

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Survey and Certification, Region VI

April 22, 2011

Re: Provider # 044011

Charles Smith, Administrator
Arkansas State Hospital
305 South Palm
Little Rock, Arkansas 72205-4023

Dear Mr. Smith:

After a careful review of the facts, the Centers for Medicare and Medicaid Services (CMS) has determined that Arkansas State Hospital no longer meets the requirements for participation in the Medicare program. The deficiencies found during onsite surveys at your hospital showed that your hospital failed to meet the required Conditions of Participation. We have carefully reviewed the April 13, 2011 CMS Surveyor's survey report and statement of deficiencies and we are in agreement with the enclosed findings, which show the following Medicare Condition of Participation out of compliance:

42 CFR 482.62 Special Staff Requirements for Psychiatric Hospitals

On November 20, 2010, a recertification survey was conducted that found the Condition of Participation at 42 CFR 482.61 out of compliance. Based on the survey findings, CMS notified you on December 17, 2010 that your hospital would be terminated from the Medicare program on March 17, 2011 if you failed to come back into compliance with the Medicare Conditions of Participation.

On February 16, 2011, a follow-up survey was conducted and again found the Condition of Participation at out of compliance. On March 11, 2011 our office issued your hospital a letter extending the termination date to April 18, 2011, to afford you an extended time to correct the remaining deficiencies.

On April 13, 2011, a complaint investigation and follow-up visit was conducted that found immediate jeopardy to patient health and safety. On April 13, 2011, the hospital submitted a plan of removal to the CMS Surveyors but this plan failed to remove the immediate jeopardy. The hospital submitted a revised plan of removal of the immediate jeopardy to CMS on April 18, 2011 and the CMS Surveyors have been authorized to verify this plan of removal onsite. On April 18, 2011 a letter was issued

extending your termination date to May 3, 2011, to afford you the opportunity to correct the remaining deficiencies.

Enclosed is the CMS Statement of Deficiencies for the April 13, 2011 findings of immediate jeopardy.

To participate as providers of services in the Medicare program as a psychiatric hospital, the hospital must meet all provisions of Section 1861(e) and (f) of the Social Security Act, be in compliance with each of the Conditions of Participation, and be free of hazard to patient health and safety.

The date on which your hospital's Medicare agreement terminates is **June 2, 2011**. No payment for patients admitted on or after that date will be made by the Medicare program.

Prior to June 2, 2011, the CMS Surveyors will conduct a revisit survey to verify removal of the immediate jeopardy.

For patients admitted prior to **June 2, 2011**, payment may continue to be made for up to 30 days of covered inpatient hospital services furnished on and after **June 2, 2011**. A list showing the names and health insurance claim numbers of the Medicare patients remaining in your hospital on **June 2, 2011** should be forwarded immediately to the Centers for Medicare & Medicaid Services, Division of Survey and Certification, Attention: Ginger Odle, 1301 Young Street, Room 833, Dallas, TX. 75202.

We will publish notice of this termination in the Arkansas Democratic Gazette in Little Rock. Because the requirements for participation in the Medicaid program are substantially the same as those for Medicare, we have notified the appropriate State officials concerning termination of your provider agreement under Title XVIII.

If you believe this determination is not correct, you may request a hearing before an Administrative Law Judge of the Centers for Medicare & Medicaid Services', Departmental Appeals Board. Procedures governing this process are set out in regulations at 42 CFR 498.40 et seq.

A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter to:

Departmental Appeals Board
Attention Chief, Civil Remedies Division
Cohen Building Room G-644, MS 6132
330 Independence Avenue, S.W.
Washington, D.C. 20201

In addition, send a copy of your request to this office.

A request for a hearing should identify the specific issues, and the findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. You may be represented by counsel at a hearing at your own expense.

Under the Medicare regulation 42 CFR 489.57, when a provider agreement is terminated by CMS, a new agreement will not be accepted until it has been determined that the reason for termination of the previous agreement has been removed and there is reasonable assurance that it will not recur. The terminated facility will have to operate for a period of time determined by CMS, during which the reasonable assurance requirement has been satisfied. During this period the facility must fulfill, or make satisfactory arrangements to fulfill, all of the statutory and regulatory responsibilities of the previous agreement.

If you have any questions, please contact, Dodjie Guioa at 214-767-6179 or Juanita Cortez at 214-767-4403.

Sincerely,

A handwritten signature in cursive script that reads "Ginger Odle".

Ginger Odle, Manager
Non-Long Term Care Certification and Enforcement Branch

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
--	---	--	--

NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

B 000	INITIAL COMMENTS	B 000		
B 136	<p>482.62 SPECIAL STAFF REQS FOR PSYCH HOSPITALS</p> <p>The hospital must have adequate numbers of qualified professional and supportive staff to evaluate patients, formulate written, individualized comprehensive treatment plans, provide active treatment measures and engage in discharge planning.</p> <p>This CONDITION is not met as evidenced by: Based on observations, interviews, record review and document review, the facility failed to provide adequate numbers of nursing and physician staff, and to adequately train, supervise and monitor nursing and psychology staff with regard to safety and program management, for 11 of 11 active sample adolescents (L1, L2, L3, L4, L5, L6, L7, L8, L9, L10 and L11) on Unit3 Lower (a dual diagnosis unit for developmentally delayed/psychiatrically ill adolescent males).</p> <p>i. Nursing staff (RNs, LPNs and Mental Health Technicians) assigned to Unit 3 Lower at the time of the survey were not adequate to meet the needs of the patient population, and the staff were not sufficiently trained in the delivery of special programming for the adolescents residing on the unit. Observations and record reviews</p>	B 136		

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

B 136	<p>Continued From page 1</p> <p>revealed that nursing staff were barely able to control the milieu, and had to engage untrained security staff to help with manual holds of patients. (Refer to B139)</p> <p>II. There was inadequate physician staffing on Unit 3 Lower to address the needs of the patients, to train and support nursing staff, and to provide ongoing assessments of patients. The physician staffing dropped from 32 hours per week to under 15 hours per week when the attending psychiatrist was assigned to cover a forensic unit in the facility in January 2011. (Refer to B139)</p> <p>III. The unit psychologist for Unit 3 Lower was working on the unit without adequate supervision from the Clinical Director. On one occasion observed on the hospital videotape, the psychologist was alone on a locked pod of the unit with a therapy group, when two patients became physically aggressive; the psychologist's call for help led to a delayed response from other staff because the staff were elsewhere at the time and were not readily available to provide assistance. The unit psychologist had asked for supervisory help and training in dealing with this special population and had not received any additional training as of the date of the survey, 4/12/11. (Refer to B151)</p> <p>IV. The Medical Director failed to assure an adequate amount of physician staff coverage (refer to B144) and the Director of Nursing failed to assure adequate numbers of staff and adequate training and supervision of nursing staff present on the unit (Refer to B148.)</p> <p>These failures placed the patients on this unit at risk for harm from inadequate numbers of staff,</p>	B 136		
-------	---	-------	--	--

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/13/2011
NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
B 136 B 139	<p>Continued From page 2</p> <p>and inadequate training and supervision of the staff on this locked unit, and was deemed to be a situation of IMMEDIATE JEOPARDY. The facility was notified on 4/12/11 at 1:00p.m. CST.</p> <p>482.62(a)(3) PERSONNEL</p> <p>The hospital must employ or undertake to provide adequate numbers of qualified professional, technical, and consultative personnel to provide active treatment measures.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility assigned nursing staff (RNs, LPNs and Mental Health Technicians) to Unit 3 Lower who were not adequately trained in the delivery of special programming for the adolescents residing on the unit. Record review and observation revealed that the patients on the unit were often out of control, and on more than one occasion the nursing staff required the assistance of untrained security staff to restrain patients.</p> <p>In addition, there was inadequate physician staffing on Unit 3 Lower to address the needs of the patients, to train and support nursing staff, and provide ongoing assessments of patients. The physician staffing dropped from 32 hours per week to under 15 hours per week when the attending psychiatrist was also assigned to cover a forensic unit in the facility in January 2011.</p> <p>Findings include:</p> <p>I. Nursing Staffing and Training</p> <p>A. Record Review</p>	B 136 B 139		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

B 139	<p>Continued From page 3</p> <p>1. Review of the Nursing Needs Assessment dated 04/12/2011 for the 11 patients on Unit 3 Lower revealed the following patient care needs: 11 patients [100%] actively assaultive; 11 patients [100%] on assault precautions; 9 patients [82%] constantly demanding staff time; 6 patients [54.5%] requiring partial assistance when completing self care (includes bathing/hygiene, dressing/grooming, feeding and toileting); 5 [45.5%] requiring total self care assistance; 2 patients [18%] requiring partial assistance with mobility; 2 patients [18%] on seizure precautions; 2 patients [18%] requiring diabetic checks; 1 patient [9%] experiencing hallucinations; 10 patients [91%] taking medications reluctantly; 1 patient [9%] requiring forced medications.</p> <p>2. Review of the incident reports for Unit 3 Lower during the time frame 01/01/2011-04/07/2011 revealed the following incidents: 32 peer to peer assaults; 14 patient to staff assaults; 23 patient injuries requiring a physician assessment/treatment; 4 incidents of self-injurious behavior; 1 incident of property damage, and 4 incidents of sexually inappropriate behavior.</p> <p>3. Review of the Seclusion/Restraint Log for 3/26/2011-04/06/2011 revealed that Unit 3 Lower had 19 incidents of patient seclusions, 12 incidents of patient physical holds and 9 incidents of chemical restraints administered to patients during this time period.</p> <p>4. In response to allegations of patient abuse and neglect on Unit 3 Lower, the facility prepared a Plan of Correction which included RN monitoring of the milieu and care given to patients on Unit 3</p>	B 139		
-------	--	-------	--	--

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

B 139	<p>Continued From page 4</p> <p>Lower from 7AM to 11PM daily starting 3/18/2011. The RN monitors were rotated from other units and did not provide direct patient care. Their areas of monitoring included Staff/Patient Interactions, Leisure Activities Offered, Fresh Air Breaks, Training Needs, Equipment Needs and Recommendations. Review of the 3 Lower Monitoring Sheets from 3/20/2011-04/09/2011 revealed the following comments: [dates of observations in parentheses]</p> <p>a. (03/21/2011) "Entered unit to find staff struggling to gain control over milieu."</p> <p>b. (03/21/2011) "Need more staff (at least one until bedtime)."</p> <p>c. (03/22/2011) Written under the Training Needs section, "How to respond to the individual needs of the kids" and "Staff needs training on how to respond to other staff."</p> <p>d. (03/22/2011) "New staff appears afraid to touch pts [patients], even in appropriate manner."</p> <p>e. (03/22/2011) "...RN Charge Nurse asked the PSO (Public Safety Officer) to assist in getting the unit under control. The PSO raised his hand and stated he 'could not get involved'."</p> <p>f. (03/22/2011) "Unit stayed separated this evening due to chaos."</p> <p>g. (03/23/2011) "Staff spent time monitoring pts but not talking to them much except for giving requests & redirection."</p> <p>h. (03/23/2011) "Safety needs to be considered for staff & patients;" "Increase staff" and "Charge</p>	B 139		
-------	---	-------	--	--

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
B 139	Continued From page 5 nurse needs to be in charge of unit..." i. (03/25/2011) "More staff for evening (PM) shift...seemed like the staff present couldn't control situations as well as AM shift." j. (week of 03/21/2011-03/25/2011) "Very confused-staff brought in to help are not being given the opportunity to work with the patients. No staff to pt. interactions other than giving consequences." "Very chaotic and a lot of conflicts between staff." "Program retraining is badly needed." "It appears respect for the Charge Nurse has been demoralized." k. (03/26/2011) "There were 2-3 pts that were extremely challenging and acting inappropriately. It appeared the staff spent most of their time dealing c/ [with] these 2 pts & were unable to interact in any sort of therapeutic manner c/ anyone." l. (03/26/2011) "More licensed staff members [needed]. The RN could not be in all of the places he needed to be. It was exhausting just watching him." m. (03/27/2011) "Unit D's staff [pulled to work Unit 3 Lower] primary excuse was that they were not familiar with the procedures on this unit. They were not receptive at all to providing any activities or working together with the patients." "PM staff seems to need training in de-escalating disruptive behavior." "It was obvious to me that primary USO [Unit Safety Officer] lacked the necessary training to patiently handle this population." n. (04/04/2011) "Unit appears disorganized and staff confused." "RN-little interaction unless called	B 139		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

B 139	<p>Continued From page 6 by other staff-appeared lost on unit."</p> <p>o. (04/06/2011) "RN-limited interaction/appears hesitant." "Re-education of staff regarding policy & procedures [needed]. I frequently get response, 'I'm not sure, things change so fast around here.'"</p> <p>p. (04/07/2011) "Real need for continuity of staff all doing & telling the patients the same thing." "RN-scant interaction; indecisive."</p> <p>5. Review of the document sent to Risk Management on 04/09/2011 by the DON following three days of "rounds" on Unit 3 Lower revealed that staff felt the need for additional training. The DON wrote, "Staff voiced that they were doing their best to maintain a calm and orderly environment. One LPN did voice it was difficult having had little training with working with these particular types of patients. The unit manager and psychologist have provided some training, but more will be needed."</p> <p>B. Observations</p> <p>1. Live-feed videos of Unit 3 Lower were viewed on 04/11/2011 and 4/12/2011 in the Risk Manager's conference room. The following incidences were observed:</p> <p>a. 04/11/2011 at 3:06PM-Patient L8 reached over the nurses' station counter, opened a drawer and put his hand in it before being stopped by staff.</p> <p>b. 04/11/2011 at 3:08PM-Patient L2 reached over the half door of the nurses' station, unlocked it and went into the treatment room behind the station. He was removed from the room and</p>	B 139		
-------	--	-------	--	--

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/13/2011
NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
B 139	<p>Continued From page 7 station by Unit Safety Officer 1 [USO].</p> <p>c. 04/11/2011 at 3:10PM-The Milieu Coordinator was seen holding Patient L8's wrist as the patient attempted to pull away.</p> <p>d. 04/11/2011 at 3:36PM-Patient L2 entered the nurses' station again and went into the conference room. He was led back out by staff.</p> <p>e. 04/12/2011 at 12:53PM-Patient L2 entered the nurses' station again and left when re-directed by staff.</p> <p>2. Observations on 04/11/2011 at 4:10PM revealed that Patient L10 climbed to the top of the television set in Pod C and refused to get down. The Milieu Coordinator and USO1 attempted to talk him down but were unsuccessful. The hospital Public Safety Department was called and 3 officers responded. RN2 convinced Patient L10 to come down. When Patient L10 walked into the dayroom, he attempted to attack another patient and was physically held by the Public Safety Officer.</p> <p>C. Interviews</p> <p>1. In an interview on 04/11/2011 at 2:30PM, the Risk Manager stated that the facility had recently become aware that the care of patients on Unit 3 Lower was problematic, that 10 staff had been placed on administrative leave and that replacement staff had been pulled from other units. The Risk Manager acknowledged that the facility was attempting to address on-going safety and clinical issues on that unit.</p> <p>2. In an interview on 4/11/2011 at 3:50PM, RN3</p>	B 139		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

B 139	<p>Continued From page 8</p> <p>[RN on Unit 3 Lower] was asked how she made patient assignments. She replied, "I just tell them [Mental Health Workers and USO] which group they are responsible for. One gets one Pod [sleeping area] and one gets the other Pod. I just tell them, I don't write it down." Review of the assignment sheet revealed that staff was assigned to functions (such as putting out meal trays) and not to specific patients.</p> <p>3. In an interview on 4/11/2011 at 4:10PM, USO1 (Unit Safety Officer), who had used manual restraint on Patient L2 one hour earlier, reported that he had not received any training in intervening with patients on Unit 3 Lower and stated "I didn't think what I did would be considered a manual hold." He acknowledged that he did not report the manual hold as a restraint incident.</p> <p>4. In an interview on 4/11/2011 at 5:10PM, when asked about the issues on Unit 3 Lower, the Medical Director stated that the problems "really snuck up on us. We were surprised that all that was going on." The Medical Director stated that he thought the problems stemmed from the patient population changing over time from patients with borderline intellectual functioning to patients with moderate mental retardation without modification of the program or education of the staff. When asked about training of the staff currently working on Unit 3 Lower, the Medical Director stated, "We've done some but need more."</p> <p>5. In an interview on 4/12/2011 at 1:30PM, the DON stated, "With most of the regular staff being out on Administrative Leave, it is hard for those being pulled from other units. They know they are</p>	B 139		
-------	---	-------	--	--

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011	
NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
B 139	<p>Continued From page 9 being watched and they are scared and don't want to be here."</p> <p>6. In an interview on 4/12/2011 at 1:45PM, RN1 [Charge Nurse on Unit 3 Lower] stated that she did not assign staff the same way as RN3 [who assigned them to Pods] but instead assigned them to groups based on location-with one having the group in school and one having the group on the unit. Review of the assignment sheet revealed that staff was assigned to functions (such as putting out meal trays) and not to specific patients. When asked if she had received any training specific to the patient population on Unit 3 Lower, RN1 stated, "Not yet." RN1 also stated that she had been working on Unit 3 Lower "about a month."</p> <p>7. In an interview on 4/12/2011 at 2:05PM, the unit 3 Lower Milieu Coordinator initially stated that he had not applied a manual hold on the patient the previous day. He then said, "I may have yanked his arm to get him to the bathroom to wash his hands." The Milieu Coordinator acknowledged that he did not report his actions as a manual hold.</p> <p>8. In an interview on 4/13/2011 at 9:30AM, RN1 [Charge Nurse on Unit 3 Lower] stated, "I have 3 MHWs and a LPN. I'd like another RN. I can't get anything done. They're [staff] always calling 'nurse' because I have to be there when they [patients] start acting up and I must make decisions about giving them medications. It's go, go, go-I'm always documenting something." Observation of the unit at this time revealed that Patient L5 was screaming in seclusion and RN1 was attempting to get an order for medication and seclusion.</p>	B 139		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

B 139	<p>Continued From page 10</p> <p>II. Physician Staffing</p> <p>A. Interviews</p> <p>1. In an interview on 4/11/11 at 5:20PM, the Medical Director stated, "I think part of the problem with 3 Lower started when we decreased the time [doctor's name] spent on the unit earlier this year. [Doctor's name] splits his time with the forensic unit upstairs." When the Medical Director was asked how the unit psychiatrist impacts the milieu of Unit 3 Lower, he responded "The doctor is crucial to that unit (3 Lower) running well; he's the glue that holds the program together."</p> <p>2. In an interview on 4/12/11 at 1:15PM, RN3 was asked about a psychiatrist presence on Unit 3 Lower. RN3 stated " We don't see [Doctor's name] much anymore; he's mostly on the forensic unit."</p> <p>3. In an interview on 4/12/11 at 2:30PM, MD3 (attending psychiatrist on 3 Lower) confirmed that he had reduced his hours on Unit 3 Lower from 32 hours per week to fewer than 10 hours per week. MD3 stated, "I don't get to see my patients much anymore; I don't like seeing my unit go downhill." He agreed with the Medical Director's assessment of the relationship between the reduction in physician hours and the decline in focused treatment on unit 3 Lower.</p> <p>B. Observation</p> <p>During observations on 4/11/11 at 11:00AM and 4/12/11 at 4:00 PM, MD3 was present on Unit 3 Lower only once --4/12/11 at 2:15 PM.MD3 had come to the unit to perform a one hour</p>	B 139		
-------	---	-------	--	--

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

B 139	Continued From page 11 face-to-face evaluation and talk with two patients in the day area. During the observation, MD3 stated "I've been focused on court issues and the forensic unit lately and haven't been here (Unit 3 Lower) much."	B 139		
B 144	<p>482.62(b)(2) MEDICAL STAFF</p> <p>The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.</p> <p>This STANDARD is not met as evidenced by: Based on interview and observation, the Medical Director failed to ensure that psychiatrist staffing on Unit 3 Lower was adequate to meet the needs of the patients on the specialty unit for Intellectually challenged/Psychiatrically ill adolescents. The physician covering that unit had his hours dropped from 32 hours per week to under 15 hours per week in January 2011. This failure results in patients not receiving adequate assessment and treatment, and staff not having supervision from a physician with psychiatric training. This failure places patients at risk for insufficient psychiatric care and longer lengths of stay.</p> <p>Findings include:</p> <p>A. Interviews</p> <p>1. In an interview on 4/11/11 at 5:20PM, the Medical Director stated, "I think part of the problem with 3 Lower started when we decreased the time [doctor's name] spent on the unit earlier this year. [Doctor's name] splits his time with the forensic unit upstairs." When the Medical Director was asked how the unit psychiatrist impacts the</p>	B 144		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

B 144	<p>Continued From page 12</p> <p>milieu of 3 Lower, he responded, "The doctor is crucial to that unit (3 Lower) running well, he's the glue that holds the program together."</p> <p>2. In an interview on 4/12/11 at 1:15PM, RN3 was asked about a psychiatrist presence on unit 3 Lower. RN3 stated "We don't see [Doctor's name] much anymore, he's mostly on the forensic unit."</p> <p>3. In an interview on 4/12/11 at 2:30PM, MD3 (attending psychiatrist on Unit 3 Lower) confirmed that he had reduced his hours on Unit 3 Lower from 32 hours per week to less than 10 hours per week. MD3 stated, "I don't get to see my patients much anymore; I don't like seeing my unit go downhill." He agreed with the Medical Director's assessment of the relationship between the reduction in physician hours and the decline in focused treatment on Unit 3 Lower.</p> <p>B. Observation and Interview</p> <p>During observations on 4/11/11 at 11:00AM and 4/12/11 at 4:00PM, MD3 was present on Unit 3 Lower only once - 4/12/11 at 2:15PM. At this time, MD3 came to the unit to perform a one hour face-to-face evaluation and talk with two patients in the day area. During this observation, MD3 stated, "I've been focused on court issues and the forensic unit lately and haven't been here much."</p>	B 144		
B 148	<p>482.62(d)(1) NURSING SERVICES</p> <p>The director must demonstrate competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished.</p>	B 148		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
B 148	<p>Continued From page 13</p> <p>This STANDARD is not met as evidenced by: Based on record review, observations and interviews, the Director of Nursing failed to ensure that adequate numbers of qualified nursing staff were assigned to provide for the nursing care needs of 11 of 11 patients (L1, L2, L3, L4, L5, L6, L7, L8, L9, L10 and L11) on the adolescent unit (Unit 3 Lower). There were insufficient numbers of staff to meet the patients needs, and the staff present on Unit 3 Lower were inadequately trained to provide a safe and therapeutic environment for the developmentally delayed/psychiatrically ill adolescents. In addition, the DON failed to ensure that the RNs on Unit 3 Lower supervised the nursing staff, offered staff training as needed, and made patient assignments that reflected the training and experience of the staff. Failure to provide sufficient numbers of trained nursing staff, and assure that patient care is adequately supervised results in lack of individualized patient care, an unsafe environment for patients and staff, and potentially leads to prolonged patient hospitalizations.</p> <p>Findings include:</p> <p>I. Failure to provide sufficient training and supervision of staff:</p> <p>A. Record Review:</p> <p>1. In response to allegations of patient abuse and neglect on Unit 3 Lower, the facility prepared a Plan of Correction which included RN monitoring of the milieu and care given to patients on Unit 3 Lower from 7AM to 11PM daily starting 3/18/2011. The RN monitors were rotated from other units and did not provide direct patient care.</p>	B 148		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/13/2011
NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
B 148	<p>Continued From page 14</p> <p>Their areas of monitoring included Staff/Patient Interactions, Leisure Activities Offered, Fresh Air Breaks, Training Needs, Equipment Needs and Recommendations. Review of the 3 Lower Monitoring Sheets from 3/20/2011-04/09/2011 revealed the following comments: [dates of observations in parentheses]</p> <p>a. (03/21/2011) "Entered unit to find staff struggling to gain control over milieu."</p> <p>b. (03/22/2011) Written under the Training Needs section, "How to respond to the individual needs of the kids", and "Staff needs training on how to respond to other staff."</p> <p>c. (03/22/2011) "New staff appears afraid to touch pts [patients], even in appropriate manner."</p> <p>d. (03/22/2011) "...RN Charge Nurse asked the PSO (Public Safety Officer) to assist in getting the unit under control. The PSO raised his hand and stated he 'could not get involved'."</p> <p>e. (03/22/2011) "Unit stayed separated this evening due to chaos."</p> <p>f. (03/23/2011) "Staff spent time monitoring pts but not talking to them much except for giving requests & redirection."</p> <p>g. (03/23/2011) "Safety needs to be considered for staff & patients;" and "Charge nurse needs to be in charge of unit..."</p> <p>h. (03/25/2011) "...seemed like the staff present couldn't control situations as well as AM shift."</p> <p>i. (week of 03/21/2011-03/25/2011) "Very</p>	B 148		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/13/2011
NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
B 148	<p>Continued From page 15</p> <p>confused-staff brought in to help are not being given the opportunity to work with the patients. No staff to pt. interactions other than giving consequences." "Very chaotic and a lot of conflicts between staff." "Program retraining is badly needed." "It appears respect for the Charge Nurse has been demoralized."</p> <p>j. (03/26/2011) "There were 2-3 pts that were extremely challenging and acting inappropriately. It appeared the staff spent most of their time dealing c/ [with] these 2 pts & were unable to interact in any sort of therapeutic manner c/ anyone."</p> <p>k. (03/27/2011) "Unit D's staff [pulled to work Unit 3 Lower] primary excuse was that they were not familiar with the procedures on this unit. They were not receptive at all to providing any activities or working together with the patients." "PM staff seems to need training in de-escalating disruptive behavior." "It was obvious to me that primary USO [Unit Safety Officer] lacked the necessary training to patiently handle this population."</p> <p>l. (04/04/2011) "Unit appears disorganized and staff confused." "RN-little interaction unless called by other staff-appeared lost on unit."</p> <p>m. (04/06/2011) "RN-limited interaction/appears hesitant." "Re-education of staff regarding policy & procedures [needed]. I frequently get response, 'I'm not sure, things change so fast around here'."</p> <p>n. (04/07/2011) "Real need for continuity of staff all doing & telling the patients the same thing." "RN-scant interaction; indecisive."</p> <p>2. Review of the document sent to Risk</p>	B 148			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

B 148	<p>Continued From page 16</p> <p>Management on 04/09/2011 by the DON following three days of "rounds" on Unit 3 Lower revealed that staff felt the need for additional training. The DON wrote, "Staff voiced that they were doing their best to maintain a calm and orderly environment. One LPN did voice it was difficult having had little training with working with these particular types of patients. The unit manager and psychologist have provided some training, but more will be needed."</p> <p>B. Observations</p> <p>1. Live-feed videos of Unit 3 Lower were viewed on 04/11/2011 and 4/12/2011 in the Risk Manager's conference room. The following incidences were observed:</p> <p>a. 04/11/2011 at 3:06PM-Patient L8 reached over the nurses' station counter, opened a drawer and put his hand in it before being stopped by staff.</p> <p>b. 04/11/2011 at 3:08PM-Patient L2 reached over the half door of the nurses' station, unlocked it and went into the treatment room behind the station. He was removed from the room and station by Unit Safety Officer 1 [USO].</p> <p>c. 04/11/2011 at 3:10PM-The Milieu Coordinator was seen holding Patient L8's wrist as the patient attempted to pull away.</p> <p>d. 04/11/2011 at 3:36PM-Patient L2 entered the nurses' station again and went into the conference room. He was led back out by staff.</p> <p>e. 04/12/2011 at 12:53PM-Patient L2 entered the nurses' station again and left when re-directed by staff.</p>	B 148		
-------	---	-------	--	--

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

B 148	<p>Continued From page 17</p> <p>2. Observations on 04/11/2011 at 4:10PM revealed that Patient L10 climbed to the top of the television set in Pod C and refused to get down. The Milieu Coordinator and USO1 attempted to talk him down but were unsuccessful. Public Safety was called and 3 officers responded. RN2 convinced Patient L10 to come down. When Patient L10 walked into the dayroom, he attempted to attack another patient and was physically held by the Public Safety Officer.</p> <p>C. Interviews</p> <p>1. In an interview on 04/11/2011 at 2:30PM, the Risk Manager stated that the facility had recently become aware that the care of patients on Unit 3 Lower was problematic, that 10 staff had been placed on administrative leave and that replacement staff had been pulled from other units. The Risk Manager acknowledged that the facility was attempting to address on-going safety and clinical issues on that unit.</p> <p>2. In an interview on 4/11/2011 at 3:50PM, RN3 [RN on Unit 3 Lower] was asked how she made patient assignments. She replied, "I just tell them [Mental Health Workers and USO] which group they are responsible for. One gets one Pod [sleeping area] and one gets the other Pod. I just tell them, I don't write it down." Review of the assignment sheet revealed that staff was assigned to functions (such as putting out meal trays) and not to specific patients.</p> <p>3. In an interview on 4/11/2011 at 4:10PM, USO1 (Unit Safety Officer), who had used manual restraint on Patient L2 one hour earlier, reported that he had not received any training in</p>	B 148		
-------	--	-------	--	--

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/13/2011
NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
B 148	<p>Continued From page 18</p> <p>intervening with patients on Unit 3 Lower and stated "I didn't think what I did would be considered a manual hold." He acknowledged that he did not report the manual hold as a restraint incident.</p> <p>4. In an interview on 4/11/2011 at 5:10PM, when asked about the issues on Unit 3 Lower, the Medical Director stated that the problems "really snuck up on us. We were surprised that all that was going on." The Medical Director stated that he thought the problems stemmed from the patient population changing over time from patients with borderline intellectual functioning to patients with moderate mental retardation without modification of the program or education of the staff. When asked about training of the staff currently working on Unit 3 Lower, the Medical Director stated, "We've done some but need more."</p> <p>5. In an interview on 4/12/2011 at 1:30PM, the DON stated, "With most of the regular staff being out on Administrative Leave, it is hard for those being pulled from other units. They know they are being watched and they are scared and don't want to be here."</p> <p>6. In an interview on 4/12/2011 at 1:45PM, RN1 [Charge Nurse on Unit 3 Lower] stated that she did not assign staff the same way as RN3 [who assigned them to Pods] but instead assigned them to groups based on location-with one having the group in school and one having the group on the unit. Review of the assignment sheet revealed that staff was assigned to functions (such as putting out meal trays) and not to specific patients. When asked if she had received any training specific to the patient population on Unit 3</p>	B 148		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

B 148	<p>Continued From page 19</p> <p>Lower, RN1 stated, "Not yet!" RN1 also stated that she had been working on Unit 3 Lower "about a month."</p> <p>7. In an interview on 4/12/2011 at 2:05PM, the Unit 3 Lower Milieu Coordinator initially stated that he had not applied a manual hold on the patient the previous day. He then said, "I may have yanked his arm to get him to the bathroom to wash his hands." The Milieu Coordinator acknowledged that he did not report his actions as a manual hold.</p> <p>8. In an interview on 4/13/2011 at 9:30AM, RN1 [Charge Nurse on Unit 3 Lower] stated, "I have 3 MHWs and a LPN. I'd like another RN. I can 't get anything done. They're [staff] always calling 'nurse' because I have to be there when they [patients] start acting up and I must make decisions about giving them medications. It's go, go, go-I'm always documenting something." Observation of the unit at this time revealed that Patient L5 was screaming in seclusion and RN1 was attempting to get an order for medication and seclusion.</p> <p>II. Inadequate nursing staff numbers to provide for patient needs</p> <p>Findings include:</p> <p>A. Record Review:</p> <p>Review of incident reports, needs assessments, and nursing monitoring notes revealed that the facility had insufficient nursing staffing to meet patient needs. For details please refer to B139 and B150.</p>	B 148		
B 150	482.62(d)(2) NURSING SERVICES	B 150		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/13/2011
NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
B 150	<p>Continued From page 20</p> <p>There must be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide the nursing care necessary under each patient's active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to ensure that there were adequate numbers of nursing personnel to provide for the nursing care needs of 11 of 11 patients (L1, L2, L3, L4, L5, L6, L7, L8, L9, L10 and L11) on the adolescent unit (Unit 3 Lower). Failure to provide adequate numbers of trained nursing staff who are supervised in the delivery of patient care results in individualized patient needs not being addressed, patients not being in a safe environment and length of stay potentially increased.</p> <p>Findings include:</p> <p>A. Record Review</p> <p>1. Review of the Nursing Needs Assessment dated 04/12/2011 for the 11 patients on Unit 3 Lower revealed the following patient care needs: 6 patients [54.5%] requiring partial assistance when completing self care (includes bathing/hygiene, dressing/grooming, feeding and toileting) and 5 [5.5%] requiring total self care assistance; 2 patients [18%] requiring partial assistance with mobility; 2 patients [18%] on seizure precautions; 2 patients [18%] requiring diabetic checks; 11 patients [100%] actively assaultive; 1 patient [9%] experiencing</p>	B 150		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

B 150	<p>Continued From page 21</p> <p>hallucinations; 10 patients [91%] taking medications reluctantly; 1 patient [9%] requiring forced medications; 11 patients [100%] on assault precautions and 9 patients [82%] constantly demanding staff time.</p> <p>2. Review of the incident reports for Unit 3 Lower during the time frame 01/01/2011-04/07/2011 revealed the following incidents: 32 assaults peer to peer; 14 assaults patient to staff; 23 patient injuries requiring a physician assessment/treatment; 4 incidents of self-injurious behavior; 1 incident of property damage and 4 incidents of sexually inappropriate behavior.</p> <p>3. Review of the Seclusion/Restraint Log for 3/26/2011-04/06/2011 revealed that Unit 3 Lower had 19 incidents of seclusions, 12 incidents of physical holds and 9 incidents of chemical restraints.</p> <p>4. In response to allegations of patient abuse and neglect on Unit 3 Lower, the facility prepared a Plan of Correction which included RN monitoring of the milieu and care given to patients on Unit 3 Lower from 7AM to 11PM daily starting 3/18/2011. The RN monitors were rotated from other units and did not provide direct patient care. Their areas of monitoring included Staff/Patient Interactions, Leisure Activities Offered, Fresh Air Breaks, Training Needs, Equipment Needs and Recommendations. Review of the Unit 3 Lower Monitoring Sheets from 3/20/2011-04/09/2011 revealed the following comments: [dates of observations in parentheses]</p> <p>a. (03/21/2011) "Entered unit to find staff struggling to gain control over milieu."</p>	B 150		
-------	---	-------	--	--

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/13/2011
NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
B 150	Continued From page 22 b. (03/21/2011) "Need more staff (at least one until bedtime)." c. (03/22/2011) "...RN Charge Nurse asked the PSO (Public Safety Officer) to assist in getting the unit under control. The PSO raised his hand and stated he 'could not get involved'. d. (03/23/2011) "Safety needs to be considered for staff & patients", "Increase staff" and "Charge nurse needs to be in charge of unit..." e. (03/25/2011) "More staff for evening (PM) shift...seemed like the staff present couldn't control situations as well as AM shift." f. (03/26/2011) "There were 2-3 pts that were extremely challenging and acting inappropriately. It appeared the staff spent most of their time dealing c/ [with] these 2 pts & were unable to interact in any sort of therapeutic manner c/ anyone." g. (03/26/2011) "More licensed staff members [needed]. The RN could not be in all of the places he needed to be. It was exhausting just watching him." h. (04/07/2011) "Real need for continuity of staff all doing & telling the patients the same thing." "RN-scant interaction; indecisive." B. Observations: 1. Live-feed videos of Unit 3 Lower were viewed on 04/11/2011 and 4/12/2011 in the Risk Manager's conference room. The following incidences were observed:	B 150			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/13/2011
NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
B 150	<p>Continued From page 23</p> <p>a. 04/11/2011 at 3:06PM-Patient L8 reached over the nurses' station counter, opened a drawer and put his hand in it before being stopped by staff.</p> <p>b. 04/11/2011 at 3:08PM-Patient L2 reached over the half door of the nurses' station, unlocks it and went into the treatment room behind the station. He was removed from the room and station by Unit Safety Officer 1 [USO].</p> <p>c. 04/11/2011 at 3:10PM-The Milieu Coordinator was seen holding Patient L8's wrist as the patient attempted to pull away.</p> <p>2. Observations on 04/11/2011 at 4:10PM revealed that Patient L10 climbed to the top of the television set in Pod C and refused to get down. The Milieu Coordinator and USO1 attempted to talk him down but were unsuccessful. Public Safety was called and 3 officers responded. RN2 convinced Patient L10 to come down. When Patient L10 walked into the dayroom he attempted to attack another patient and had to be physically held by the Public Safety Officer.</p> <p>C. Interviews</p> <p>1. In an interview on 04/11/2011 at 2:30PM, the Risk Manager stated that the facility had recently become aware that the care of patients on Unit 3 Lower was problematic, that 10 staff had been placed on administrative leave, and that replacement staff had been pulled from other units. The Risk Manager acknowledged that the facility was attempting to address on-going safety and clinical issues on that unit.</p> <p>2. In an interview on 4/11/2011 at 3:50PM, RN3</p>	B 150		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

B 150	<p>Continued From page 24</p> <p>[RN on Unit 3 Lower] when asked how she made patient assignments stated, "I just tell them [Mental Health Workers and USO] which group they are responsible for. One gets one Pod [sleeping area] and one gets the other Pod. I just tell them, I don't write it down." Review of the assignment sheet revealed that staff was assigned to functions (such as putting out meal trays) and not to specific patients.</p> <p>3. In an interview on 4/12/2011 at 1:45PM, RN1 [Charge Nurse on Unit 3 Lower] stated that she did not assign staff the same way as RN3 [who assigned them to Pods] but instead assigned them to groups based on location-with one having the group in school and one having the group on the unit. Review of the assignment sheet revealed that staff was assigned to functions (such as putting out meal trays) and not to specific patients.</p> <p>4. In an interview on 4/12/2011 at 2:05 PM, the Unit 3 Lower Milieu Coordinator initially denied that he had applied a manual hold on Patient L10 the previous day. He then said "I may have yanked his arm to get him to the bathroom to wash his hands."</p> <p>5. In an interview on 4/13/2011 at 9:30AM, RN1 [Charge Nurse on Unit 3 Lower] stated, "I have 3 MHWs and a LPN. I'd like another RN. I can't get anything done. They're [staff] always calling 'nurse' because I have to be there when they [patients] start acting up, and I make decisions about giving them medications. It's go, go, go-I'm always documenting something."</p> <p>Observation of the unit at this time revealed that Patient L5 was screaming in a seclusion room</p>	B 150		
-------	--	-------	--	--

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011	
NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
B 150 B 151	Continued From page 25 and RN1 was attempting to get an order for medication and seclusion. 482.62(e) PSYCHOLOGICAL SERVICES The hospital must provide or have available psychological services to meet the needs of the patients. This STANDARD is not met as evidenced by: Based on observation and interviews the facility failed to provide psychology services to meet the patient needs on Unit 3 Lower, failed to provide adequate supervision for a unit psychologist, and failed to intervene when the unit psychologist asked for additional training and supervision in the care of intellectually challenged/psychiatrically ill adolescents. On at least one occasion observed on the hospital videotape, the facility allowed the psychologist to work in an isolated setting potentially dangerous to the safety of the psychologist and the patient population. The unit psychologist had asked for supervisory help and training in dealing with this special population and had not received any additional training as of the date of the survey, 4/12/11. Findings include: A. Observation On 4/11/11 at 11:00AM, the surveyors reviewed an archived digital video of Phd1 leading an insight oriented group therapy session with 5 patients on unit 3 Lower on 4/5/11. During the group session, Phd1 was unable to deescalate two of the patients, This led to one child throwing a notebook at another child. The psychologist called for help over the surveillance system (no	B 150 B 151		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/13/2011
NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
B 151	<p>Continued From page 26</p> <p>other staff were present in the pod area where the session was occurring). There was a delay in staff responding to the situation because the psychologist had locked the pod area door that leads to the day area where other staff were present.</p> <p>B. Interviews</p> <p>1. In an interview on 4/11/11 at 5:20PM, the Medical Director informed the surveyors that PhD1 had asked for additional clinical supervision from her director in March 2011 because of the staffing changes on Unit 3 Lower, the line staff's (nursing and program) inconsistent application of the unit behavioral program, and PhD1's difficulty with getting staff trained and implementing the program.</p> <p>2. In an interview on 4/12/11 at 9:25AM, the Clinical Director acknowledged that PhD1 had asked for additional clinical supervision in March 2011 and stated, "I've haven't done any supervision with [PhD1]." The Clinical Director was asked if was his responsibility to assure that PhD1 received additional supervision and/or training. He stated "I guess so." When the Clinical Director was asked if he was responsible for the implementation and monitoring of the behavioral treatment program on Unit 3 Lower, he stated "Yes." He was then asked whether he had actively monitored the behavioral program over the last two months; he stated "No."</p> <p>3. In an interview on 4/12/11 at 10:15AM, PhD1 was asked about her role on Unit 3 Lower. PhD1 acknowledged that she had asked for increased supervision from her supervisors in March 2011. She stated that the additional supervision had not</p>	B 151	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 04/13/2011
NAME OF PROVIDER OR SUPPLIER ARKANSAS STATE HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 305 S PALM STREET LITTLE ROCK, AR 72205		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
B 151	<p>Continued From page 27</p> <p>occurred as of the time of the survey (4/13/11). Phd1 reported that the current unit-wide treatment needed to be reviewed and revised because of inconsistent staff execution of the plan. She stated "With all the new staff on the unit, there hasn't been enough training to make sure people know what to do for the kids."</p> <p>4. In an interview on 4/12/11 at 1:30PM, Phd2 (Phd1's direct supervisor) was asked if she was aware that Phd1 had requested additional training and supervision because of problems on Unit 3 Lower. Phd2 responded that she was aware of Phd1's request. She then added, "But I haven't done anything about it yet."</p>	B 151		