PRINTED: 03/15/2010 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUII B. WIN		<u> </u>	(С
		04G002	D. WIIV	<u> </u>		05/19	9/2009
	OVIDER OR SUPPLIER PHIA HUMAN DEVELOR	PMENT CENTER		1	REET ADDRESS, CITY, STATE, ZIP CODE PRATOR DRIVE ARKADELPHIA, AR 71923		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPROPERTY)	D BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	•	W	000			
	A complaint investiga 5/19/09.	tion was conducted on					
	Complaint #14516 wa	as unsubstantiated.					

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		E CONSTRUCTION 01	(X3) DATE S COMPLE	
		04G002	B. WIN	IG		02/	23/2009
	OVIDER OR SUPPLIER	PMENT CENTER	·	1 P	ET ADDRESS, CITY, STATE, ZIP CODE RATOR DRIVE KADELPHIA, AR 71923		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 000	demonstrate non-cor of Regulations 483.7 The requirement is national facility's failure to me Protection Association NFPA 101 LIFE SAF	statement of deficiencies inpliance with Title 42, Code 0(a), life safety from fire. ot met, as evidenced by the et the National Fire in code(s) cited. ETY CODE STANDARD ected weekly and exercised intes per month in		144			4/9/09
	Based on observation the emergency general signage posted, had panel to allow 24-hou weekly specific gravit as required. The faile potential to affect all Administration staff of are: On 2/23/09 from 9:30 following observation a. The emergency general management of the emergency general states and the emergency general states are the emergency general states and the emergency general states are the emergency general states a	132 clients, as identified by in 2/23/09. The findings a.m. to 11:30 a.m., the s were made:					
LABORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	 RE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION UNG 01		(X3) DATE SURVEY COMPLETED	
		04G002	B. WING		02/2	23/2009	
	ROVIDER OR SUPPLIER LPHIA HUMAN DEVELOP	MENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 1 PRATOR DRIVE ARKADELPHIA, AR 71923	DDE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
K 144	batteries' specific gra b. There was no ann generators, to allow the potential problems 24	unciator panel for the hem to be monitored for hours per day. ere protected by a chain-link to the required, "No	K 14	44			

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	CORRECTION	IDENTIFICATION NUMBER:	` ′	LDING	CONSTRUCTION	COMPLE	
		04G002	B. WIN	IG		08/0	C 06/2008
	OVIDER OR SUPPLIER	PMENT CENTER	ļ	1 PI	ET ADDRESS, CITY, STATE, ZIP CODE RATOR DRIVE KADELPHIA, AR 71923	, 33.	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 000	to 8/6/08. Complaint #13763 w part) with deficiencie W122, W127 and W 483.410 GOVERNIN MANAGEMENT The facility must ensure body and management with these finding Based on record reversiled to meet the record reversiled with the second sec	vas conducted from 8/4/08 as substantiated (all or in scited at W102, W104 186. IG BODY AND ure that specific governing ent requirements are met. not met as evidenced by: as substantiated (all or in ngs. iew and interview, the facility quirements of the Condition		102	DEFICIENCY)		9/5/08
I ABODATODY	failure to meet the C (CoP) for Client Prot facility's failure to implement a compre proactive plan to cor led to the elopement Client #1. These fail Immediate Jeopardy caused serious injury who eloped from the drowned. The Admi Immediate Jeopardy findings are:	overning Body and denced by the facility's condition of Participation ections (W122) and the mediately develop and hensive corrective and rect deficient practices that and subsequent death of ed practices resulted in which caused or could have y, harm or death to Client #1 facility and subsequently nistrator was informed of the on 8/4/08 at 4:30 p.m. The	DE.		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

NAME OF PROVIDER OR SUPPLIER ARKADELPHIA HUMAN DEVELOPMENT CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES DESCRIPTION OF CORRECTION (X5)			· /	B) DATE SURVEY COMPLETED			
NAME OF PROVIDER OR SUPPLIER ARKADELPHIA HUMAN DEVELOPMENT CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PRATOR DRIVE ARKADELPHIA, AR 71923 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY							С
ARKADELPHIA HUMAN DEVELOPMENT CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 102 Continued From page 1 1. The facility failed to meet the Standard of Governing Body at W104 as evidenced by the facility's failure to immediately develop and implement a comprehensive corrective and proactive plan to correct deficient practices that led to the elopement and subsequent death of Client #1. Refer to W104. 2. The facility failed to meet the Condition of Participation for Client Protections at W122 as evidenced by the facility's failure to provide supervision and protection to 1 (Client #1) of 1 (Client #1) sampled client with a history of			04G002			08	/06/2008
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 102 Continued From page 1 1. The facility failed to meet the Standard of Governing Body at W104 as evidenced by the facility's failure to immediately develop and implement a comprehensive corrective and proactive plan to correct deficient practices that led to the elopement and subsequent death of Client #1. Refer to W104. 2. The facility failed to meet the Condition of Participation for Client Protections at W122 as evidenced by the facility's failure to provide supervision and protection to 1 (Client #1) of 1 (Client #1) sampled client with a history of			PMENT CENTER	11	PRATOR DRIVE		
1. The facility failed to meet the Standard of Governing Body at W104 as evidenced by the facility's failure to immediately develop and implement a comprehensive corrective and proactive plan to correct deficient practices that led to the elopement and subsequent death of Client #1. Refer to W104. 2. The facility failed to meet the Condition of Participation for Client Protections at W122 as evidenced by the facility's failure to provide supervision and protection to 1 (Client #1) of 1 (Client #1) sampled client with a history of	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETION
3. The facility failed meet the Standard of Protection of Client Rights as evidenced by the facility staff's failure to implement policies related to the proper supervision of clients, which resulted in the elopement and death of Client #1. Refer to W127 4. The facility failed meet the Standard of Direct Care Staff as evidenced by the facility's failure to provide sufficient direct care staff to meet the supervisory needs of the clients. Refer to W186 5. The Immediate Jeopardy was removed on 8/4/08 at 5:10 p.m. when the facility implemented the following plan of removal: a. "The exterior doors of the game room in 285 Oak were changed to a key lock this morning. A key is required to enter and exit this room. These doors, like the bedroom doors that open into the woods, should remain locked at all times." b. "The gate in the fence on the old road	W 102	1. The facility failed to Governing Body at W facility's failure to immimplement a comprel proactive plan to corriled to the elopement Client #1. Refer to W 2. The facility failed to Participation for Client evidenced by the factory supervision and protocomplete (Client #1) sampled delopement attempts. 3. The facility failed to Protection of Client Facility staff's failure to the proper supervinesulted in the elopement attempts. 4. The facility failed in Care Staff as evidence provide sufficient directly supervisory needs of the facility failed in Care Staff as evidence provide sufficient directly supervisory needs of the following plan of the following plan of the following plan of the supervisors, like the into the woods, shou times."	o meet the Standard of 7104 as evidenced by the mediately develop and mensive corrective and rect deficient practices that and subsequent death of 7104. It o meet the Condition of the Protections at W122 as ility's failure to provide rection to 1 (Client #1) of 1 client with a history of Refer to W122. Indeet the Standard of Rights as evidenced by the so implement policies related sion of clients, which ment and death of Client #1. Indeet the Standard of Direct cred by the facility's failure to rect care staff to meet the standard of Direct cred by the facility's failure to rect care staff to meet the standard of Direct cred by the facility in meet the standard of Direct cred by the	W 102			

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W 102	a chain and padlock so loose that [Client is gate enough to sque corrected last night a today and all were set. c. "The Individual Morevised and will requievery residence is acminutes while they are Groupings are poster responsible for entergroup at 30 minute in to be done by one peentered by the group person served." d. "Documented instead the change in the individual formulation of the change in the individual Monitoring in every residence at e. "Effective immedia Supervisors, Program as designated by the randomly monitor in see the Individual Mothat it is being complimistructions and they observations. This be Those monitoring are date and time) on the Report. Quality Assu	d 287 Pine was secured with yesterday but the chain was #1] was able to open the eze through. This was nd all gates were checked ecure." onitoring Report is being ire that every person in ecounted for every 30 re in the residences. It is and the group leader is ing the status of his/her etervals. All entries are not erson; the status is to be leader responsible for that ervice on this memo and ividual monitoring form is to a staff beginning with the ening and completed with me on duty. The new Report will be implemented 10:00 p.m. this evening." ately all managers, Program of Coordinators and others in Service Area Directors will the residences, asking to pointoring Report to ensure eted per the above will also be making visual egins effective today. It is to sign off (name, title, endividual Monitoring)	W	102			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LTIPLE CONSTRUCTION (X3) DATE SURVI COMPLETED		
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	OVIDER OR SUPPLIER	PMENT CENTER	•	1	REET ADDRESS, CITY, STATE, ZIP CODE PRATOR DRIVE ARKADELPHIA, AR 71923	, 300	<u></u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 102	making rounds. Any reported directly to not f. "Any disruptive exchange or any time of handled and then imhead count to ensure the residence are programment." g. "The Maintenance monitoring document gates in the security form will provide spatched to be reconsignature and title of gates and the status. Any lack of security will be reported immediate reported including all employee, title, statugates, reason for oper Keys to the gates will maintenance, the Sul Center vault. The foi implemented and incomplemented and incomplemented in the status of the st	ent that occurs at shift during the shift will be mediately followed by a that all people served in esent." e Supervisor will develop a to be utilized to check all fence at least monthly. The ce for the date and time of orded, along with the the person checking the of the security of the gates. For tampering with the gates ediately to the evestigation. The form will notation regarding the nature air or action taken to ensure cility and the safety of form will be used to the gates are opened and the information (date, time, is of the security of the ening/closing the gates). If be maintained only in perintendent's off and the rm will be developed,		102			
W 104	The governing body	RNING BODY must exercise general operating direction over the	W	104			9/5/08

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		CONSTRUCTION	(X3) DATE SUI COMPLET	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 104	Continued From page	e 4	W	104			
	Complaint #13763 with part) with these finding based on record revifailed to ensure adequation monitoring were provided to ensure attempts. It is ampled to elopement attempts. It is immediately develop comprehensive correct deficient pracelopement and subset The failed practices or Jeopardy which causserious injury, harmore eloped from the facility drowned. The Admir Immediate Jeopardy findings are: 1. Client #1 had diagreed the facility of the failed practices or Jeopardy findings are: 1. Client #1 had diagreed from the facility of t	ew and interview, the facility that supervision and wided for 1 (Client #1) of 1 client with a history of The facility also failed to and implement a active and proactive plan to tices that led to the equent death of Client #1. The sulted in Immediate and or could have caused for death to Client #1 who					

l', '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		04G002	B. WING		08/	C 06/2008	
	ROVIDER OR SUPPLIER LPHIA HUMAN DEVELO	DPMENT CENTER	1	REET ADDRESS, CITY, STATE, ZIP CODE PRATOR DRIVE ARKADELPHIA, AR 71923		· · · · · · · · · · · · · · · · · · ·	
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W 104	#1] ran outside he was recreation Supervise. c. The Individual Properties. c. The Individual Properties. Individual Propert	20/07 at 2:40 p.m. Povior Running away [Client was brought back by or." rogram Plan (IPP) dated de "Barriers Sometimes, I ut telling anyone and they ety. I don't seem to be aware ous situations Staff watch me while in areas on-campus to make redule. If I need to go to a rego to, it is best if someone ke sure I don't wander off beate in the life of the it able to find my way around unity so staff always goes with don't wander off and can get without any problems." Assessment form dated de on page 4, "[Client #1] eillance when on grounds." 4/08 at 8:25 a.m. Evior Running away Staff on serve to medical. Staff poking out the window will sisting with another person an out of the building. [Client ack to 285 Oak."	W 104				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		CONSTRUCTION	(X3) DATE SUI COMPLET	
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W 104	The memo documen log which group they g. On 8/4/08 at appr Superintendent and Coordinator (QAC) w following information 1.) On 8/3/08 during and 2:00 p.m. to 10:0 Living Unit 285 Oak, through an unlocked The QAC described the game room door type. The gate in the between Living Units secured with a chain chain was loose enouthrough. Client #1 m on the lower lake, whwere 12 clients assig #2) on the evening some superintendent and which will be supervision while in the countability Policy be, "supervised and however, "the system [8/3/08]." The facility's policy a "Accountability for Pe 2007 and revised Jul"Accountability for POLICY: Staff in the	vas assigned to Group A. ted, "Staff will indicate in the had that day or night." oximately 4:00 p.m., the Quality Assurance vere interviewed and the was obtained: the 6:00 a.m. to 2:00 p.m. 00 p.m. shift change in Client #1 left the living unit door in the game room. the locking mechanism on as a hand-operated turn-bolt e fence on the old road 286 Oak and 287 Pine was and padlock; however, the ugh for Client #1 to squeeze lade his way to the spillway here he drowned. There land to 2 staff (Staff #1 and hift that day. The QAC both agreed that Client staff to 8 clients level of the living unit. ent stated the facility had an which stated clients were to accounted for at all times;" in was not followed yesterday and procedure titled, eople" dated December	W	104			

STATEMENT OF DEF AND PLAN OF CORRI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		E CONSTRUCTION	(X3) DATE SUF COMPLET	
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durin wher (1) S each (2) A assure of the begin peop. The notation the trichard (5) Irrand and chard (5) Irrand and chard (5) Irrand	reabouts at shift of staff/people assign home by the Life assigned alternate ime responsibility ender of each shift of each shift of each shift on the each staff shift on the event of the alternates, staff a documented in the ge." The QAC stated the failed to sign off one Log Sheet duraction of the interview o	lude documentation of their change. PROCEDURES: nments shall be posted in a Skills Trainer Supervisor. It is group leaders shall for the group in the event absence. (3) At the absence. (3) At the fit, the whereabouts of all nented by staff in the log. It is all review and verify the nall sign the log to indicate absence of group leaders saignments shall be made to log by the supervisor in the 2:00 p.m. to 10:00 p.m. on the Accountability of a sing the shift change. This surveyor's review of the the provided by the QAC at the w. No staff had signed off the 2:00 p.m. to 10:00 p.m. to was an entry on the 2:00 p.m. to 10:00 p.m. to the accountability of the 2:00 p.m. to 10:00 p.m. to the documented: The client checks were to the hour. The 6:00 a.m. signed off on this sheet. The hour and evening shift the day and evening shift that due to a disruptive and not ascertained the day and ascertained the day as a day as a day as a day ascertained the day ascertained the day as a	W	104			

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SUF	ED
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W 104	#2's first time to be a Oak and that Staff #2 clients, inclusive of C 5.) Upon the surveyor on 8/4/08, the Quality and Superintendent of documentation of a number of the Immediate Jeo 8/4/08, the aforement facility conducted how unless they were und supervision. There were on correct client superfrequency of client has a forementioned staff the security of the gates. h. The written staten Trainer I) was dated documented that upod 2:00 p.m., he retrieved kitchen. Staff #1 the into the living unit as go to the canteen. Sthe restroom because While in the restroom basin, causing it to fa After assisting Client called maintenance, broken basin and I client seen everyone exceptions.	C stated 8/3/08 was Staff ssigned to Living Unit 285 was not familiar with the lient #1. or's entrance to the facility Assurance Coordinator could not provide ew comprehensive, at supervision as a result of any new inservices to staff rivision. Prior to the citation pardy at 4:30 p.m. on tioned staff confirmed the curly checks on the clients are some type of enhanced was no new inservice of staff ervision or an increase in ead counts. The stated they had checked tes in question, however the oped a plan to monitor the ment of Staff #1 (a Life Skills 8/3/08 at 3:39 p.m. and on arrival to the living unit at		104			

Facility ID: 2011

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		CONSTRUCTION	(X3) DATE SUF	
		0.40000	B. WIN			1	С
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	OVIDER OR SUPPLIER PHIA HUMAN DEVELOR	PMENT CENTER		1 PR	ADDRESS, CITY, STATE, ZIP CODE ATOR DRIVE ADELPHIA, AR 71923		
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W 104	i. The written statemed Trainer Trainee) was and documented, "Will between 2:10 p.m. ar [Staff #1] and he was [Staff #1] told me he was [Staff #1] told me he was at in the front room win the game room). A room and sitting down he had to call mainter and shortly afterward served missing, [Client time in 285 Oak, I had was, nor was he whe was. [Staff #1] inform was done by him and p.m.] employee, so he game room, or some cause he liked to be to searched outside and other people served. through the entire bui [Staff #1] called the P stated we had a personant personant p. The written stateme 8/3/08 at 2:30 p.m. ar 3, 2008 about 2:30 p. stated [Client #1] was he see [Client #1] whe stated [Client #1] whe work where we will be stated [Client #1] whe stated [Client #1] whe stated [Client #1] whe work was an and statement where we was an advanced to the work was and the wo	called the Program e was on an off campus s Life Skills Trainer (LST) I. ent of Staff #2 (a Life Skills dated 8/3/08 at 9:03 p.m. hen I arrived at 285 Oak at 2:15 p.m. I met with in the front room area. was going to be in the eone had broken the sink. I with seven people, (with two offer checking the game in [Staff #1] notified me that hance man to fix the sink, is that he had a person int #1]. This being my first id no visual idea of whom he re [Staff #1] assumed he hed me that no head count the 6-2 [6:00 a.m. to 2:00 he could have been in the where hiding in a corner by himself. [Staff #1] I in while I monitored the Shortly after looking Iding inside and outside, frogram Supervisor and fon missing." ent of Staff #3 was dated and documented, "On August m. [Staff #1] called and s missing. I ask [sic] him did en he arrive [sic] at 2 p.m.	W	104			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SUR COMPLETE	ED
		04G002	B. WIN	IG		1	C 6/2008
	ROVIDER OR SUPPLIER	PMENT CENTER	•	1	REET ADDRESS, CITY, STATE, ZIP CODE PRATOR DRIVE ARKADELPHIA, AR 71923	-	
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W 104	eating breakfast, [Cli persons served. After bed, some were in the television and a few #1] was one of the fee game room is normal throughout the day. room, which is not to is kept locked. But a know how to unlock observed [Client #1] running off. The last right before shift chacouch with other per through the game row #1] standing in the sawhich is the window. I. A Maltreatment/Ned dated 8/3/08 and sig documented, "[QAC] p.m. She was called LST [Life Skills Train due to the fact that [Game was talking w/ [with] kitchen window & [arenforcement] Police Dam Pike at a high reflashing. I told [QAC] with the search & I we the direction of the outer secure squad, id was searching for a law enforcement] off to talk with me. The advised me there was below the Spillway Delay in the search was bel	few people served were ent #1] being one of those er breakfast, a few went to be living room watching in the game room. [Client ew in the game room. The ally where [Client #1] goes. There is a door in the game to far from the window, but it in few person's served do the door. I have never unlocking any door or a time I saw [Client #1] was ange. I was sitting on the sple served and I looked om windows and saw [Client eame spot he's always in, by the pinball machine." Deglect Investigation form and by the Superintendent called me at home at 3:18 at 3:15 p.m. by [Staff #3] iter] II who was supervising Client #1] was missing. As I [QAC] I looked out my	W	104			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04G002		G		1	C 6/2008
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W 104	photo. At 4:15 p.m., of [Client #1]. The of appeared as though since earlier this mor determine time & cau. Police are currently in m. On 8/6/08, the Qu. the Log Sheets dated 10:00 p.m. shift. Clie check on 8/3/08, while line crossed through (Staff #1 and #2) for signatures on the shea.m. shift had signed documented the hour half hour checks doc sleep from 10:00 p.m. 2. The Immediate Je 8/4/08 at 5:10 p.m. where following plan of a. "The exterior door Oak were changed to key is required to ent These doors, like the into the woods, shou times." b. "The gate in the febetween 286 Oak and a chain and padlock so loose that [Client is gate enough to squeen strength in the strength in the febetween 286 Oak and a chain and padlock so loose that [Client is gate enough to squeen strength in the febetween 286 Oak and a chain and padlock so loose that [Client is gate enough to squeen strength in the febetween 286 Oak and a chain and padlock so loose that [Client is gate enough to squeen strength in the febetween 286 Oak and a chain and padlock so loose that [Client is gate enough to squeen strength in the febetween 286 Oak and a chain and padlock so loose that [Client is gate enough to squeen strength in the febetween 286 Oak and a chain and padlock so loose that [Client is gate enough to squeen strength in the febetween 286 Oak and a chain and padlock so loose that [Client is gate enough to squeen strength in the febetween strength in	e sheet w/ [Client #1's] I identified the body as that ficers advised that the body it had been in the water ning. The Coroner will use of death. The State envestigating." AC provided a faxed copy of a 8/3/08 for the 2:00 p.m. to ent #1's 2:00 p.m. hourly ch documented "AU" had a it and both staff members the evening shift had full ets. The 10:00 p.m. to 6:00 off on the log sheet and ely checks. Client #2 had umented during hours of a to 6:00 a.m. Expandy was removed on then the facility implemented removal: The soft the game room in 285 of a key lock this morning. A ter and exit this room. The bedroom doors that open and remain locked at all the exercise of the game was secured with exercise on the old road do 287 Pine was secured with exercise through. This was and all gates were checked	W	104			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		CONSTRUCTION	(X3) DATE S	ETED
		04G002	B. WIN	G		08	C 3/ 06/2008
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W 104	revised and will recevery residence is minutes while they Groupings are post responsible for entry group at 30 minute to be done by one entered by the group person served." d. "Documented in the change in the in be completed with staff on duty this exother staff as they individual Monitorir in every residence e. "Effective imme Supervisors, Progras designated by the randomly monitor in see the Individual Mata it is being cominstructions and the observations. This Those monitoring a date and time) on the Report. Quality As [Superintendent] we checking to ensure making rounds. Ar reported directly to f. "Any disruptive en change or any time handled and then in	Monitoring Report is being juire that every person in accounted for every 30 are in the residences. Ited and the group leader is ering the status of his/her intervals. All entries are not person; the status is to be up leader responsible for that in-service on this memo and individual monitoring form is to all staff beginning with the vening and completed with come on duty. The newing Report will be implemented at 10:00 p.m. this evening." I diately all managers, Program am Coordinators and others heir Service Area Directors will in the residences, asking to Monitoring Report to ensure pleted per the above eny will also be making visual begins effective today. The individual Monitoring surance staff and I ill also be monitoring plus that others are randomly by exceptions found are to be		104			

	CORRECTION	IDENTIFICATION NUMBER:	A. BUII		E CONSTRUCTION	COMPLET	
		04G002	B. WIN	G		1	C 6/2008
	OVIDER OR SUPPLIER PHIA HUMAN DEVELO	PMENT CENTER	•	1 P	ET ADDRESS, CITY, STATE, ZIP CODE PRATOR DRIVE RKADELPHIA, AR 71923		
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W 104	the residence are programments of the immediate repute security of the fact people served. The document any time the closed, including all the employee, title, statungates, reason for open Keys to the gates will maintenance, the Suncenter vault. The for implemented and incomplemented	esent." Supervisor will develop a to be utilized to check all fence at least monthly. The ce for the date and time of ded, along with the the person checking the of the security of the gates. In tampering with the gates ediately to the evestigation. The form will obtation regarding the nature form action taken to ensure countries are opened and the information (date, time, as of the security of the ening/closing the gates). The maintained only in the perintendent's off and the ening staff will be occedure effective August 6, DTECTIONS The security of the ening staff will be occedure effective August 6, only the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the security of the ening staff will be occedure effective August 6, on the s		122			9/5/08
	tailed to meet the red	uirements of the Condition					

PRINTED: 03/15/2010 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SUI	ΓED
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W 122	of Participation (CoP (W122) as evidenced adequately supervised 1 (Client #1) sampled elopement attempts. resulted in Immediate could have caused so to Client #1 who elops subsequently drowned informed of the Immediate of the I	o) for Client Protections of by the facility's failure to of and protect 1 (Client #1) of of client with a history of The failed practice of Jeopardy which caused or of erious injury, harm or death of from the facility and of the Administrator was of ediate Jeopardy on 8/4/08 at of gs are: The Standard of of Rights as evidenced by the of implement policies related sion of clients, which ment and death of Client #1. The Standard of Direct of the Standard of Direct of the Clients. Refer to W186 The Administrator was of the game room in 285 of a key lock this morning. A of the game room in 285 of a key lock this morning. A of the derivative room. Of the derivative room in 285 of a key lock this morning. A of the derivative room. Of the derivative room. Of the derivative room in 285 of a key lock this morning. Of the derivative room in 285 of a key lock this morning. Of the derivative room in 285 of a key lock this morning. Of the derivative room in 285 of the game room in 285		122			

Facility ID: 2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE LDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 122	gate enough to squee corrected last night a today and all were set. c. "The Individual Morevised and will requievery residence is acminutes while they are Groupings are posted responsible for entering group at 30 minute into be done by one perentered by the group person served." d. "Documented in-sthe change in the individual Monitoring in every residence at e. "Effective immedia Supervisors, Program as designated by the randomly monitor in the set he Individual Mothat it is being completed instructions and they observations. This be Those monitoring are date and time) on the Report. Quality Assu [Superintendent] will checking to ensure the set.	eze through. This was and all gates were checked ecure." conitoring Report is being are that every person in accounted for every 30 and the group leader is ang the status of his/her atervals. All entries are not erson; the status is to be leader responsible for that ervice on this memo and ividual monitoring form is to staff beginning with the ming and completed with me on duty. The new Report will be implemented 10:00 p.m. this evening." ately all managers, Program of Coordinators and others in Service Area Directors will the residences, asking to conitoring Report to ensure eted per the above will also be making visual egins effective today. It is to be making visual erigins effective today. It is also be monitoring plus and others are randomly exceptions found are to be	w	122			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		CONSTRUCTION	(X3) DATE SUI COMPLET	
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W 122	f. "Any disruptive ever change or any time of handled and then imhead count to ensure the residence are proposed." g. "The Maintenance monitoring document gates in the security form will provide spatched the check to be reconsignature and title of gates and the status Any lack of security will be reported immonsulated space for a roof the immediate reported security of the farm people served. The document any time to closed, including all employee, title, statugates, reason for ope Keys to the gates will Maintenance, the Succenter vault. The forimplemented and incompleted.	ent that occurs at shift during the shift will be mediately followed by a e that all people served in esent." e Supervisor will develop a to to be utilized to check all fence at least monthly. The ce for the date and time of orded, along with the the person checking the of the security of the gates. For tampering with the gates ediately to the evestigation. The form will evestigation. The form will evestigation to taken to ensure cility and the safety of form will be used to the gates are opened and the information (date, time, so of the security of the ening/closing the gates). I be maintained only in perintendent's off and the rm will be developed,	W	122			
W 127	RIGHTS The facility must ens Therefore, the facility	ure the rights of all clients. must ensure that clients physical, verbal, sexual or or punishment.	W	127			9/5/08

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	ULTIPL LDING	E CONSTRUCTION	(X3) DATE SUF COMPLET	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 127	Complaint #13763 was part) with these finding Based on record reviet failed to ensure adeq protection were proving (Client #1) sampled of elopement attempts. In Immediate Jeoparchave caused serious Client #1 who eloped subsequently drowned informed of the Immed 4:30 p.m. The finding Part of the Immed 4:30 p.m. The finding Retardation (MR) and Disorder. a. A Behavior Incided 4/14/07 at 4:50 p.m. or running away. [Client then left the kitchen. and then went into the door and ran out the #1] to stop and come #1] kept running toward was trying to catch [Client back to the home. State to the home. State service road before b. A BIR dated 6/30/documented: "Behavior Incided the was recreation Supervisor c. The Individual Pro	not met as evidenced by: as substantiated (all or in ags. ew and interview, the facility uate supervision and ded to 1 (Client #1) of 1 lient with a history of The failed practice resulted dy which caused or could injury, harm or death to from the facility and d. The Administrator was diate Jeopardy on 8/4/08 at ags are: noses of Profound Mental d Tonic-Clonic Seizure Int Report (BIR) dated documented: "Behavior t #1] ate his supper and He went to the bathroom agame room, unlocked the door. Staff asked [Client back to the home. [Staff and the parking lot while staff client #1] and escort him aff stopped [Client #1] on are he could get off campus." 107 at 2:40 p.m. 108 or Running away [Client as brought back by	W	127			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		E CONSTRUCTION	(X3) DATE SUI	ED
		04G002	B. WIN	G			C 6/ 2008
	ROVIDER OR SUPPLIER	1	<u> </u>	1 P	ET ADDRESS, CITY, STATE, ZIP CODE RATOR DRIVE KADELPHIA, AR 71923	1 08/0	10/2000
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W 127	worry about my safe or afraid of dangerous Services/Supports traveling to and from sure I follow my scheplace I don't usually goes with me to mak Outcome I particip community I'm not safely in the commune to make sure I do back to the Center w. d. The Vocational A 1/15/08 documented requires visual surve. e. A BIR dated 1/14 documented: "Behavent to take a personoticed [Client #1] lo [while] staff was assiserve. [Client #1] rasidewalk to the Adm #1] was escorted barf. A memo dated 2/2 285 Oak Life Skills T documented a group to 2:00 p.m. and 2:00 follow when there we 285 Oak. Client #1 The memo documented gwhich group they	the telling anyone and they ty. I don't seem to be aware as situations Staff watch me while areas on-campus to make edule. If I need to go to a go to, it is best if someone are sure I don't wander off ate in the life of the able to find my way around nity so staff always goes with on't wander off and can get without any problems." In seessment form dated on page 4, "[Client #1] willance when on grounds. If a serve to medical. Staff oking out the window will sting with another person on out of the building up the inistration building. [Client ck to 285 Oak." If a serve to medical in the inistration of the building up the inistration building. In the challenge of the 6:00 a.m. of p.m. to 10:00 p.m. shifts to be only 2 staff working in was assigned to Group A. atted, "Staff will indicate in the chall that day or night."	W	127			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	ULTIPLE LDING	E CONSTRUCTION	(X3) DATE SI COMPLE	
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W 127	following information 1.) On 8/3/08 during and 2:00 p.m. to 10:1 Living Unit 285 Oak, through an unlocked The QAC described the game room door type. The gate in the between Living Units secured with a chain chain was loose enothrough. Client #1 mon the lower lake, where 12 clients assig #2) on the evening superintendent and #1 only required a 1 supervision while in 2.) The Superintend Accountability Policy be, "supervised and however, "the system [8/3/08]." The facility's policy a "Accountability for Pour 2007 and revised Ju "Accountability for Pour 2007 and revised Ju "Accountability for and during the shift, to in whereabouts at shift (1) Staff/people assigned home by the Li (2) Assigned alternal assume responsibility for responsibility for responsibility for each home by the Li (2) Assigned alternal assume responsibility for responsibility for expension of the property o	was obtained: the 6:00 a.m. to 2:00 p.m. 00 p.m. shift change in Client #1 left the living unit door in the game room. the locking mechanism on as a hand-operated turn-bolt e fence on the old road s 286 Oak and 287 Pine was and padlock; however, the ugh for Client #1 to squeeze hade his way to the spillway here he drowned. There gned to 2 staff (Staff #1 and hift that day. The QAC both agreed that Client staff to 8 clients level of the living unit. ent stated the facility had an which stated clients were to accounted for at all times;" in was not followed yesterday	W	127			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		E CONSTRUCTION	(X3) DATE SU COMPLET	
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	ROVIDER OR SUPPLIER	PMENT CENTER		1 P	ET ADDRESS, CITY, STATE, ZIP CODE RATOR DRIVE KADELPHIA, AR 71923		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 127	people shall be docur. The incoming staff sh notation. Both staff sh the transfer of groups charge shall be imme unable to account for (5) In the event of the and alternates, staff and documented in the charge." 3.) The QAC stated the staff failed to sign off People Log Sheet du was confirmed by the photocopied log sheet the time of the intervion the Log Sheet for shift on 8/3/08. There p.m. time slot for Clie "AU [awake and up]." documented hourly of to 2:00 p.m. shift had The QAC stated there conducted between the staff. 4.) The QAC stated the conducted between the staff. 4.) The QAC stated the conducted between the staff. 4.) The QAC stated the conducted between the staff. 5.) As of 8/4/08 upon the conductive of C.	ft, the whereabouts of all mented by staff in the log. all review and verify the hall sign the log to indicate it. (4) The supervisor in indiately notified if the staff is a person's whereabouts. It absence of group leaders assignments shall be made the log by the supervisor in the 2:00 p.m. to 10:00 p.m. on the Accountability of ring the shift change. This surveyor's review of the staff had signed off the 2:00 p.m. to 10:00 p.m. to was an entry on the 2:00 p.m. to 10:00 p.m. to was an entry on the 2:00 nt #1, which documented: The client checks were in the hour. The 6:00 a.m. signed off on this sheet. The had not been a head count the day and evening shift that due to a disruptive ft change, Staff #1 and #2 and not ascertained the rior to Client #1's contact the staff assigned to Living Unit 285 was not familiar with the	W	127			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04G002	B. WING			1	C 6/2008	
	ROVIDER OR SUPPLIER LPHIA HUMAN DEVELOI	PMENT CENTER	•	1 PRA	ADDRESS, CITY, STATE, ZIP CODE TOR DRIVE ADELPHIA, AR 71923	1 33.5	5. 2 555	
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W 127	Client #1's death or a related to client supe of the Immediate Jeo 8/4/08, the aforemen facility conducted hor unless they were und supervision. There were on correct client superfrequency of client he aforementioned staff the security of the gate facility had not develous security of the gates. h. The written staten Trainer I) was dated documented that upon 2:00 p.m., he retrieved kitchen. Staff #1 the into the living unit as go to the canteen. Supervisor to see if he called maintenance, broken basin and I client called	could not provide ew comprehensive, nt supervision as a result of iny new inservices to staff rvision. Prior to the citation pardy at 4:30 p.m. on tioned staff confirmed the urly checks on the clients ler some type of enhanced vas no new inservice of staff ervision or an increase in ead counts. The stated they had checked tes in question, however the oped a plan to monitor the nent of Staff #1 (a Life Skills 8/3/08 at 3:39 p.m. and on arrival to the living unit at ed Client #3 from the on escorted Client #4 back the [the client] was trying to taff #1 then took Client #2 to the he was seizure prone. If Client #5 leaned on a Ill to the floor and break. #2, Staff #1 documented, "I they came and took out the teaned up the floor. As I had to the client #1], I began to look bound 2:25 to 2:30 p.m.	W -	127				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		04G002	B. WING _		08/	C 06/2008	
	ROVIDER OR SUPPLIER	DPMENT CENTER		REET ADDRESS, CITY, STATE, ZIP CODE 1 PRATOR DRIVE ARKADELPHIA, AR 71923	•		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 127	[Staff #1] and he was [Staff #1] told me had restroom cause sons at in the front room in the game room). room and sitting do he had to call maint and shortly afterward served missing, [Clitime in 285 Oak, I had was, nor was he whad was. [Staff #1] inforwas done by him are p.m.] employee, so game room, or som cause he liked to be searched outside an other people served through the entire be [Staff #1] called the stated we had a per j. The written stated 8/3/08 at 2:30 p.m. 3, 2008 about 2:30 stated [Client #1] whe see [Client #1] whe see [Client #1] whe stated [Client #1] where a stated when where when where when where where where where when where when where w	and 2:15 p.m. I met with as in the front room area. was going to be in the neone had broken the sink. I with seven people, (with two After checking the game wn [Staff #1] notified me that enance man to fix the sink, rids that he had a person ent #1]. This being my first ad no visual idea of whom he ere [Staff #1] assumed he med me that no head count and the 6-2 [6:00 a.m. to 2:00 he could have been in the ewhere hiding in a corner by himself. [Staff #1] and in while I monitored the lambda Shortly after looking wilding inside and outside, Program Supervisor and son missing." The ment of Staff #3 was dated and documented, "On August p.m. [Staff #1] called and as missing. I ask [sic] him did when he arrive [sic] at 2 p.m.	W 127				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTI LDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	FION SHOULD BE THE APPROPRIATE COMPLI	
W 127	room, which is not too is kept locked. But a know how to unlock to observed [Client #1] urunning off. The last right before shift charcouch with other peoper through the game rood #1] standing in the sawhich is the window to the fact that [Owner than than than than than than than than	There is a door in the game of far from the window, but it few person's served do the door. I have never unlocking any door or time I saw [Client #1] was age. I was sitting on the ole served and I looked om windows and saw [Client ame spot he's always in, by the pinball machine." glect Investigation form the doty the Superintendent called me at home at 3:18 at 3:15 p.m. by [Staff #3] are I II who was supervising client #1] was missing. As I QAC] I looked out my d] saw a [local law officer going down Lower ate of speed with lights at to go to the center & assist as going to the spillway in ficer. I met a member of entified myself & told him I client. He radioed a [local cer who sent a Sargent [sic] rescue squad member as a body in the water just am. They allowed me to the other side of the river. Sheet w/ [Client #1's] I identified the body as that ficers advised that the body thad been in the water ning. The Coroner will se of death. The State		127			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04G002	B. WIN	IG			C 6/2008
	OVIDER OR SUPPLIER	PMENT CENTER	•	1	REET ADDRESS, CITY, STATE, ZIP CODE PRATOR DRIVE ARKADELPHIA, AR 71923		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE AC TAG CROSS-REFERENCED TO		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CTION SHOULD BE O THE APPROPRIATE	
W 127	Continued From page 24		w	127			
	the Log Sheets dated 10:00 p.m. shift. Clie check on 8/3/08, whice line crossed through (Staff #1 and #2) for the signatures on the sheal a.m. shift had signed documented the hour half hour checks docusteep from 10:00 p.m. 2. The IJ was remove when the facility imple of removal: 1.) "The exterior doo Oak were changed to key is required to entithese doors, like the	ed on 8/4/08 at 5:10 p.m. emented the following plan rs of the game room in 285 a key lock this morning. A					
	a chain and padlock y so loose that [Client # gate enough to squee corrected last night a today and all were se 3.) "The Individual M	d 287 Pine was secured with vesterday but the chain was [41] was able to open the eze through. This was and all gates were checked cure." onitoring Report is being re that every person in counted for every 30					
	Groupings are posted responsible for enteri	I and the group leader is ng the status of his/her tervals. All entries are not					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) II IDENTIFICATION NUMBER: A. BU			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		04G002	B. WIN	G		08/06/2008		
	ROVIDER OR SUPPLIER	PMENT CENTER		1 PR	T ADDRESS, CITY, STATE, ZIP CODE MATOR DRIVE KADELPHIA, AR 71923			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 127	entered by the group person served." 4.) "Documented interest completed with all staff on duty this ever other staff as they completed with all staff on duty this ever other staff as they completed with all staff on duty this ever other staff as they completed with all staff on duty this ever other staff as they completed at the staff as they completed at the program Supervisors others as designated Directors will random asking to see the Indian ensure that it is being instructions and they observations. This being instructions and they observations. Any reported directly to mean the change or any time of the handled and then implead count to ensure the residence are presented." 7.) "The Maintenance monitoring document gates in the security of the change of the program of the pr	erson; the status is to be leader responsible for that service on this memo and ividual monitoring form is to staff beginning with the ning and completed with me on duty. The new Report will be implemented 10:00 p.m. this evening." It is is a likely all managers, so the program Coordinators and by their Service Area ly monitor in the residences, ividual Monitoring Report to goompleted per the above will also be making visual egins effective today. It is to sign off (name, title, is Individual Monitoring plus and tothers are randomly exceptions found are to be see by e-mail." In went that occurs at shift uring the shift will be mediately followed by a set that all people served in esent." The Supervisor will develop a set to be utilized to check all fence at least monthly. The ce for the date and time of		127				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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gates and the status of Any lack of security or will be reported immed Superintendent for invinclude space for a not of the immediate repathe security of the faci people served. The following all the employee, title, status gates, reason for oper Keys to the gates will Maintenance, the Sup Center vault. The forrimplemented and incoin-serviced on this prozons." W 149 W 149 The facility must deve policies and procedure mistreatment, neglect This STANDARD is in Complaint #13763 was part) with these finding. Based on record reviet failed to ensure staff in prevent neglect, as even sure adequate super were provided for 1 (Colient with a history of	the person checking the of the security of the gates. In tampering with the gates diately to the vestigation. The form will obtation regarding the nature direction or action taken to ensure dility and the safety of form will be used to be gates are opened and the information (date, time, as of the security of the ening/closing the gates). The maintained only in the developed, forming staff will be developed, forming staff will be developed, for any of the conduction of the client. TREATMENT OF TREAT		149			9/5/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI	FIPLE CONSTRUCTION	1 ' '	(X3) DATE SURVEY COMPLETED	
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W 149	"Accountability for Po 2007 and revised Ju "Accountability for POLICY: Staff in the accountability for an during the shift, to in	ry and procedure titled, eople" dated December ly 2008 documented: People. a. Shift Change. homes shall maintain assigned group of people clude documentation of their	W 14	9			
	whereabouts at shift (1) Staff/people assign each home by the Lir (2) Assigned alternation assume responsibility of the group leader's beginning of each should be account for the incoming staff should be improved the transfer of group charge shall be immounable to account for (5) In the event of the and alternates, staff and documented in the charge."	change. PROCEDURES: gnments shall be posted in fe Skills Trainer Supervisor. te group leaders shall by for the group in the event absence. (3) At the wift, the whereabouts of all mented by staff in the log. hall review and verify the shall sign the log to indicate s. (4) The supervisor in ediately notified if the staff is r a person's whereabouts. e absence of group leaders assignments shall be made the log by the supervisor in					
	Retardation (MR) an Disorder. a. A Behavior Incide 4/14/07 at 4:50 p.m. running away. [Clier then left the kitchen. and then went into the door and ran out the #1] to stop and come #1] kept running tow.	ent Report (BIR) dated documented: "Behavior at #1] ate his supper and He went to the bathroom he game room, unlocked the door. Staff asked [Client et back to the home. [Staff ard the parking lot while staff Client #1] and escort him					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 149	b. A BIR dated 6/30 documented: "Beha #1] ran outside he verecreation Supervise. c. The Individual Poly 1/15/08 documente leave an area withoworry about my safe or afraid of dangero Services/Supports traveling to and from sure I follow my scholace I don't usually goes with me to ma Outcome I particip community I'm no safely in the commune to make sure I do back to the Center volumented to the Center volumented in the communeration of the community of the community of the community of the community of the communeration of the community	Staff stopped [Client #1] on fore he could get off campus." 20/07 at 2:40 p.m. vior Running away [Client was brought back by or." Togram Plan (IPP) dated d: "Barriers Sometimes, I ut telling anyone and they ety. I don't seem to be aware us situations Staff watch me while in areas on-campus to make redule. If I need to go to a rego to, it is best if someone ke sure I don't wander off bate in the life of the table to find my way around unity so staff always goes with lon't wander off and can get without any problems." Assessment form dated don page 4, "[Client #1] eillance when on grounds. 4/08 at 8:25 a.m. vior Running away Staff on serve to medical. Staff poking out the window will sisting with another person an out of the building up the ninistration building. [Client ack to 285 Oak."	W 149			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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W 149	to 2:00 p.m. and 2:0 follow when there we 285 Oak. Client #1. The memo documer log which group they g. On 8/4/08 at app Superintendent and Coordinator (QAC) of following information 1.) On 8/3/08 during and 2:00 p.m. to 10: Living Unit 285 Oak, through an unlocked The QAC described the game room door type. The gate in the between Living Units secured with a chair chain was loose end through. Client #1 non the lower lake, we were 12 clients assig #2) on the evening superintendent and #1 only required a 1 supervision while in 2.) The Superintendent Accountability Policy be, "supervised and however, "the system [8/3/08]."	o schedule for the 6:00 a.m. o p.m. to 10:00 p.m. shifts to be endly 2 staff working in was assigned to Group A. o had that day or night." roximately 4:00 p.m., the Quality Assurance were interviewed and the was obtained: g the 6:00 a.m. to 2:00 p.m. o p.m. shift change in Client #1 left the living unit aldor in the game room. the locking mechanism on was a hand-operated turn-bolt be fence on the old road as 286 Oak and 287 Pine was an and padlock; however, the bugh for Client #1 to squeeze made his way to the spillway there he drowned. There gned to 2 staff (Staff #1 and shift that day. The QAC both agreed that Client staff to 8 clients level of		149				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04G002	B. WIN	G		08/	C 06/2008
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W 149	photocopied log she the time of the intervon the Log Sheet for shift on 8/3/08. The p.m. time slot for Cli "AU [awake and up] documented hourly to 2:00 p.m. shift ha The QAC stated the conducted between staff. 4.) The QAC stated the conducted between staff. 4.) The QAC stated chain of events at slon the evening shift group assignments elopement. The QA #2's first time to be a Coak and that Staff # clients, inclusive of 0. 5.) Upon the survey on 8/4/08, the Quali and Superintendent documentation of a proactive plan of clie Client #1's death or related to client support the Immediate Je 8/408, the aforementacility conducted hounless they were unsupervision. There on correct client supprequency of client haforementioned staft the security of the g	le surveyor's review of the let provided by the QAC at view. No staff had signed off in the 2:00 p.m. to 10:00 p.m. are was an entry on the 2:00 lent #1, which documented: "The client checks were on the hour. The 6:00 a.m. in disgned off on this sheet. The had not been a head count the day and evening shift. If that due to a disruptive length of the prior to Client #1's length of the prior to the facility by Assurance to the facility by Assurance Coordinator could not provide length of the prior to the citation opardy at 4:30 p.m. on length of the prior to the clients of the clients of the clients of the clients of the prior to th		149			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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W 149	security of the gates. h. The written statem Trainer I) was dated 8 documented that upo 2:00 p.m., he retrieve kitchen. Staff #1 ther into the living unit as go to the canteen. So the restroom because While in the restroom basin, causing it to fa After assisting Client called maintenance, the broken basin and I closeen everyone exceptor him. This was are Unable to locate him, Supervisor to see if he trip." Staff #1's title is i. The written statem Trainer Trainee) was and documented, "Whetween 2:10 p.m. are [Staff #1] and he was [Staff #1] told me he was [Staff #1] told me he was at in the front room win the game room). Are room and sitting down he had to call maintel and shortly afterward served missing, [Clientime in 285 Oak, I had was, nor was he whe was. [Staff #1] inform was done by him and	nent of Staff #1 (a Life Skills 8/3/08 at 3:39 p.m. and n arrival to the living unit at d Client #3 from the n escorted Client #4 back he [the client] was trying to taff #1 then took Client #2 to e he was seizure prone. Client #5 leaned on a ll to the floor and break. #2, Staff #1 documented, "I they came and took out the eaned up the floor. As I had of [Client #1], I began to look bound 2:25 to 2:30 p.m.	W 149				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPL LDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 149	cause he liked to be I searched outside and other people served. through the entire bui [Staff #1] called the P stated we had a persign. The written stateme 8/3/08 at 2:30 p.m. at 3, 2008 about 2:30 p. stated [Client #1] was he see [Client #1] when the stated [Client #1] k. The written stateme 8/3/08 at 7:00 a.m. at the kitchen where a feeting breakfast, [Cliepersons served. After bed, some were in the television and a few if #1] was one of the feeting breakfast, if the game room is normal throughout the day. The statement of the served [Client #1] was one of the feeting breakfast, if the game room, which is not took is kept locked. But a know how to unlock the observed [Client #1] was right before shift charcouch with other people through the game room #1] standing in the sawhich is the window the state 8/3/08 and sign.	where hiding in a corner by himself. [Staff #1] I in while I monitored the Shortly after looking Iding inside and outside, rogram Supervisor and on missing." ent of Staff #3 was dated and documented, "On August m. [Staff #1] called and s missing. I ask [sic] him did en he arrive [sic] at 2 p.m. wasn't their [sic]." ent of Staff #4 was dated and documented, "I went into ew people served were ent #1] being one of those or breakfast, a few went to e living room watching on the game room. [Client w in the game room. The ly where [Client #1] goes There is a door in the game of far from the window, but it few person's served do he door. I have never	W	149			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	JLTIPLE CO	(X3) DATE SURVEY COMPLETED		
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	OVIDER OR SUPPLIER PHIA HUMAN DEVELOF	PMENT CENTER		1 PRAT	DDRESS, CITY, STATE, ZIP CODE FOR DRIVE DELPHIA, AR 71923		
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W 149	LST [Life Skills Trainedue to the fact that [C] was talking w/ [with] [kitchen window & [an enforcement] Police C Dam Pike at a high raflashing. I told [QAC] with the search & I was the direction of the of the rescue squad, ide was searching for a claw enforcement] office to talk with me. The radvised me there was below the Spillway Dataccompany them to the [QAC] brought a face photo. At 4:15 p.m., of [Client #1]. The office appeared as though is since earlier this more determine time & cau Police are currently in m. On 8/6/08, the QAT the Log Sheets dated 10:00 p.m. shift. Clie check on 8/3/08, which line crossed through is signatures on the sheam. Shift had signed documented the hour half hour checks docusleep from 10:00 p.m.	at 3:15 p.m. by [Staff #3] er] II who was supervising client #1] was missing. As I QAC] I looked out my d] saw a [local law Officer going down Lower ate of speed with lights I to go to the center & assist as going to the spillway in ficer. I met a member of entified myself & told him I dient. He radioed a [local cer who sent a Sargent [sic] rescue squad member as a body in the water just am. They allowed me to the other side of the river. sheet w/ [Client #1's] I identified the body as that ficers advised that the body at had been in the water hing. The Coroner will se of death. The State envestigating." AC provided a faxed copy of I 8/3/08 for the 2:00 p.m. to nt #1's 2:00 p.m. hourly ch documented "AU" had a at and both staff members the evening shift had full etets. The 10:00 p.m. to 6:00 off on the log sheet and dly checks. Client #2 had umented during hours of . to 6:00 a.m.	W				
W 186	483.430(d)(1-2) DIRE	ECT CARE STAFF	W	186			9/5/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER ARKADELPHIA HUMAN DEVELOP!	MENT CENTER	1 PF	T ADDRESS, CITY, STATE, ZIP CODE ATOR DRIVE (ADELPHIA, AR 71923		
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Direct care staff are de on-duty staff calculated 24-hour period for eac unit. This STANDARD is not Complaint #13763 was part) with these finding. Based on record review failed to ensure sufficie available to provide admonitoring of 1 (Client with a history of eloper resulted in Immediate could have caused ser to Client #1 who elope subsequently drowned informed of the Immediate 4:30 p.m. The findings. 1. Client #1 had diagnown Retardation (MR) and Disorder. a. A Behavior Incident 4/14/07 at 4:50 p.m. do running away. [Client then left the kitchen. Hand then went into the door and ran out the difference of the staff and then went into the door and ran out the difference of the staff and then went into the door and ran out the difference of the staff and then went into the door and ran out the difference of the staff and then went into the door and ran out the difference of the staff and then went into the door and ran out the difference of the staff and the staff	previse clients in ndividual program plans. Individual present dover all shifts in a hidefined residential living and the direct care staff were lequate supervision and the program of the	W 186			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	· /	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER	PMENT CENTER	1 P	ET ADDRESS, CITY, STATE, ZIP CODE PRATOR DRIVE EKADELPHIA, AR 71923	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
W 186	the service road beforms the service road beforms. A BIR dated 6/30/documented: "Behave #1] ran outside he was recreation Supervisors. The Individual Production of the Individual Production	or at 2:40 p.m. ior Running away [Client as brought back by r." gram Plan (IPP) dated "Barriers Sometimes, I at telling anyone and they y. I don't seem to be aware so situations Staff watch me while areas on-campus to make dule. If I need to go to a go to, it is best if someone as sure I don't wander off ate in the life of the able to find my way around aity so staff always goes with on't wander off and can get thout any problems." seessment form dated on page 4, "[Client #1] Illance when on grounds. 08 at 8:25 a.m. ior Running away Staff on serve to medical. Staff obking out the window will sting with another person out of the building up the histration building. [Client text to 285 Oak."	W 186				
		schedule for the 6:00 a.m.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUIL			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04G002	B. WIN	IG			C 6/2008
	ROVIDER OR SUPPLIER	PMENT CENTER		1 P	ET ADDRESS, CITY, STATE, ZIP CODE PRATOR DRIVE RKADELPHIA, AR 71923		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		JLD BE	(X5) COMPLETION DATE	
W 186	follow when there we 285 Oak. Client #1 w The memo document log which group they g. On 8/4/08 at approsuperintendent and Coordinator (QAC) w following information 1.) On 8/3/08 during and 2:00 p.m. to 10:00 Living Unit 285 Oak, through an unlocked The QAC described to the game room door type. The gate in the between Living Units secured with a chain chain was loose enouthrough. Client #1 m on the lower lake, who were 12 clients assig #2) on the evening shouperintendent and C#1 only required a 1 supervision while in the supervised and a however, "the system [8/3/08]." The facility's policy ar "Accountability for Pe 2007 and revised July 1 w 1 w 2 w 2007 and revised July 1 w 2 w 2007 and revised July 2 w 2007	p.m. to 10:00 p.m. shifts to re only 2 staff working in vas assigned to Group A. ted, "Staff will indicate in the had that day or night." Deximately 4:00 p.m., the Quality Assurance ere interviewed and the was obtained: the 6:00 a.m. to 2:00 p.m. to p.m. to p.m. shift change in Client #1 left the living unit door in the game room. the locking mechanism on as a hand-operated turn-bolt of fence on the old road 286 Oak and 287 Pine was and padlock; however, the pugh for Client #1 to squeeze ade his way to the spillway ere he drowned. There ned to 2 staff (Staff #1 and the padd that Client staff to 8 clients level of the living unit. Death and the facility had an which stated clients were to accounted for at all times;" in was not followed yesterday.	W	186			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	04G002	B. WIN	G			C 6/2008
NAME OF PROVIDER OR SUPPLIER ARKADELPHIA HUMAN DEVELOPN	IENT CENTER	•	1 PR	T ADDRESS, CITY, STATE, ZIP CODE NATOR DRIVE KADELPHIA, AR 71923		
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
during the shift, to inclusive whereabouts at shift che (1) Staff/people assignment home by the Life (2) Assigned alternate (assume responsibility for the group leader's at beginning of each shift, people shall be document the incoming staff shall notation. Both staff shall notation. Both staff shall notation. Both staff shall notation the transfer of groups. Charge shall be immediated unable to account for a (5) In the event of the aland alternates, staff as and documented in the charge." 3.) The QAC stated the staff failed to sign off of People Log Sheet during was confirmed by the sephotocopied log sheet of the time of the interview on the Log Sheet for the shift on 8/3/08. There we pum time slot for Client "AU [awake and up]." documented hourly on to 2:00 p.m. shift had so The QAC stated there is conducted between the staff. 4.) The QAC stated that	omes shall maintain signed group of people and documentation of their mange. PROCEDURES: ments shall be posted in Skills Trainer Supervisor. group leaders shall for the group in the event osence. (3) At the staff in the log. If review and verify the all sign the log to indicate (4) The supervisor in intelly notified if the staff is person's whereabouts. It is absence of group leaders signments shall be made alog by the supervisor in the Accountability of the grovided by the QAC at w. No staff had signed off the 2:00 p.m. to 10:00 p.m. was an entry on the 2:00 the provided by the QAC at w. No staff had signed off the 2:00 p.m. to 10:00 p.m. was an entry on the 2:00 the provided by the QAC at w. No staff had signed off the 2:00 p.m. to 10:00 p.m. was an entry on the 2:00 the provided by the QAC at w. No staff had signed off the 2:00 p.m. to 10:00 p.m. was an entry on the 2:00 the provided by the QAC at w. The client checks were the hour. The 6:00 a.m. tigned off on this sheet. The day and evening shift	W	186			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING		С	
		04G002	B. WING		08/06/2	2008
	ROVIDER OR SUPPLIER PHIA HUMAN DEVELOF	PMENT CENTER	1	EET ADDRESS, CITY, STATE, ZIP CODE PRATOR DRIVE RKADELPHIA, AR 71923		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 186	on the evening shift he group assignments pelopement. The QAC #2's first time to be as Oak and that Staff #2 clients, inclusive of C 5.) Upon the surveyor on 8/4/08, the Quality and Superintendent of documentation of an proactive plan of client Client #1's death or a related to client super of the Immediate Jeo 8/408, the aforementifacility conducted hou unless they were und supervision. There we on correct client superfrequency of client he aforementioned staff the security of the gar facility had not developments.	and not ascertained the rior to Client #1's C stated 8/3/08 was Staff ssigned to Living Unit 285 was not familiar with the lient #1. or's entrance to the facility Assurance Coordinator could not provide ew comprehensive, at supervision as a result of any new inservices to staff rivision. Prior to the citation pardy at 4:30 p.m. on loned staff confirmed the larly checks on the clients er some type of enhanced was no new inservice of staff ervision or an increase in	W 186			
	Trainer I) was dated 8 documented that upo 2:00 p.m., he retrieve kitchen. Staff #1 ther into the living unit as go to the canteen. Staff restroom because While in the restroom basin, causing it to fa After assisting Client called maintenance, to	3/3/08 at 3:39 p.m. and n arrival to the living unit at				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04G002	B. WIN			C 08/06/2008	
	ROVIDER OR SUPPLIER	PMENT CENTER	•	1	REET ADDRESS, CITY, STATE, ZIP CODE PRATOR DRIVE ARKADELPHIA, AR 71923		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIEM (CROSS)	D BE	(X5) COMPLETION DATE
W 186	for him. This was are Unable to locate him, Supervisor to see if h trip." Staff #1's title is i. The written statemed Trainer Trainee) was and documented, "Whoteween 2:10 p.m. ar [Staff #1] and he was [Staff #1] told me he was [Staff #1] told me he was sat in the front room in the game room). Aroom and sitting down he had to call mainter and shortly afterward served missing, [Client time in 285 Oak, I had was, nor was he whe was. [Staff #1] inform was done by him and p.m.] employee, so he game room, or some cause he liked to be a searched outside and other people served. through the entire bui [Staff #1] called the P stated we had a persent statemed where the statemed was about 2:30 p.m. ar 3, 2008 about 2:30 p. stated [Client #1] was stated [Client #1] was stated was a series of the property of the written statemed was about 2:30 p. stated [Client #1] was stated [Client #1] was stated was a series of the property of the written statemed was a series of the property of the pr	ot [Client #1], I began to look bund 2:25 to 2:30 p.m. called the Program e was on an off campus is Life Skills Trainer (LST) I. ent of Staff #2 (a Life Skills dated 8/3/08 at 9:03 p.m. hen I arrived at 285 Oak and 2:15 p.m. I met with in the front room area. was going to be in the eone had broken the sink. I with seven people, (with two after checking the game an [Staff #1] notified me that hance man to fix the sink, as that he had a person ant #1]. This being my first and no visual idea of whom he are [Staff #1] assumed he hed me that no head count at the 6-2 [6:00 a.m. to 2:00 are could have been in the where hiding in a corner by himself. [Staff #1] If in while I monitored the Shortly after looking alding inside and outside, arogram Supervisor and on missing." ent of Staff #3 was dated and documented, "On August m. [Staff #1] called and as missing. I ask [sic] him did en he arrive [sic] at 2 p.m.	W	186			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04G002	B. WIN			I	C
NAME OF PR	ROVIDER OR SUPPLIER	040002	-	STREE	T ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	6/2008
ARKADEL	PHIA HUMAN DEVELOF	MENT CENTER			RATOR DRIVE KADELPHIA, AR 71923		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
W 186	8/3/08 at 7:00 a.m. ar the kitchen where a fe eating breakfast, [Clie persons served. Afte bed, some were in the television and a few in #1] was one of the fergame room is normal throughout the day. room, which is not too is kept locked. But a know how to unlock the observed [Client #1] or unning off. The last right before shift char couch with other peoper through the game room #1] standing in the sawhich is the window to the fact that [Client #3] of the window to the fact that [Client #4] of the fact that [Client #4] of the fact that [Client #3] of the fact that [Client #4] of the fact that [Client #4] of the fact that [Client #3] of the fact that [Client #4] of the fact t	ent of Staff #4 was dated and documented, "I went into ew people served were ent #1] being one of those or breakfast, a few went to be living room watching in the game room. [Client which is a door in the game of far from the window, but it few person's served do not door. I have never unlocking any door or time I saw [Client #1] was inge. I was sitting on the ble served and I looked in windows and saw [Client me spot he's always in, by the pinball machine." glect Investigation form lived by the Superintendent called me at home at 3:18 at 3:15 p.m. by [Staff #3] at 3:15 p.m. by [Staff #3] at] II who was supervising client #1] was missing. As I QAC] I looked out my	W	186			

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION D PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION D P		CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		04G002	B. WIN	G	·	08	C / 06/2008
	ROVIDER OR SUPPLIER	PMENT CENTER		1 PF	T ADDRESS, CITY, STATE, ZIP CODE RATOR DRIVE KADELPHIA, AR 71923		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 186	accompany them to to [QAC] brought a face photo. At 4:15 p.m., of [Client #1]. The of appeared as though since earlier this more determine time & cau. Police are currently in m. On 8/6/08, the Qu. the Log Sheets dated 10:00 p.m. shift. Cliecheck on 8/3/08, while line crossed through (Staff #1 and #2) for signatures on the sheat.m. shift had signed documented the hough alf hour checks doc sleep from 10:00 p.m. 2. The IJ was remove when the facility imploof removal: 1.) "The exterior doc Oak were changed to key is required to ent These doors, like the into the woods, shou times." 2.) "The gate in the financial padlock is so loose that [Client is gate enough to squeets."	am. They allowed me to he other side of the river. sheet w/ [Client #1's] I identified the body as that ficers advised that the body it had been in the water ning. The Coroner will use of death. The State investigating." AC provided a faxed copy of a 8/3/08 for the 2:00 p.m. to ent #1's 2:00 p.m. hourly ch documented "AU" had a it and both staff members the evening shift had full ets. The 10:00 p.m. to 6:00 off on the log sheet and erly checks. Client #2 had umented during hours of a to 6:00 a.m. ed on 8/4/08 at 5:10 p.m. emented the following plan ars of the game room in 285 of a key lock this morning. A er and exit this room. bedroom doors that open in locked at all		186			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	ES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	04G002	B. WING	3		1	C 06/2008
NAME OF PROVIDER OR SUPPLIER ARKADELPHIA HUMAN DEVELO	PMENT CENTER	·	1 PR	r address, city, state, zip code ator drive (Adelphia, ar 71923	•	
PREFIX (EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
revised and will requevery residence is a minutes while they a Groupings are posteresponsible for entergroup at 30 minute in to be done by one pentered by the group person served." 4.) "Documented inthe change in the incompleted with a staff on duty this even other staff as they condividual Monitoring in every residence as 5.) "Effective immeder Program Supervisors others as designated Directors will random asking to see the Incomplete of the instructions and they observations. This is Those monitoring and date and time) on the Report. Quality Assi [Superintendent] will checking to ensure the making rounds. Any reported directly to minute of the staff of the	Monitoring Report is being aire that every person in counted for every 30 are in the residences. It and the group leader is ring the status of his/her intervals. All entries are not erson; the status is to be a leader responsible for that dividual monitoring form is to all staff beginning with the ening and completed the implemented the state of the implemented the imple	W	186			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04G002	A. BUIL	DING 3		1	C
	ROVIDER OR SUPPLIER	I		1 PRA	ADDRESS, CITY, STATE, ZIP CODE ATOR DRIVE ADELPHIA, AR 71923	08/0	6/2008
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 186	handled and then implemented and then implemented and then implemented and then implemented and the proposition of the implemented and incomplemented in the security of the factorial proposition in the implemented and incomplemented in the security of the factorial proposition in the implemented and incomplemented in the security of the securi	that all people served in esent." e Supervisor will develop a to be utilized to check all fence at least monthly. The ce for the date and time of ded, along with the the person checking the of the security of the gates. For tampering with the gates ediately to the vestigation. The form will obtain regarding the nature air or action taken to ensure cility and the safety of form will be used to the gates are opened and the information (date, time, so of the security of the ening/closing the gates). It be maintained only in perintendent's off and the time will be developed,	W	186			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		04G002	B. WING	3		03/0	9/2009
	OVIDER OR SUPPLIER	PMENT CENTER		1 PRA	ADDRESS, CITY, STATE, ZIP CODE ATOR DRIVE ADELPHIA, AR 71923	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	ĸ	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	1	W	000			
W 104	2/19/09 to 3/9/09. 483.410(a)(1) GOVE	survey was conducted from RNING BODY must exercise general perating direction over the	W	104			4/9/09
	Based on observation doors, drawers, close maintained in good rehad the opportunity to documented on the Ir	not met as evidenced by: n, the facility failed to ensure ets and window blinds were epair. The failed practice o affect all 131 clients, as ntermediate Care Facility for Retardation Survey Report the findings are:					
		5 p.m., the following ade in Living Unit 285: f the hall, the first and third					
		of drawers for the first bed					
	b. The third bed's clo a lock - no knobs.	set/armoire had a hasp for					
	c. The fourth bed's c out when opened.	hest had 4 drawers that fell					
		the right side of the hall had t when opened. The second the drawer missing.					
	e. In the center bedre	oom, 3 closet doors had no					

 ${\tt LABORATORY\ DIRECTOR'S\ OR\ PROVIDER/SUPPLIER\ REPRESENTATIVE'S\ SIGNATURE}$

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		04G002	B. WIN	3		03/0	9/2009
NAME OF PROVIDER OR SUPPLIER ARKADELPHIA HUMAN DEVELOPMENT CENTER			,	1 PR	T ADDRESS, CITY, STATE, ZIP CODE ATOR DRIVE KADELPHIA, AR 71923		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF C PREFIX (EACH CORRECTIVE ACTIV TAG CROSS-REFERENCED TO TH DEFICIENCY		JLD BE	(X5) COMPLETION DATE
W 104	the magnet. g. The end closet's bopen at all. 2. On 2/23/09 at 2:18 observations were magnet. a. The kitchen had nor napkin holders. b. The right end of the with rough edges. c. In the room on the armoire for the the fir had a bottom drawer The last armoire's rigopen. 3. On 2/25/09 at 9:50 observations were magnetic for the first aproperly. b. In the middle bedrewould not close.	offirst closet did not catch on ottom drawer would not op.m., the following ade in Living Unit 286: o salt and pepper shakers e hall had broken blinds left side of the hall, the st bed to the left of the door that was very hard to open. Int door was also difficult to	W	104	DETICIENCY		
	4. On 2/25/09 at 10:3 observations were many	30 a.m., the following ade in Living Unit 289:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		04G002	B. WIN	G		03/0	03/09/2009	
NAME OF PROVIDER OR SUPPLIER ARKADELPHIA HUMAN DEVELOPMENT CENTER			•	1 PF	T ADDRESS, CITY, STATE, ZIP CODE RATOR DRIVE KADELPHIA, AR 71923			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		I	ID PROVIDER'S PLAN OF COMPRESSION OF		ION SHOULD BE HE APPROPRIATE		
W 104	a. In the kitchen, the (the silverware drawe) b. The back of an arr bedroom was coming of a bedside table was 5. On 2/25/09 at 1:15 observations were made. a. The bathroom had when opened. b. Three closet doors the floor. c. The left end bedroom came off when pulled 6. On 2/25/09 at 1:30 observations were made. b. The back left bedroom of the door on the middle drawer. b. The back left bedroom of the armoire and choom of the armoire and choom of the supervisor states the situation. 7. On 2/26/09 at 9:00	third drawer from the end r) fell out when opened. moire in the right end off and the middle drawer s very difficult to open. 5 p.m., the following ade in Living Unit 290: I drawers that would fall out were hanging/rubbing on om had a drawer pull that p. p.m., the following ade in Living Unit 292: me right had an unstable oom had insecure drawers est. om hall door had broken and ad the door knob. In the hall wall, there were sticking out of the wall. I maintenance was aware of	W	104				
		G						

Facility ID: 2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		04G002	B. WIN	IG_		03/0	9/2009
NAME OF PROVIDER OR SUPPLIER ARKADELPHIA HUMAN DEVELOPMENT CENTER			•	1	REET ADDRESS, CITY, STATE, ZIP CODE I PRATOR DRIVE ARKADELPHIA, AR 71923		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		I	ID PROVIDER'S PLAN OF (PREFIX (EACH CORRECTIVE ACTI TAG CROSS-REFERENCED TO TI DEFICIENCY		JLD BE	(X5) COMPLETION DATE
W 104	a. The second, third wall in the microwave b. The left end of the doors that were stick missing a knob/hand 483.410(b) COMPLIA & LOCAL LAWS The facility must be in applicable provisions laws, regulations and sanitation. This STANDARD is Based on observation all staff who handled covered. The failed pto affect all 131 client Intermediate Care Famental Retardation S 3/9/09. The findings 1. On 2/27/09 at 7:30 during preparation ar meal, Staff #1's hair was 2. On 2/27/09 at 7:30	Continued From page 3 a. The second, third and fourth drawers from the wall in the microwave cabinet were not secure. b. The left end of the hall had 3 armoires with doors that were sticking and a drawer that was missing a knob/handle. 483.410(b) COMPLIANCE W FEDERAL, STATE & LOCAL LAWS The facility must be in compliance with all applicable provisions of Federal, State and local aws, regulations and codes pertaining to		104			4/9/09
W 441	meal, the Staff #2's h net. 483.470(i)(1) EVACU	nd service of the breakfast air was loose from the hair ATION DRILLS evacuation drills under	W	441			4/6/09

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04G002	B. WING _	B. WING		03/09/2009	
NAME OF PROVIDER OR SUPPLIER ARKADELPHIA HUMAN DEVELOPMENT CENTER				REET ADDRESS, CITY, STATE, ZIP CODE 1 PRATOR DRIVE ARKADELPHIA, AR 71923		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(X4) ID PREFIX TAG			ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION		(X5) COMPLETION DATE	
W 441	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W 44	DEFICIENCY)	DEFICIENCY)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04G002	B. WING			C 04/14/2009	
NAME OF PROVIDER OR SUPPLIER ARKADELPHIA HUMAN DEVELOPMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1 PRATOR DRIVE ARKADELPHIA, AR 71923				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS		w	000			
	Complant 14408 was	usnubstantiated.					
LABORATORY	DIDECTORIS OF PROVICES	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 03/15/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		04G002	B. WING			C 07/09/2009	
NAME OF PROVIDER OR SUPPLIER ARKADELPHIA HUMAN DEVELOPMENT CENTER				11	EET ADDRESS, CITY, STATE, ZIP CODE PRATOR DRIVE RKADELPHIA, AR 71923	<u> </u>	9/2009
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS		W	000			
	Complaint 14661 was	s unsubstantiated.					
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.