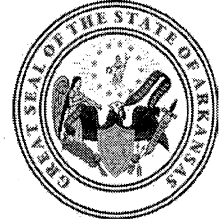




**Division of Provider Services and Quality Assurance**  
**Office of Long Term Care**  
PO Box 8059, Slot S404  
Little Rock, AR 72203-8059  
Fax: 501-682-6159



October 9, 2019

Nathan Chennault, Administrator  
Millcreek Of Arkansas  
P.O. Box 727  
Fordyce, AR 71742

Dear Mr. Chennault:

On September 27, 2019 a Complaint survey was conducted at your facility by the Office of Long Term Care to determine if your facility was in compliance with Federal requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities participating in the Medicaid (Title XIX) Program. This survey found that your facility had deficiencies requiring correction/substantial correction prior to a revisit as specified in the attached CMS-2567.

**Plan of Correction**

**A POC must be submitted within 10 calendar days of your receipt of the Statement of Deficiencies.** Failure to submit a POC may result in termination. Include a completion date for each deficiency cited.

Sandra Broughton, Reviewer  
OLTC, Survey & Certification Section  
PO Box 8059, Slot S404  
Little Rock, AR 72201-4608  
Telephone (501) 320-6182; Fax (501) 682-6159  
or email to [Rodney.Raper@dhs.arkansas.gov](mailto:Rodney.Raper@dhs.arkansas.gov)

**Your Plan of Correction must also include the following:**

- a. Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- b. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- c. Address what measures will be put into place or systemic changes will be made to ensure that the deficient practice will not recur;
- d. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness.

A handwritten signature in blue ink, appearing to be "N. Chennault".

e. Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. Your facility is ultimately accountable for its own compliance. The plan of correction will serve as the facility's allegation of compliance. Unless otherwise stated on the PoC, the last completion date will be the date of alleged compliance.

**Informal Dispute Resolution**

In accordance with 42 CFR § 488.331, you have one opportunity to question deficiencies through an informal dispute resolution (IDR) process. To obtain an IDR, you must send your written request to Health Facility Services, Arkansas Department of Health within ten (10) calendar days from receipt of the Statement of Deficiencies. The request must state the specific deficiencies the facility wishes to challenge. The request should also state whether the facility wants the IDR to be performed by a telephone conference call, record review, or a face-to-face meeting.

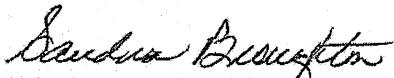
An incomplete informal dispute resolution procedure will not delay the effective date of any enforcement action. Informal dispute resolution in no way is to be construed as a formal evidentiary hearing. It is an informal administrative process to discuss the findings.

Please submit your request to:

Becky Bennett, Section Chief  
Health Facility Services  
Arkansas Department of Health  
5800 West 10<sup>th</sup> Street, Suite 400  
Little Rock, AR 72204  
Fax (501) 661-2165

If you have any questions, please call Sandra Broughton, Program Administrator at 501-320-6182.

Sincerely,



Sandra Broughton, DHS Program Administrator  
Office of Long Term Care  
Survey & Certification Section

sgb

cc: Ombudsman  
DRA  
DDS  
file

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

PRINTED: 10/07/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>04G011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/27/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILLCREEK OF ARKANSAS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1810 INDUSTRIAL DRIVE</b> <b>FORDYCE, AR 71742</b>		
(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	
W 000	<p><b>INITIAL COMMENTS</b></p> <p>Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>A complaint survey was conducted from 9/25-9/27/19.</p> <p>Complaint #24944 (AR00023556) was substantiated, all or in part, with no deficiency cited.</p> <p>The findings on this statement of deficiencies demonstrate non-compliance with the requirements of 42 CFR, Part 483, subpart I, for Intermediate Care Facilities for Individuals with Intellectual Disabilities.</p>	W 000			
W 156	<p><del>STAFF TREATMENT OF CLIENTS</del></p> <p>CFR(s): 483.420(d)(4)</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p>	W 156			

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  
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W 156	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on record review and record review, the facility failed to ensure the results of investigations into allegations of abuse were reported to the Office of Long Term Care (OLTC) within five working days for 1 of (Clients #1) sample client who had an allegation of abuse. The findings are:</p> <p>Client #1 was diagnosed with Mild Intellectual Disability, Disruptive Mood Dysregulation Disorder, Generalized Anxiety Disorder, and Unspecified Psychosis.</p> <p>a. On 9/17/19 at 4:36 p.m., an email from a DHHS (Department of Health and Human Services, DCFS (Department of Child and Family Services) supervisor was sent to the facility Risk Manager. The subject was "Foster child reports that was called into the hotline." The email documented, "AV [alleged victim] is 12y0 [year old] foster child [Client #1]. AO [Alleged Offender] is Unknown 1 [Facility Staff]. AV was seen on 9/10/19 with human bites on her right arm (wrist &amp; shoulder). It also appeared someone had slapped/hit the av's face on the right side. AV's right ear and right side of face were swollen like she had been hit with an object. AV said there were two girls in the cottage that had hit her. . . AV was spoken with again on yesterday (9/16/19) and asked about her face. AV shut down and wouldn't tell anything. . . Millcreek staff was asked if they were aware of the injuries on the av. Staff said yes, they were aware and if they had not documented about what happened to the av they would be in trouble...</p> <p>b. On 9/17/19, after the facility received the above</p>	W 156		

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W 156	<p>Continued From page 2</p> <p>allegations of abuse for Client #1, the facility transmitted an initial report to the Office of Long-Term Care on the same day with investigation pending.</p> <p>c. On 9/26/19 at 10:33 a.m., the Program Director was asked if the five-day investigation report required by law had been submitted to the Office of Long-Term Care. He stated, "The five-day report was due yesterday and it has not been submitted yet. It is supposed to be submitted today."</p> <p>d. On 9/26/19 at 4:48 p.m., the Risk Manager showed the investigation report to the Surveyor and was asked, "Has this been transmitted to the office yet?" He stated, "Not yet, I'm waiting for [Administrator] to sign off on it."</p>	W 156		