

Arkansas Department of Human Services
Division of Child Care and Early Childhood Education

P.O. Box 1437, Slot S140 - Little Rock, AR 72203-1437
501-682-8590 - Fax: 501-683-6060 - TDD: 501-682-1550

521 Visit Compliance Report

Licensee: Little Creek Behavioral Health
Licensee Address: 161 SKUNK HOLLOW CONWAY, AR 72032
Licensing Specialist: Ezell Breedlove **Person In Charge:** William Wilson
Monitor Visit Date: 2/4/2021
Purpose of Visit: Psychiatric Residential Buildings and Grounds

Regulations Out of Compliance:

Regulation	Serious Violation	Discussion/Observation	Due Date	Correction Date	Corrected On Site
R914.8	No	Ensure severe weather drills are practiced quarterly. They advised a drill would be practiced by no later than Wednesday, February 10, then emailed to me after doing so.	2/10/2021		No
R907.3	No	Ensure ratio is in compliance at all times. Specialist Breedlove viewed Unit B-2 and it was out of ratio. Ratio was 1:7 (15 17yo). Correct ratio should be 1:6. Corrected during visit 2:7.	2/4/2021	2/4/2021	No
R911.15	No	Ensure drawstrings/pull ties are removed from all clothing. Specialist viewed units A-1, B-1, and B-2 and found clothing in rooms with drawstrings. Corrected on site. Items were removed from the units.	2/4/2021		No

Regulations Needing Technical Assistance:

Regulation	Discussion/Observation
R912.6	Ensure all bathrooms have soap at all times. Specialist Breedlove viewed bathroom in Unit B-1 and no soap was available.
R913.5	Ensure all beds are properly fitted with required supplies. Specialist Breedlove viewed a few beds in Units B-2 and C-1 with no sheets on beds. Staff noted that some kids prefer to sleep without their sheets. It was discussed that staff should try and work with the clients on proper hygiene when it comes to bedding.

Regulations Not Correctable:

No regulations marked as not correctable.

Narrative:

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year

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Ratios

Unit A-1 Currently unoccupied

Unit A-2 - 1:6(8-11yo)

Unit B-1 - 1:4 (12-16yo)

Unit B-2 - 1:7(15-17yo) out of ratio - corrected on visit (2:7)

Unit C-1 - 1:6(11-14yo)

Unit C-2 - Unoccupied

Unit D-1 - 1:6 (14-17yo)

Unit D-2 - 2:5 (14-18yo)

LITTLE CREEK BEHAVIORAL HEALTH	SECTION: Fire Safety	NO: FS-016
	TITLE: Fire Drill Evaluation Report	DISTRIBUTION: EOC Policy & Procedure Manual
Original Date of Issue: 2/18		Date of Approval:
Revised:		

For January Fire Drill still within 10 Day Grace

SECTION 1 ADMINISTRATIVE OVERVIEW			
DATE: 2/1/21	TIME: 3:55	SHIFT: 1 ST _____ 2 ND _____ 3 RD <input checked="" type="checkbox"/>	UNIT OR AREA OF FIRE LOCATION: LOBBY
Alarm Company Notified At (TIME): 3:45		This was response to a: Actual Fire _____ Scheduled Drill <input checked="" type="checkbox"/> False Alarm _____ Announced Test _____	
OPERATOR #: 619			
MONITORS			
NAME: Blake Tobey	AREA: CID	NAME: Mark Bailey	AREA: Lobby
NAME: Danny Paul	AREA: Shop	NAME: _____	AREA: _____
NAME: Tessez Grider	AREA: A/B	NAME: _____	AREA: _____
SECTION 2 FIRE SCENE			
Was the R A C E procedures followed?			
1. Did the person who discovered the fire rescue anyone in danger?		(2 Pts.)	YES <input checked="" type="checkbox"/> NO _____
2. How was the fire announced?			
Was the Alarm Activated?	Time pull station pulled. 3:55	(4 Pts.)	YES <input checked="" type="checkbox"/> NO _____
Was Switchboard Notified?	Time overhead paged. 3:55	(2 Pts.)	YES <input checked="" type="checkbox"/> NO _____
Was it paged properly?		(1 Pt.)	YES <input checked="" type="checkbox"/> NO _____
3. Did the employees at the scene properly confine the fire area?		(2 Pts.)	YES <input checked="" type="checkbox"/> NO _____
4. Did employees properly evacuate/stage? Time to Evacuate 251 Minutes. Time Under 3 Minutes		(4 Pts.)	YES <input checked="" type="checkbox"/> NO _____
Check all rooms for people and close doors?		(2 Pts.)	YES <input checked="" type="checkbox"/> NO _____
Account for all patients, staff, and visitors?		(4 Pts.)	YES <input checked="" type="checkbox"/> NO _____
Evacuate with charts and other required items?		(1 Pt.)	YES <input checked="" type="checkbox"/> NO _____
Was evacuation controlled and orderly?		(2 Pts.)	YES <input checked="" type="checkbox"/> NO _____
Were proper evacuation and carry procedures used or explained?		(2 Pts.)	YES <input checked="" type="checkbox"/> NO _____
Was evacuation route away from the fire?		(4 Pts.)	YES <input checked="" type="checkbox"/> NO _____
Was evacuation to the proper area?		(4 Pts.)	YES <input checked="" type="checkbox"/> NO _____
5. Did additional staff report to the scene of the fire?		(2 Pts.)	YES <input checked="" type="checkbox"/> NO _____
Did they bring additional fire extinguishers?		(2 Pts.)	YES <input checked="" type="checkbox"/> NO _____
Could the employees explain the proper use of the extinguishers?		(2 Pts.)	YES <input checked="" type="checkbox"/> NO _____

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SECTION 3		ALL CLEAR
1. Time all clear sounded.	3:57	
2. Time panel reset.	3:55	
3. Time alarm company notified of all clear.	Called Before	
4. Was alarm received at alarm company?	yes	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
5. Were all extinguishers returned to their proper place?	yes	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
6. Time patients and staff returned to their areas.	3:57	
7. Were all patients accounted for?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
8. Was Fire Alarm signal received by Monitoring Agency within 90 seconds? ID number of person receiving the Fire Alarm Signal? Operator ID#		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
SECTION 4		CRITIQUE (Complete with Monitors)
1. Was the approved Fire Emergency Procedures followed? EXPLAIN.		
Yes All went where were Assigned		
2. Do the approved Fire Emergency Procedures need to be changed or improved? EXPLAIN.		
Not At This Time		
3. Is additional training needed in any area? EXPLAIN.		
Not At This Time		

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SECTION 5 RATING (Scoring from section #2)			
EXCELLENT ✓	GOOD	FAIR	POOR
36-40 points EXCELLENT - All procedures followed			
30-35 points GOOD - Requires spot correction of employees			
24-29 points FAIR - Retraining and re-test required in one area			
0-23 points POOR - Retraining and retest required hospital wide			
RE-TRAINING SCHEDULED: Date <u>N/A</u> Time <u>N/A</u> ✓			
RE-TEST SCHEDULED: Date _____ Time _____ N/A ✓			
SECTION 6 APPROVAL AND REVIEW			
COMPLETED BY:		DATE:	
SAFETY OFFICER REVIEW: DATE:		APPROVED BY:	

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SECTION 1 ADMINISTRATIVE OVERVIEW			
DATE: 12/30/20	TIME: 10:32	SHIFT: 1 ST 2 ND <input checked="" type="checkbox"/> 3 RD	UNIT OR AREA OF FIRE LOCATION:
Alarm Company Notified At (TIME): 10:32		This was response to a:	
OPERATOR #: 679		Actual Fire _____	Scheduled Drill <input checked="" type="checkbox"/>
False Alarm _____		Announced Test _____	
MONITORS			
NAME: Mark Bailey	AREA: A/B	NAME: Danny Paul	AREA: Shop
NAME: Blake Tobey	AREA: CID	NAME: _____	AREA: _____
NAME: Carlos Silva	AREA: Lobby	NAME: _____	AREA: _____
SECTION 2 FIRE SCENE			
Was the R A C E procedures followed?			
1. Did the person who discovered the fire rescue anyone in danger? (2 Pts.)		YES	NO <input checked="" type="checkbox"/>
2. How was the fire announced?			
Was the Alarm Activated?	Time pull station pulled. _____ (4 Pts.)	YES	NO <input checked="" type="checkbox"/>
Was Switchboard Notified?	Time overhead paged. 1:38 (2 Pts.)	YES	NO <input checked="" type="checkbox"/>
Was it paged properly?	(1 Pt.)	YES	NO <input checked="" type="checkbox"/>
3. Did the employees at the scene properly confine the fire area? (2 Pts.)		YES	NO <input checked="" type="checkbox"/>
4. Did employees properly evacuate/stage? Time to Evacuate 2.5 Minutes. Time Under 3 Minutes (4 Pts.)		YES	NO <input checked="" type="checkbox"/>
Check all rooms for people and close doors?	(2 Pts.)	YES	NO <input checked="" type="checkbox"/>
Account for all patients, staff, and visitors?	(4 Pts.)	YES	NO <input checked="" type="checkbox"/>
Evacuate with charts and other required items?	(1 Pt.)	YES	NO <input checked="" type="checkbox"/>
Was evacuation controlled and orderly?	(2 Pts.)	YES	NO <input checked="" type="checkbox"/>
Were proper evacuation and carry procedures used or explained?	(2 Pts.)	YES	NO <input checked="" type="checkbox"/>
Was evacuation route away from the fire?	(4 Pts.)	YES	NO <input checked="" type="checkbox"/>
Was evacuation to the proper area?	(4 Pts.)	YES	NO <input checked="" type="checkbox"/>
5. Did additional staff report to the scene of the fire? (2 Pts.)		YES	NO <input checked="" type="checkbox"/>
Did they bring additional fire extinguishers?	(2 Pts.)	YES	NO <input checked="" type="checkbox"/>
Could the employees explain the proper use of the extinguishers?	(2 Pts.)	YES	NO <input checked="" type="checkbox"/>

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SECTION 3 ALL CLEAR	
1. Time all clear sounded.	10:34
2. Time panel reset.	10:34
3. Time alarm company notified of all clear.	10:34
4. Was alarm received at alarm company?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
5. Were all extinguishers returned to their proper place?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
6. Time patients and staff returned to their areas.	10:34
7. Were all patients accounted for?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
8. Was Fire Alarm signal received by Monitoring Agency within 90 seconds? ID number of person receiving the Fire Alarm Signal? Operator ID#	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
SECTION 4 CRITIQUE (Complete with Monitors)	
1. Was the approved Fire Emergency Procedures followed? EXPLAIN. <u>Yes All Protocols Followed</u>	
2. Do the approved Fire Emergency Procedures need to be changed or improved? EXPLAIN. <u>Not at This Time</u>	
3. Is additional training needed in any area? EXPLAIN. <u>No</u>	

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36-40 points EXCELLENT - All procedures followed			
30-35 points GOOD - Requires spot correction of employees			
24-29 points FAIR - Retraining and re-test required in one area			
0-23 points POOR - Retraining and retest required hospital wide			
RE-TRAINING SCHEDULED: Date _____ Time _____ N/A ✓			
RE-TEST SCHEDULED: Date _____ Time _____ N/A ✓			
SECTION 6 APPROVAL AND REVIEW			
COMPLETED BY: Robert Blake Tobey		DATE: 12/30/20	
SAFETY OFFICER REVIEW: DATE:		APPROVED BY:	

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FIRE DRILL AREA MONITOR REPORT

SECTION 1		ADMINISTRATIVE/BUSINESS AREA	
DATE: 12/30/20	TIME: 10:32	SHIFT: 2	AREA: A13
SECTION 2		AREA ACTIVITIES	
Were proper procedures followed in the area?			
1. Was the alarm heard in the area? (Both fire alarm and page)		YES	NO <input checked="" type="checkbox"/>
2. Did the employees properly prepare for possible evacuation?		YES	NO <input checked="" type="checkbox"/>
Check all rooms for people and close all doors? (4 points)		YES	NO <input checked="" type="checkbox"/>
Account for all patients and visitors? (4 points)		YES	NO <input checked="" type="checkbox"/>
Gather charts and other required items? (4 points)		YES	NO <input checked="" type="checkbox"/>
Were proper evacuation and carry procedures used or explained? (4 points)		YES	NO <input checked="" type="checkbox"/>
Were patients and staff moved to an area convenient for evacuation? (4 points)		YES	NO <input checked="" type="checkbox"/>
3. If ordered, was evacuation properly conducted?		YES	NO <input checked="" type="checkbox"/>
Was evacuation controlled and orderly/ or explained? (4 points)		YES	NO <input checked="" type="checkbox"/>
Was evacuation route away from the fire/ or explained? (4 points)		YES	NO <input checked="" type="checkbox"/>
Was evacuation to the proper place/ or explained? (4 points)		YES	NO <input checked="" type="checkbox"/>
4. If available, was additional staff sent to the scene of the fire? (2 points)		YES	NO <input checked="" type="checkbox"/>
5. Were additional duties assigned in the Fire Plan performed? (2 points)		YES	NO <input checked="" type="checkbox"/>
6. Did employees control the patients in the evacuation area? (4 points)		YES	NO <input checked="" type="checkbox"/>
SECTION 3		AREA CRITIQUE	
Where there any activities not performed in accordance with the Fire Plan, activities that could have been performed better, or recommended changes to the plan?			
N/A NOT AT This Time			
COMPLETED BY: Blake Tobey		DATE: 12/30/20	

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FIRE DRILL AREA MONITOR REPORT

SECTION 1		PATIENT UNIT: <u>C1D</u>	
DATE: <u>12/30/20</u>	TIME: <u>10:32</u>	SHIFT: <u>2</u>	AREA: <u>C1D</u>
SECTION 2		AREA ACTIVITIES	
Were proper procedures followed in the area?			
1. Was the alarm heard in the area? (Both fire alarm and page)		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
2. Did the employees properly prepare for possible evacuation?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Check all rooms for people and close all doors?	(4 points)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Account for all patients and visitors?	(4 points)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Gather charts and other required items?	(4 points)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Were proper evacuation and carry procedures used or explained?	(4 points)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Were patients and staff moved to an area convenient for evacuation?	(4 points)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
3. If ordered, was evacuation properly conducted?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Was evacuation controlled and orderly/ or explained?	(4 points)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Was evacuation route away from the fire/ or explained?	(4 points)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Was evacuation to the proper place/ or explained?	(4 points)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
4. If available, was additional staff sent to the scene of the fire?	(2 points)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
5. Were additional duties assigned in the Fire Plan performed?	(2 points)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
6. Did employees control the patients in the evacuation area?	(4 points)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
SECTION 3		AREA CRITIQUE	
Where there any activities not performed in accordance with the Fire Plan, activities that could have been performed better, or recommended changes to the plan?			
<u>Not AT This Time</u>			
COMPLETED BY:		DATE:	

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FIRE DRILL AREA MONITOR REPORT

SECTION 1		PATIENT UNIT: _____	
DATE: 12/30/20	TIME: 10:32	SHIFT: 2	AREA: Lobby/Hall
SECTION 2		AREA ACTIVITIES	
Were proper procedures followed in the area?			
1. Was the alarm heard in the area? (Both fire alarm and page)			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
2. Did the employees properly prepare for possible evacuation?			
Check all rooms for people and close all doors?	(4 points)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Account for all patients and visitors?	(4 points)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Gather charts and other required items?	(4 points)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Were proper evacuation and carry procedures used or explained?	(4 points)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Were patients and staff moved to an area convenient for evacuation?	(4 points)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. If ordered, was evacuation properly conducted?			
Was evacuation controlled and orderly/ or explained?	(4 points)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Was evacuation route away from the fire/ or explained?	(4 points)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Was evacuation to the proper place/ or explained?	(4 points)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
4. If available, was additional staff sent to the scene of the fire?	(2 points)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
5. Were additional duties assigned in the Fire Plan performed?	(2 points)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
6. Did employees control the patients in the evacuation area?	(4 points)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
SECTION 3		AREA CRITIQUE	
Where there any activities not performed in accordance with the Fire Plan, activities that could have been performed better, or recommended changes to the plan?			
Not At This Time			
COMPLETED BY:			DATE: