Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04L103	06/14/2022
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)
N0156	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(j) 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. This ELEMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure a physician's order for a physical was signed for 1 of 1 (Client #1) sampled client who required the use of a physical restraint. The findings are: Client #1 was admitted on 1/13/22 and had diagnoses Attention Deficit/Hyperactivity Disorder and Post-Traumatic Stress Disorder. a. An Emergency Safety Intervention and Debriefing form dated 5/6/22 documented, "Physical Hold... Date & [and] Time placed in Restraint; Date: 5/6/22 Time: 1813 [6:13 p.m.]; Date & Time Removed from Restraint; Date: 5/6/22 Time: 1833 [6:33 p.m.]; Date & Time Restraint Order Received from MD [Medical Doctor] Date: 5/6/22 Time: 1813 [6:13 p.m.]..." b. A Physician's Order dated 5/6/22 at 6:13 p.m. documented, "May be placed in a physical restraint not to exceed 20 minutes for aggression toward staff. T.O. [Telephone Order] [Doctor]/[RN (Registered Nurse) #1]." There was no Physician's signature documented on the order. c. On 6/13/22 at 2:01 p.m., the Director of Nursing was asked, "Do you have a signed Physician's order for the restraint?" She stated, "No."