Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 04L101	**(X3) Date Survey Completed** 08/28/2020
Name of Provider or Supplier Centers For Youth And Families Inc	**Street Address, City, State** 6501 W 12th Street, Little Rock, AR	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
N0000	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. The facility was not in compliance with §483, Subpart G - Conditions of Participation for Psychiatric Residential Treatment Center. Complaint #AR00025375 was substantiated, all or in part, with these findings.
N0207	FACILITY REPORTING CFR(s): 483.374(b) Reporting of serious occurrences. The facility must report each serious occurrence to both the State Medicaid agency and, unless prohibited by State law, the State designated Protection and Advocacy system. Serious occurrences that must be reported include; - a resident's death; - a serious injury to a resident as defined in section 483.352 of this part; and - a resident's suicide attempt. (1) Staff must report any serious occurrence involving a resident to both the State Medicaid agency and the State designated Protection and Advocacy system by no later than close of business the next business day after a serious occurrence. The report must include - the name of the resident involved in the serious occurrence, - a description of the occurrence and, - the name, street address, and telephone number of the facility. This ELEMENT is not met as evidenced by: Complaint #AR00025375 was substantiated, all or in part, with these findings.

	Based on record review and interview, the facility failed to ensure a Serious Occurrence Report was submitted for 1 (Client #1) of 1 sampled clients who sustained a fractured arm during a physical restraint. The findings are: 1. Client #1 was admitted on 7/17/20 and had diagnoses of Disruptive Mood Dysregulation Disorder and Attention-Deficit Hyperactivity Disorder. a. A DHS (Department of Human Services) QA (Quality Assurance) Report Form, dated 8/24/20, documented, "...Client #1 been engaging in property destruction and attempted to incite a riot during the first day of school. She was in the process of unscrewing a screw on the desk. Staff attempted to verbally de-escalate the situation. Client #1 became aggressive toward staff, hitting the staff person in the face. Staff attempted to place the client in an ESI [Emergency Safety Intervention]. Client #1 was pulling back and resisting. Staff reports Client #1 began to say that her arm was hurting, staff went hands off. Client #1 sat on the ground. Nursing was notified to assess. Client was sent to [Hospital]. It was found that her left arm was broken..." b. On 8/28/20 at 3:02 p.m., the Program Director was asked, "Was a Serious Occurrence Report sent to OLTC [Office of Long Term Care]?" She stated, "Not that I'm aware of."