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)
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 physician orders were signed within 48 hours for 1 Client (Client #2), that was placed in a restraint, 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 physician order for a restraint for 09/21/24. On 12/03/2024 at 11:20 AM, during an interview, the Nurse Manager (NM) reported when using the ECR a medication order must be placed on the "Medication Order

	Form" and to specify the name, dosage, and time the order was received of the medication ordered. The NM reported that medications may be documented in the nurse ' s progress notes or on the restraint seclusion emergency intervention form on the ECR. However, the nurses are supposed to complete a Medication Order Form that the physician is supposed to sign within 24 hours from the time the order was placed. On 12/04/204 at 11:48 AM, after requesting the above documents from the Nurse Manager, during an interview, the Nurse Manager reported she was unable to locate the Face-to-Face Assessment or the nurse's progress notes. The NM provided a physician order for the restraint on 09/21/24 for 5:05 PM and an order for 5:08 PM that were signed on 9/25/2024 at 6:45 AM. Review of a facility policy, provided by the Compliance Specialist (CS), titled, "[facility name] Procedures for the use of Personal or Chemical Restraints & Seclusion," with last revision date of October 2016, specified in part as soon as possible but no longer than one hour after the initiation of a restraint or seclusion a licensed nurse must notify and obtain a physician order and documents the time, date, name of person receiving the order; a chemical restraint or seclusion should never be initiated without receiving the physician's order first; if the order for a chemical restraint is received via telephone, the order must be documented as a verbal order and flagged for the physician to sign as soon as possible.