |  | N 156   |  |  |                            |

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| N 156  | <p>Continued From page 42</p> <p>had physician's orders for a physical or chemical restraint and/or seclusion for the following dates, 06/08/2024 two orders, 06/10/2024 two orders, 06/12/2024 and 08/11/2024 two orders with a time stamp signature of 08/26/2024 at 6:50 PM, the signed physicians orders were placed in the clients record on 08/27/24 after requested by the survey team.</p> <p>A review of the Psychiatric Progress note revealed Client #7 had diagnoses of disruptive mood dysregulation disorder, and ADHD.</p> <p>A review of the clients record revealed Client #7 had physician's orders for a physical or chemical restraint and/or seclusion for the following dates, 03/15/2024, 04/18/2024, 05/02/2024, 05/29/2024 two orders, 06/04/2024, 07/17/2024 two orders, 07/19/2024 two orders, 07/23/2024, 08/06/2024 two orders, 08/16/2024 and 08/17/2024, with a time stamp signature of 08/26/2024 at 6:50 PM, the signed physicians orders were placed in the clients record on 08/27/24 after requested by the survey team.</p> <p>A policy received on 08/29/2024 that addressed physician's orders was reviewed and read in part verbal and telephone orders signed by the physician within twenty-four (24) hours.</p> <p>On 8/28/2024 at 9:00 AM, during an interview the Director of Nurses [DON] and the Director of Risk Management agreed that physician's orders were required for restraints or seclusion, the orders should not be obtained at the same time, and that the physician should have signed the orders in a timely manner.</p> <p>Review of The Master Treatment Plan dated,</p> | N 156  |  |                            |  |

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| N 156  | <p>Continued From page 43</p> <p>"7/5/2024" revealed Client # 2 had diagnoses including post-traumatic stress disorder, oppositional defiant disorder, attention deficit hyperactivity disorder, bipolar II disorder, and borderline intellectual functioning.</p> <p>Record review on 08/26/2024 at 10:00 AM, revealed physician orders were not present in Client #2's chart for chemical and physical restraints for 08/11/24, 08/20/24, and physical restraint order for 8/13/24. The Surveyor requested physician orders from the Director of Risk Management (DRM) at 3:36 PM.</p> <p>On 08/27/2024 at 9:00 AM the Chief Executive Officer provided the following physician orders:<br/>-Chemical restraint order on 8/11/24 at 5:22 PM signed on 8/26/2024 at 6:50 PM<br/>-Physical restraint order on 8/11/24 at 5:22 PM signed on 8/26/2024 at 6:50 PM<br/>-Physical restraint order on 8/14/24 at 9:57 AM signed on 8/26/2024 at 6:50 PM<br/>-Chemical restraint order on 8/20/24 at 10:53 AM signed on 8/26/2024 at 6:50 PM<br/>-Physical restraint order on 8/20/24 at 10:53 AM signed on 8/26/2024 at 6:50 PM</p> |  |  | N 156   |  |  |                            |
| N 178  | <p>NOTIFICATION OF PARENT(S) OR LEGAL GUARDIAN</p> <p>CFR(s): 483.366</p> <p>If the resident is a minor as defined in this subpart:<br/>483.366(a) The facility must notify the parent(s) or legal guardian(s) of the resident who has been restrained or placed in seclusion as soon as possible after the initiation of each emergency safety intervention.</p>  |  |  | N 178   |  |  |                            |

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| N 178  | <p>Continued From page 44</p> <p>This STANDARD is not met as evidenced by:<br/>Based on interview and record review, the facility failed to ensure that guardians were notified after the implementation of an emergency safety intervention for 4 (clients #4, #5, #6 and #7) case mix clients who had restraints or seclusion documented in their record.</p> <p>The findings are:</p> <p>A review of the psychiatric progress note dated 7/24/2024 revealed Client #4 had diagnoses of major depressive disorder recurrent, severe, bulimia nervosa, and post-traumatic stress disorder [PTSD].</p> <p>A review of the physician's orders revealed Client #4 had emergency safety interventions implemented on 06/08/2024 and 06/11/2024 with no documented notification of the guardian.</p> <p>A review of the psychiatric discharge summary dated 04/24/2024 revealed client had diagnoses of attention deficit hyperactivity disorder [ADHD], combined presentation, conduct disorder, oppositional defiant disorder, and manic episode.</p> <p>Client #5 a review of the physician's orders revealed the client had emergency safety interventions implemented on 03/06/2024 and 03/17/2024 and 04/05/2024 with no documented notification of the guardian.</p> <p>A review of the Psychiatric Progress note dated 07/24/2024 revealed Client #7 had diagnoses of disruptive mood dysregulation disorder and ADHD.</p> <p>A review of the physician's orders revealed Client</p> | N 178  |  |  |  |

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| N 178  | <p>Continued From page 45</p> <p>#7 had emergency safety interventions implemented on 03/06/2024 two incidents, 03/18/2024, 04/13/2024, 04/19/2024, 05/02/2024, 05/11/2024, 08/16/2024 and 08/17/2024 with no documented notification of the guardian.</p> <p>A facility policy received on 08/26/2024 titled "Restraint or Seclusion Use," revised date of "01/2024," was reviewed and read in part that a restraint is any manual method, physical or mechanical device, or a drug used as a restriction to manage a clients behavior. Seclusion is involuntary confinement alone in a room or area and the client is prevented from leaving. It read that notification of the family or significant other when appropriate within eight (8) hours.</p> <p>On 8/29/2024 at 11:42 AM, during an interview with the Director of Risk Management, documentation had been requested for guardian notification. The Director of Risk Management informed the survey team there wasn't any documentation available for guardian notification.</p> <p>Review of a psychiatric progress note dated "06/22/24", revealed Client #1 had diagnoses including borderline intellectual function, disruptive mood dysregulation disorder, and history of abuse.</p> <p>Review of the facility's restraint and seclusion log and Client#1's chart on the nurse's note dated 6/12/24, revealed Client #1 was placed in a physical restraint from 7:47 PM to 8:08 PM. No Emergency Safety Intervention Justification packet was completed for these dates to document the notification of the guardian.</p> <p>Documents were requested from the Director of</p> | N 178  |  |                            |  |



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| N 178  | Continued From page 46<br><br>Risk Management (DRM). At 3:36 PM, the DRM reported she was unable to locate the ESI regarding the incident.<br><br>Review of a history and physical dated "03/-7/2023" revealed Client #6 had a diagnosis of disruptive mood dysregulation disorder.<br><br>Review of the facility's restraint and seclusion log revealed Client #6 had the following restraint/seclusion events:<br>06/11/24 Physical and Chemical restraint at 8:20 PM<br>06/16/24 Physical restraint at 2:55 PM to 3:37 PM and Chemical restraint at 3:11 PM<br><br>Chart revealed a nurse's note dated 04/17/24 which indicated Client #6 was placed in seclusion at 9:26 AM and on 04/17/24 a physician's order for seclusion was received.<br><br>No Emergency Safety Intervention Justification packet was completed for these dates to document the notification of the guardian. | N 178  |  |                            |  |
| N 179  | NOTIFICATION OF PARENT(S) OR LEGAL GUARDIAN<br>CFR(s): 483.366(b)<br><br>[If the resident is a minor as defined in this subpart] the facility must document in the resident's record that the parent(s) or legal guardian(s) has been notified of the emergency safety intervention, including the date and time of notification and the name of the staff person providing the notification.<br><br>This ELEMENT is not met as evidenced by:  | N 179  |  |                            |  |

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| N 179  | <p>Continued From page 47</p> <p>Based on interview and record review the facility failed to ensure that documentation for guardian notification was in the clients record after the implementation of an emergency safety intervention for 3 (clients #4, #5 and #7) case mix clients who had restraints or seclusion documented in their record.</p> <p>The findings are:</p> <p>A review of the psychiatric progress note dated 7/24/2024 revealed Client #4 had diagnosis of major depressive disorder, bulimia nervosa, and post-traumatic stress disorder [PTSD].</p> <p>A review of the physician's orders revealed Client #4 had emergency safety interventions implemented on 06/08/2024 and 06/11/2024 with no documentation available in the clients record of notification of the guardian.</p> <p>A review of the psychiatric discharge summary dated 04/24/2024 revealed Client #5 had diagnosis of attention deficit hyperactivity disorder [ADHD], conduct disorder, oppositional defiant disorder, and manic episode.</p> <p>A review of physician's orders revealed Client #5 had emergency safety interventions implemented on 03/06/2024 and 03/17/2024 and 04/05/2024 with no documentation available in the clients record of notification of the guardian.</p> <p>A review of the Psychiatric Progress note dated 07/24/2024 revealed Client #7 had diagnoses of disruptive mood dysregulation disorder and ADHD.</p> <p>A review of the physician's orders revealed Client</p> | N 179  |  |                            |  |

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| N 179  | Continued From page 48<br><br>#7 had emergency safety interventions implemented on 03/06/2024 two incidents, 03/18/2024, 04/13/2024, 04/19/2024, 05/02/2024, 05/11/2024, 08/16/2024 and 08/17/2024 with no documentation available in the clients record of notification of the guardian.<br><br>A facility policy received on 08/26/2024 titled "Restraint or Seclusion use" with a revised date of "01/2024" was reviewed and read in part that a restraint is any manual method, physical or mechanical device, or a drug used as a restriction to manage a clients behavior. Seclusion is involuntary confinement alone in a room or area and the client is prevented from leaving. It also read that notification of the family or significant other when appropriate and that the form, to be completed within one hour of the implementation of a safety intervention by the nurse would include documentation.<br><br>On 8/29/2024 at 11:42 AM during an interview with the Director of Risk Management, documentation had been requested for guardian notification. The Director of Risk Management informed the survey team there wasn't any documentation available for guardian notification. | N 179  |  |  |  |
| N 188  | POST INTERVENTION DEBRIEFINGS<br>CFR(s): 483.370(a)<br><br>Within 24 hours after the use of the restraint or seclusion, staff involved in an emergency safety intervention and the resident must have a face-to-face discussion. This discussion must include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the wellbeing of the resident. Other staff and the resident's parent(s) or legal  | N 188  |  |  |  |

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| N 188  | <p>Continued From page 49</p> <p>guardian(s) may participate in the discussion when it is deemed appropriate by the facility. The facility must conduct such discussion in a language that is understood by the resident and by the resident's parent(s) or legal guardian(s). The discussion must provide both the resident and staff the opportunity to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the resident, or others that could prevent the future use of restraint or seclusion.</p> <p>This STANDARD is not met as evidenced by:<br/>Based on interview and record review the facility failed to ensure that an emergency safety intervention justification packet was completed to ensure that the staff face to face debriefing was documented for the restraint or seclusion and in the clients record for 6 (Clients #1, #2, #4, #5, #6 and #7) case mix clients who had emergency safety interventions.</p> <p>The findings are:</p> <p>A review of the psychiatric progress note dated 7/24/2024 revealed Client #4 had diagnoses of major depressive disorder recurrent, severe, bulimia nervosa, and post-traumatic stress disorder [PTSD].</p> <p>A review of the physician's orders revealed Client #4 had emergency safety interventions on 06/10/2024 at 1043 [10:43 AM], 06/11/2024 at 1715 [5:15 PM] and 06/12/2024 at 1015 [10:15 AM]. According to the Director of Risk Management, there were no Emergency Safety Intervention Justification packets available for these dates that document the staff face-to-face</p> | N 188  |  |  |  |

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| N 188  | <p>Continued From page 50</p> <p>debriefing for the restraint or seclusion and available in the clients record.</p> <p>A review of the psychiatric discharge summary dated 04/24/2024 revealed Client #5 had diagnoses of attention deficit hyperactivity disorder [ADHD], combined presentation, conduct disorder, oppositional defiant disorder, and manic episode.</p> <p>A review of the physician's orders revealed Client #5 had emergency safety interventions on 03/06/2024 at 1530 [3:30 PM], 04/05/2024 at 2122 [9:22 PM], 04/17/2024 at 1336 [1:36 PM]. According to the Director of Risk Management, there were no Emergency Safety Intervention Justification packets available for these dates that document the staff face-to-face debriefing for the restraint or seclusion and available in the clients record.</p> <p>A review of the Psychiatric Progress note dated 07/24/2024 revealed Client #7 had a diagnoses of disruptive mood dysregulation disorder and ADHD.</p> <p>A review of the physician's orders revealed Client #7 had emergency safety interventions on 03/06/2024 at 1445 [2:45 PM], 03/06/2024 at 1802 [6:02 PM], 04/13/2024 at 1011 [10:11 AM], 04/19/2024 at 0815 [8:15 AM], 08/16/2024 at 1615 [4:15 PM] and 08/17/2024 at 2016 [8:16 PM]. According to the Director of Risk Management, there were no Emergency Safety Intervention Justification packets available for these dates that document the staff face-to-face debriefing for the restraint or seclusion and available in the clients record.</p> | N 188  |  |                            |  |

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| N 188  | <p>Continued From page 51</p> <p>A facility policy, received on 08/26/2024, titled "Restraint or Seclusion use," revised date of "01/2024," was reviewed and read in part that a restraint is any manual method, physical or mechanical device, or a drug used as a restriction to manage a clients behavior. Seclusion is involuntary confinement alone in a room or area and the client is prevented from leaving. Documentation should have included the clinical justification for use of a restraint or seclusion. The completion of the documentation should include the debriefing of staff within 24 hours to address any needs due to the traumatic episode for staff involved in the restraint or seclusion. (bottom and mid page 7)</p> <p>On 8/29/2024 at 11:42 AM, during an interview with the Director of Risk Management, when the Emergency Safety Intervention Justification packet(s) were requested, the director informed this surveyor there were no justification packets available to document the staff debriefing for these dates and were not available for the clients record.</p> <p>Review of The Master Treatment Plan dated, "7/5/2024" revealed Client # 2 had diagnoses including post-traumatic stress disorder, oppositional defiant disorder, attention deficit hyperactivity disorder, bipolar II disorder, and borderline intellectual functioning.</p> <p>Review of the facility's seclusion log and client's chart revealed on 08/20/24 at 10:50 AM, Client #2 had a behavior event that resulted in physical and chemical restraints. The patient debriefing form, located in the Emergency Safety Intervention Justification Packet (ESI) indicated one attempt to have client complete the form. The form was</p> | N 188  |  |                            |  |

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| N 188  | Continued From page 52<br>not completed.<br><br>Review of a history and physical dated<br>"03/-7/2023" revealed Client #6 had a diagnosis<br>of disruptive mood dysregulation disorder.<br><br>Review of the facility's seclusion log and client's<br>chart revealed on 03/18/24 at 11:04 AM, Client #6<br>had a behavior event that resulted in a physical<br>restraint. The patient debriefing form, located in<br>the Emergency Safety Intervention Justification<br>Packet (ESI) indicated one attempt to have client<br>complete the form. The form was not completed.   |  |  | N 188   |  |  |                            |
| N 189  | <p>POST INTERVENTION DEBRIEFINGS<br/>CFR(s): 483.370(b)</p> <p>Within 24 hours after the use of restraint or<br/>seclusion, all staff involved in the emergency<br/>safety intervention, and appropriate supervisory<br/>and administrative staff, must conduct a<br/>debriefing session that includes, at a minimum, a<br/>review and discussion of -</p> <p>483.370(b)(1) The emergency safety situation<br/>that required the intervention, including<br/>discussion of the precipitating factors that led up<br/>to the intervention;</p> <p>This ELEMENT is not met as evidenced by:<br/>Based on interview and record review, the facility<br/>failed to ensure that an emergency safety<br/>intervention justification packet was completed to<br/>ensure that the face-to-face debriefing was<br/>documented for the restraint or seclusion and in<br/>the clients record for 5 (clients #1, #4, #5, #6 and<br/>#7) case mix clients who had emergency safety</p> |  |  | N 189   |  |  |                            |

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| N 189  | <p>Continued From page 53 interventions.</p> <p>The findings are:</p> <p>A review of the psychiatric progress note dated 7/24/2024 revealed Client #4 had diagnoses of major depressive disorder recurrent, severe, bulimia nervosa, and post-traumatic stress disorder [PTSD].</p> <p>A review of the physician's orders revealed Client #4 had emergency safety interventions on 06/10/2024 at 1043 [10:43 AM], 06/11/2024 at 1715 [5:15 PM] and 06/12/2024 at 1015 [10:15 AM]. According to the Director of Risk Management, there were no Emergency Safety Intervention Justification packets available for these dates to document the face-to-face debriefing for the restraint or seclusion and in the clients record</p> <p>A review of the psychiatric discharge summary dated 04/24/2024 revealed Client #5 had diagnoses of attention deficit hyperactivity disorder [ADHD], combined presentation, conduct disorder, oppositional defiant disorder, and manic episode.</p> <p>A review of the physician's orders revealed Client #5 had emergency safety interventions on 03/06/2024 at 1530 [3:30 PM], 04/05/2024 at 2122 [9:22 PM], 04/17/2024 at 1336 [1:36 PM]. According to the Director of Risk Management, there were no Emergency Safety Intervention Justification packets available for these dates to document the face-to-face debriefing for the restraint or seclusion and in the clients record</p> <p>A review of the Psychiatric Progress note dated</p> | N 189  |  |                            |  |



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

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| N 189  | <p>Continued From page 54</p> <p>07/24/2024 revealed Client #7 had diagnoses of disruptive mood dysregulation disorder and ADHD.</p> <p>A review of the physician's orders revealed Client #7 had emergency safety interventions on 03/06/2024 at 1445 [2:45 PM], 03/06/2024 at 1802 [6:02 PM], 04/13/2024 at 1011 [10:11 AM], 04/19/2024 at 0815 [8:15 AM], 08/16/2024 at 1615 [4:15 PM] and 08/17/2024 at 2016 [8:16 PM]. According to the Director of Risk Management, there were no Emergency Safety Intervention Justification packets available for these dates to document the face-to-face debriefing for the restraint or seclusion and in the clients record</p> <p>A facility policy received on 08/26/2024 titled "Restraint or Seclusion Use," revised date of "01/2024," was reviewed and read in part that a restraint is any manual method, physical or mechanical device, or a drug used as a restriction to manage a clients behavior. Seclusion is involuntary confinement alone in a room or area and the client is prevented from leaving. Documentation should have included the clinical justification for use of a restraint or seclusion. The completion of the documentation should include the debriefing of staff within 24 hours to address any needs due to the traumatic episode for staff involved in the restraint or seclusion.</p> <p>On 8/29/2024 at 11:42 AM, during an interview with the Director of Risk Management, when the Emergency Safety Intervention Justification packet(s) were requested, the director informed this surveyor there were no justification packets available to document the face to face debriefing of the restraint or seclusion and available in the</p> | N 189  |  |                            |  |

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| N 189  | Continued From page 55<br>clients record.   | N 189  |  |  |  |
| N 193  | <p>POST INTERVENTION DEBRIEFINGS<br/>CFR(s): 483.370(c)</p> <p>Staff must document in the resident's record that both debriefing sessions took place and must include in that documentation the names of staff who were present for the debriefing, names of staff who were excused from the debriefing, and any changes to the resident's treatment plan that result from the debriefings.</p> <p>This ELEMENT is not met as evidenced by:<br/>Based on interview and record review, the facility failed to ensure that documentation for staff and client debriefing for the restraint or seclusion had been completed and available in the clients record for 5 (Clients #1, #4, #5, #6, and #7) case mix clients who had emergency safety interventions.</p> <p>The findings are:</p> <p>A review of the psychiatric progress note dated 7/24/2024 revealed Client #4 had diagnoses of major depressive disorder recurrent, severe, bulimia nervosa, and post-traumatic stress disorder [PTSD]..</p> <p>A review of the physician's orders revealed Client #4 had emergency safety interventions on 06/10/2024 at 1043 [10:43 AM], 06/11/2024 at 1715 [5:15 PM] and 06/12/2024 at 1015 [10:15 AM]. According to the Director of Risk Management, no Emergency Safety Intervention Justification packets were available for these dates to verify documentation of the debriefing after a safety intervention for staff or the client.</p> | N 193  |  |  |  |

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| N 193  | <p>Continued From page 56</p> <p>A review of the psychiatric discharge summary dated 04/24/2024 revealed Client #5 had diagnoses of attention deficit hyperactivity disorder [ADHD], combined presentation, conduct disorder, oppositional defiant disorder, and manic episode.</p> <p>A review of the physician's orders revealed Client #5 had emergency safety interventions on 03/06/2024 at 1530 [3:30 PM], 04/05/2024 at 2122 [9:22 PM], 04/17/2024 at 1336 [1:36 PM]. According to the Director of Risk Management, no Emergency Safety Intervention Justification packets were available for these dates to verify documentation of the debriefing after a safety intervention for staff or the client.</p> <p>A review of the Psychiatric Progress note dated 07/24/2024 revealed Client #7 had diagnoses of disruptive mood dysregulation disorder and ADHD.</p> <p>A review of the physician's orders revealed Client #7 had emergency safety interventions on 03/06/2024 at 1445 [2:45 PM], 03/06/2024 at 1802 [6:02 PM], 04/13/2024 at 1011 [10:11 AM], 04/19/2024 at 0815 [8:15 AM], 08/16/2024 at 1615 [4:15 PM] and 08/17/2024 at 2016 [8:16 PM]. According to the Director of Risk Management, no Emergency Safety Intervention Justification packets were available for these dates to verify documentation of the debriefing after a safety intervention for staff or the client.</p> <p>A facility policy received on 08/26/2024 titled "Restraint or Seclusion use" with a revised date of "01/2024" was reviewed and read in part that a restraint is any manual method, physical or mechanical device, or a drug used as a restriction to manage a clients behavior. Seclusion is</p> | N 193  |  |                            |  |

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| N 193  | <p>Continued From page 57</p> <p>involuntary confinement alone in a room or area and the client is prevented from leaving. Documentation should have included the clinical justification for use of a restraint or seclusion. The completion of the documentation should include the debriefing of staff within 24 hours to address any needs due to the traumatic episode for staff involved in the restraint or seclusion. The policy did not address the requirement for maintaining restraint or seclusion documents available in the clients records. (bottom and mid page 7)</p> <p>On 8/29/2024 at 11:42 AM, during an interview with the Director of Risk Management, when the Emergency Safety Intervention Justification packet(s) were requested, that included the debriefing of the client and staff. The director informed this surveyor there were no justification packets available for these dates that documented staff and client debriefing for the restraint or seclusion and available in the clients record.</p> <p>Review of a psychiatric progress note dated "06/22/24", revealed Client #1 had diagnoses including borderline intellectual function, disruptive mood dysregulation disorder, and history of abuse.</p> <p>Review of the facility's restraint and seclusion log and Client#1's chart on the nurse's note dated 6/12/24, revealed Client #1 was placed in a physical restraint from 7:47 PM to 8:08 PM. No Emergency Safety Intervention Justification packet was completed for these dates to document the debriefing for the restraint or seclusion and available in the clients record. Documents were requested from the Director of Risk Management (DRM). At 3:36 PM, the DRM</p> | N 193  |  |  |  |

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| N 193  | <p>Continued From page 58</p> <p>reported she was unable to locate the ESI regarding the incident.</p> <p>Review of a medical history and physical dated "03/07/2023" revealed Client #6 had a diagnosis of disruptive mood dysregulation disorder.</p> <p>Review of the facility's restraint and seclusion log revealed Client #6 had the following restraint/seclusion events:<br/>06/11/24 Physical and Chemical restraint at 8:20 PM<br/>06/16/24 Physical restraint at 2:55 PM to 3:37 PM and Chemical restraint at 3:11 PM</p> <p>Chart revealed a nurse's note dated 04/17/24 which indicated Client #6 was placed in seclusion at 9:26 AM and on 04/17/24 a physician's order for seclusion was received.</p> <p>No Emergency Safety Intervention Justification packet was completed for these dates to document the debriefing for the restraint or seclusion and available in the clients record.</p> | N 193  |  |  |  |



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

September 26, 2024

Derek Thompson, Administrator  
Woodridge Of The Ozarks  
2466 S 48th Street  
Springdale, AR 72762

Dear Mr. Thompson:

On August 30, 2024, 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 September 30, 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: **Breanna Marengo at 501-320-6280 or email to: [breanna.marengo@dhs.arkansas.gov](mailto:breanna.marengo@dhs.arkansas.gov).**

Sincerely,

*Breanna Marengo*

Breanna Marengo, Reviewer  
DPSQA/Office of Long Term Care  
Survey & Certification Section

bbm

**Perimeter Healthcare of the Ozarks**  
Plan of Correction

POC Approved BBM  
09/26/24 @ 1543

**Return to OLTC by** 9.25.2024  
Completed by: Skyler Barnes  
Job Title: Facility CEO  
Date Completed: 9.24.2024

Plan of Correction Received: 9.16.2024  
POC Completion Date: 9.30.2024

| Regulation  | Deficiency   | Action to be taken   | Completion Date by<br>9.30.2024  |
|---|--|--|--|
| Protection of Residents<br>CFR(s):<br>483.256 (a) (1) | To ensure client is free from chemical restraint.  | All emergency safety interventions (ESI) will continue to be monitored and tracked on our restraint log by of Director of Risk.  | Implemented<br>9.20.2024<br>With continuous monitoring for 90 days   |
|   |  | 100% of all Emergency Safety Interventions (ESIs) will be reviewed via camera footage within next business day of occurrence until compliance with protocols for appropriate use of restraint, seclusion, or emergency medications is met and maintained at 100% for 30 consecutive days.  | Implemented<br>9.10.24   |
|   |  | All current MHTs/Nurses will be re-trained on appropriate use of ESI protocols.<br><ul style="list-style-type: none"> <li>- PRNs will be trained before their next shift for those unable to train prior to 9.30.24.</li> <li>- Staff who do not complete training prior to 9.30.24 will not work the schedule until training has been completed.</li> </ul>   | 9.30.2024  |
| PROTECTION OF RESIDENTS<br>CFR(s):<br>483.356(a)(3)   | To ensure that clients who underwent emergency safety interventions did not sustain potentially avoidable injuries during the process. | All current MHTs/Nurses will be re-trained on appropriate use of ESI protocols.<br><ul style="list-style-type: none"> <li>- PRNs will be trained before their next shift for those unable to train prior to 9.30.24.</li> <li>- Staff who do not complete training prior to 9.30.24 will not work the schedule until training has been completed.</li> </ul>   | 9.30.2024  |
|   |  | 100% of direct care and clinical staff will complete the initial Handle With Care (HWC) certification and be re-certified every 6 months. A tracking system has been developed and implemented to monitor certification and re-certification status, ensuring full compliance and timely completion for all staff. Compliance will be monitored and reviewed monthly by the Committee of the Whole (COW) to ensure adherence to these standards. | Implemented<br>9.30.24<br><br>Daily monitoring until 100% compliance and then monthly monitoring via COW meeting |
| ORDERS FOR USE OF                                     | Physician's order for restraints and seclusion   | All current charts have been audited to identify deficiencies. All appropriate corrections will be   | 9.18.2024  |

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| RESTRAINT<br>OR<br>SECLUSION<br>CFR(s):<br>483.358(b)<br>483.358(j)           |   | completed.  |  |
|   |   | <p>Nursing will be re-trained on ESI protocols to include proper timelines for physician orders following or prior to a restraint, seclusion, or emergency mediation.</p> <ul style="list-style-type: none"> <li>- PRNs will be trained before their next shift for those unable to train prior to 9.30.24.</li> <li>- Nurses who do not complete training prior to 9.30.24 will not work the schedule until training has been completed.</li> </ul>  | 9.30.2024  |
|   |   | <p>Doctor have been set up with Docusign to ensure timely review of orders. These will be authenticated within 24 hours.</p> <p>During weekends/holidays, administrator on-call (AOC) will take point on sending physician orders to doctor.</p> <p>Compliance will be monitored and reviewed regularly by the Committee of the Whole to ensure adherence to these standards.</p>   | <p>Implemented<br/>9.25.2024</p> <p>Daily monitoring until 100% compliance and then monthly monitoring via COW meeting</p> |
|   |   | The nursing team will file POs physical chart within 48 hours.  | 9.10.2024  |
| ORDERS FOR<br>USE OF<br>RESTRAINT<br>OR<br>SECLUSION<br>CFR(s):<br>483.358(c) | To ensure physician's orders for physical and chemical restraints were not received at the same time. | <p>Nursing and Physicians will be re-trained on ESI protocols to include proper timelines for initiating restraints, seclusion, or emergency medications and obtaining orders from the physician.</p> <ul style="list-style-type: none"> <li>- PRNs will be trained before their next shift for those unable to train prior to 9.30.24.</li> <li>- Nurses who do not complete training prior to 9.30.24 will not work the schedule until training has been completed.</li> <li>- Physicians will complete re-training prior to their next scheduled round.</li> </ul> | 9.30.24  |
|   |   | All direct care and clinical staff will be HWC certified and be re-certified every 6 months, to include de-escalation techniques that will assist MHT/Nurses in implementing de-escalation techniques before moving to a more restrictive alternative.  | <p>9.30.2024</p> <p>Daily monitoring until 100% compliance and then monthly monitoring via COW meeting</p>                 |



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| ORDERS FOR<br>USE OF<br>RESTRAINT<br>OR<br>SECLUSION<br>CFR(s):<br>483.358(e)<br>483.358(f)<br>483.358(h)<br>483.358(h)(2)<br>483.358(h)(3)<br>483.358(h)(4)<br>483.358(h)(5)<br>483.370(a)<br>483.370(b)<br>483.370(c) | Failure to complete emergency safety intervention justification packet to include:<br>-duration of the safety intervention was documented<br>- face-to-face assessment was documented<br>- the appropriate type of intervention was ordered and documented<br>- log emergency safety interventions<br>- initiation time of the restraint/seclusion was documented<br>- the situation that led to restraint or seclusion was documented<br>- listing the staff involved with the restraint or seclusion<br>- the staff face to face debriefing was documented<br>- the face-to-face debriefing was documented<br>- staff and client debriefing for the restraint or seclusion had been completed and available in the client's record | All current charts have been audited to identify deficiencies. All appropriate corrections will be completed.<br><br>A nursing chart audit will be occurring monthly for ongoing compliance verification.  | Implemented<br>9.25.2024<br><br>Monthly ongoing monitoring reviews via COW meeting                                |
|   |  | Nursing will be re-trained on ESI protocols to include the completion of the ESI packet to include quality, timeliness, additional documentation if warranted, physician order, and filing process.  | 9.30.2024   |
|   |  | Monitoring Process Steps:<br>- Nursing completion of packet<br>- ESI packet entered into chart with physician orders within 48 hours<br>- Copy of ESI packet given to Director of Risk<br>- Director of Risk will review ESI for completeness, justification, and appropriate ESI protocols.<br>- Director of Risk will log ESI on restraint log to track ESIs<br>- Director of Risk will turn ESI packets that are not completed fully or adequately into Director of Nursing for review with RN.<br>- Director of Risk will review cameras for all ESIs over a 30-day period to verify accuracy of ESI packet report.<br>- Compliance issues will be referred to DON for disciplinary action.<br><br>Compliance will be monitored and reviewed monthly by the Committee of the Whole to ensure adherence to these standards. | Implemented<br>9.10.204<br><br>Daily monitoring until 100% compliance and then monthly monitoring via COW meeting |
| NOTIFICATION OF<br>PARENT(S) OR<br>LEGAL<br>GUARDIAN<br>CFR(s):<br>483.366<br>483.366(b)  | To ensure that guardians were notified after the implementation of an emergency safety intervention<br><br>Documentation for guardian notification was in the client's record  | The administrator on-call (AOC) will complete check-ins with day/evening shifts to identify any ESIs that may have occurred. AOC will prompt nursing on guardian notifications for any incidents/ESIs that occurred if nursing failed to have done so. AOC will review on-call each morning and make note of any incidents/ESIs to be tracked on morning meeting notes.  | Implemented<br>9.16.204<br><br>Daily monitoring until 100% compliance and then monthly monitoring via COW meeting |

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|  |  | ESI packets will be turned in to the Director of Nursing who will note deficiencies with any items missing in the documentation. The Director of Nursing will meet with the Nurse to review deficiencies in documentation, such as guardian notification. | Implemented<br>9.25.204 |
|--|--|---|-------------------------|