For Training Purposes Only

FORM APPROVED OMB NO.0938-0391

9	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDEN	IDER/SUPPLII ITIFICATION N 00000X		A. BUILDING B. WING	03/16/2018	Y COMPLETED	
NAME OF FACILITY S		STREET A	STREET ADDRESS, CITY, STATE, ZIP CODE					
			123 Main Street, Anywhere, USA 66000					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
N0189	Based on record review and interview, the facilialed the following: to conduct a postinterven debriefing session within 24 hours after the us restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must condebriefing session that includes, at a minimum review and discussion of the emergency safety situation that required the intervention, includidiscussion of the precipitating factors that led intervention. Findings include: Based on record review a facility police office placed a resident in a manual hold. Based on interviews with the FPO, the officer attends the debriefing session due to double she currently required. The officer states that they unable to attend due to the working schedule. Based on the interviews with the facility administrator, the FPO is not asked to attend a debriefing, but instead asked to provide a writt statement. Based on interview at the time of records revief facility administrator is aware that debriefing in happen within 24 hours after the use of restrain seclusion.	tion e of e duct a h, a / ing up to the er (FPO) never hifts are ew, the must	N0189	eliminating to The Facility for any staff informed in mandatory and of the debrie Any FPO invattend all debrie to the facility of the standard of the debrie to the debrie to the debrie to the facility of the debrie to the facility of the debrie to the facility of the fa	Director has implemented an inhe need for double shifts by FI Director made all debriefing at involved in the incident. The swriting with debriefing policy and will receive written notice of fing. Folved in a restraint or seclusion oriefings and maintain a written eclusion used during duty.	POs. Extendance required taff has been that attendance is of time and location is required to	04/15/2018	

patients. (See reverse for further 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							

FORM CMS-2567 (02/99) Previous Versions Obsolete

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