Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04L103	06/04/2019
Name of Provider or Supplier	**Street Address, City, State**	
Habilitation Center, Llc	1810 Industrial Drive, Fordyce, 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)
N0196	MEDICAL TREATMENT FOR INJURIES CFR(s): 483.372(a) Staff must immediately obtain medical treatment from qualified medical personnel for a resident injured as a result of an emergency safety intervention. This STANDARD is not met as evidenced by: Complaint AR00022948 was substantiated, all or in part, in these findings. Based on interview and record review, the facility failed to ensure prompt medical treatment was obtained to prevent further potential complications for a 1 of 1 (Resident #1) sampled client who sustained an injury during an emergency safety intervention. The findings are: Resident #1 had diagnoses of Disruptive Mood Dysregulation and Attention-Deficit /Hyperactivity Disorder. a. An "Emergency Safety Intervention and Debriefing" documented an ESI was initiated on 4/26/19 at 8:20 p.m. involving Resident #1. The resident was placed into a physical restraint in released from the physical restraint at 8:34 p.m. The form documented a physical assessment was completed by Registered Nurse (RN) #1 on 4 /26/19 at 8:34 p.m. The assessment documented Resident #1 had an injury during restraints: "c/o [complained of] left knee pain-good ROM [range of motion] [no] swelling... First aid applied: Ibuprofen 400 mg [milligrams] po [orally]-refused ice pack. Medial Services, Describe: None Pain scale (0-10) [0 being no pain, 10 being the worst pain]: 5/10. Location of Pain Left knee..." b. An OLTC (Office of Long Term Care) Incident and Accident Report (I&A) documented, " ...Date of I&A 4/26/19 Time: 2020 [8:20 p.m.]... Summary of

	Incident... [Resident #1] refused all directives multiple times. She was eventually placed into a physical restraint for safety...Nursing evaluation: Complained of left knee pain, 5/10 [pain scale]. On 4/27/19, had a limp and complained of knee pain 8 /10. [Resident #1] was evaluated by the doctor on 5/3/19. The doctor recommended [Resident #1] she an orthopedic doctor. The patient stated her knee went inward as she was taken down... " c. Nurse ' s Note dated 4/26/19 at 8:20 p.m. documented, " ... [8:34 p.m.] pt released [from restraint] due to contracts to be calm and go to bed. [8:35 p.m.]. Pt complains of left knee pain 5/10 [pain scale]. Ibuprofen 400 mg given. Pt walking on knee complains ' it feels sore ' ... Will continue to watch it closely. " d. A Nurse ' s Note dated 4/27/19 at 7:15 p.m. documented, " Pt ambulates to nurse ' s station for HS [bed time] meds [medications]... Noticeable limp. Pt. c/o pain 8/10 to [left] knee. States injury occurred while in restraint. Requests to see MD [medical doctor]... Upon assessment pedal pulses present & [and] equal. [No] edema. [No] s/s [signs or symptoms] inflammation noted. Medicated [with Ibuprofen 600 mg po. Instructed to go lay down & nurse would check [after] med pass. Upon ambulation back to unit, pt noted with only slight limp. Will continue to monitor. " e. Nurse ' s notes dated 4/2719 at 8:45 p.m. until 5/6/19 did not document any monitoring of knee pain. f. Nurse ' s Note dated 5/6/19 at 6:45 a.m. documented, " Pt c/o 8/10 [pain scale] [left] knee pain... to schedule appt [appointment] [with] orthopedist this am [morning]. Medicated [with] Ibuprofen 600 mg [at] this time... " g. A Consultation Form dated 5/3/19 and signed by the Advanced Practice Nurse documented, " ...Nurse ' s Note: C/O knee pain...HPI [history of previous illness]; Reports [left] knee pain. Fell to ground reports knee went inward & foot outward... Schedule [with] [orthopedic doctor... " h. A Consultation Form dated 5/20/19 and signed by the Orthopedic physician documented, " ... Results of Examination: Effusion, medial joint tenderness + [plus] McMurray sign Diagnosis: Possible left medial meniscus tear... "