Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04L106	12/04/2024
Name of Provider or Supplier	**Street Address, City, State**	
United Methodist Childrens Home	2002 S Fillmore St, 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)
N0145	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(f) 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 resident, including but not limited to- (1) The resident's physical and psychological status; (2) The resident's behavior; (3) The appropriateness of the intervention measures; and (4) Any complications resulting from the intervention. This ELEMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure a face-to-face assessment was conducted by a physician or other licensed practitioner within an hour of initiation of a restraint of 1 client (Client #2) of 3 clients on the case mix. The findings are: Review of Client #2's "Face Sheet," dated 12/04/24, revealed the client had diagnoses which included major depressive disorder with psychotic features, anorexia nervosa, oppositional defiant disorder, and history of neglect, physical and sexual abuse. A review of the facility "Seclusion and Restraint Log" revealed Client #2 was placed in a 2-man transport hold on 09/21/2024 at 5:05 PM. A review of the emergency intervention documentation, dated 09/21/24, revealed Client #2 was transported "to the unit" and placed in a physical hold.

	A review of the Electronic Client Record (ECR) revealed no nurse's progress notes for 09/21/24 which related to the restraint. A review of the ECR revealed there was not a restraint and seclusion form dated 09/21 /24 in which the Face-to-Face Assessment should have been located. On 12/04/204 at 11:36 AM, after requesting the above documents from the Nurse Manager (NM), during an interview, the NM reported she was unable to locate the Face-to-Face Assessment or the nurse's progress notes. Review of a facility policy provided by the Compliance Specialist, titled, "[facility name] Procedures for the use of Personal or Chemical Restraints & Seclusion," with last revision date of October 2016, specified in part that all documentation or use of restraint or seclusion must be completed by the end of the shift in which the interventions occur or end. Documentation must include a face-to-face assessment by a physician, advanced practice nurse or a registered nurse within 1 hour of initiation of a restraint and at the end of the intervention; physician orders, staff present during the intervention, events leading up to the intervention, if guardian or parent was notified, any injuries sustained during the intervention, 15-minute monitoring recordings, completed seclusion and restraint forms.