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)
N0188	POST INTERVENTION DEBRIEFINGS CFR(s): 483.370(a) Within 24 hours after the use of the restraint or seclusion, staff involved in an emergency safety intervention and the resident must have a face-to-face discussion. This discussion must include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the wellbeing of the resident. Other staff and the resident's parent(s) or legal guardian(s) may participate in the discussion when it is deemed appropriate by the facility. The facility must conduct such discussion in a language that is understood by the resident and by the resident's parent(s) or legal guardian(s). The discussion must provide both the resident and staff the opportunity to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the resident, or others that could prevent the future use of restraint or seclusion. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a face-to-face debriefing with the client and the staff was provided or documented within 24 hours after 2 Clients (Clients #2 and Client #3) of 3 clients in the case mix were placed in a restraint. 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. Review of the facility " Seclusion and Restraint Log " indicated Client #2 had an Emergency Safety Intervention (ESI) and was restrained on 10/18/24 at 7:25 PM.

Review of a "Nurse Progress note," signed by the Nurse Manager (NM) on 10/22/24, indicated Client #2 had to be placed in a physical restraint on 10/18/24 at 7:25 PM.

Review of an "Emergency Intervention packet," completed and signed by the NM on 10/22/24 at 12:09 PM and signed by the physician on 10/22/2024, indicated Client #2 was placed in a personal restraint on 10/18/24 at 7:25 PM.

On 12/03/2024, during an interview, the Compliance Specialist confirmed that copies of all emergency safety interventions should be in a binder which she provided or in the Electronic Client Record (ECR). Review of the ECR and the binder provided did not reveal any debriefing documentation for 10/18/24.

Review of Client #3's "Face Sheet," dated 12/04/24, revealed the client had diagnoses which included disruptive mood dysregulation, anxiety, attention-deficit /hyperactivity disorder, impulse-control, and conduct disorder.

Review of the facility's "Seclusion and Restraint log" revealed Client #3 was placed in a physical restraint on 11/10/2024 at 9:07 AM and on 11/17/2024 at 7:03 PM.

Review of emergency intervention documentation dated 11/10/24 specified Client #3 was placed in a physical hold at 9:07 AM and on 11/17/24 and was placed in a basket hold at 7:03 PM.

Review of the post intervention debriefing documentation revealed the incident date as "11/10/2024" the Client debriefing was dated "11/19/24" at "1:40 PM" and was signed by Consultant #1 on "11/19/24".

Review of the post intervention debriefing documentation page, included with the safety intervention documentation dated 11/17/2024, did not contain any information on the client debriefing section, and there was missing information on the staff debriefing section, including the date, time, and signatures of staff.

On 12/04/2024 at 2:17 PM, during an interview, Consultant #1 reported client and staff debriefing should be completed and documented no later than 24 hours after a client had been restrained or put into seclusion. Consultant #1 reviewed the debriefing documentation for Client #3, for the restraint on 11/10/24 and verified the debriefing was conducted on 11/19/24 and stated, "I don't know why we would wait till the 19th. That's a long time." Consultant #1 confirmed he was listed as being onsite for the restraint on 11/17/24. Consultant #1 reviewed the debriefing documentation for Client #3 for the restraint on 11/17/24, and verified the documentation did not contain any information on the client debriefing section, and on the staff debriefing section there was missing information, including the date, time, and signatures of staff. Consultant #1 reported there is a consultant assigned either in person or on call 7 days a week.

On 12/04/2024 at 3:09 PM, during an interview, the Director reported that client and staff debriefings should be completed within 24 hours of the restraint and usually a consultant will complete the debriefings or anyone in management can complete the debriefings.

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 within 24 hours a face-to-

	face debriefing must occur after the emergency safety intervention with all staff involved and the resident. The discussion must provide the resident and staff an opportunity to discuss events leading to the intervention and possible ways to prevent future use of restraints or seclusion. The policy states that all staff involved in the intervention must participate in the debriefing unless the resident feels threatened by a particular staff member, who can then be excused from the debriefing.