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)
N0189	POST INTERVENTION DEBRIEFINGS CFR(s): 483.370(b) Within 24 hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of - 483.370(b)(1) The emergency safety situation that required the intervention, including discussion of the precipitating factors that led up to the intervention; This ELEMENT is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a staff debriefing with all the staff involved, including appropriate supervisors and administrative staff, was conducted within 24 hours and documented after 2 Clients (Client #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 placed in a restraint on 10/18/24 at 7:25 PM. Review of a "Nurse Progress note," signed by the 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 Safety 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 at 7:25 PM.

On 12/03/2024, during an interview, the Compliance Specialist (CS) confirmed that copies of all emergency safety interventions should be in a binder which she provided. Review of the Electronic Client Record (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 hold at 9:07 AM and on 11/17/2024 at 7:03 PM.

Review of the post intervention debriefing documentation revealed the incident date as 11/10/2024 the Staff debriefing was dated 11/19/24 at 1:43 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 debriefings should be completed 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 seven (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 that 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 after an emergency safety intervention a debriefing must occur with all the staff involved , appropriate supervisors and administrative staff, including discussion of events leading to the intervention and less-restrictive techniques that might have prevented the use of restraints, and documentation of any injuries.