

July 20, 2021

United Methodist Children's Home  
Attn: Joyce Greb  
jgreb@methodistfamily.org  
2002 South Fillmore Street  
Little Rock, Arkansas 72204

The Division of Provider Services and Quality Assurance of the Arkansas Department of Human Services has contracted with Arkansas Foundation for Medical Care (AFMC) to perform Inspections of Care (IOC) for Inpatient Psychiatric for Under 21. The Medicaid Manual for Inpatient Psychiatric Services for Under Age 21 was used in the completion of this report.

Deficiencies were noted during the Inpatient Psychiatric Inspection of Care (IOC) conducted at the following service site on the specified dates:

**United Methodist Children's Home**  
**Provider ID: 140636125**  
Onsite Inspection Date: July 6, 2021

### Inspection of Care Summary

#### Facility Tour:

Upon arrival to facility, AFMC staff was promptly greeted at the locked entrance by a United Methodist Children's Home staff member and a COVID-19 screening was conducted and temperatures noted. AFMC was immediately taken to a conference room where they were met by the Director of Quality Management. AFMC staff received the completed and signed consent form listing approval for access to the AFMC portal prior to arrival for site visit.

A tour of the facility was completed with the Director of Quality Management and the Office Manager for the residential unit. All facility staff were observed wearing face mask. The facility environment was extremely clean and well-organized. Therapeutic groups and educational classes were in session. Several staff members were observed interacting calmly with clients throughout the facility. Staff were able to answer questions regarding the facility. The following is a list of concerns found during the facility tour and survey:

- The CLIA license that is posted in the laboratory was noted to be expired February 2020. This was brought to the attention of the facility.
- Currently there are windows in both the girl's and boy's unit dayrooms that have been shattered. The dayrooms on both units are currently closed for use by the residents while awaiting replacement windows to be installed.

- Double doors with magnetic security door guards pose a potential safety risk due to magnetic door guard sticks out several inches from the bottom of doorway. There is no visible marking to warn of metal guard sticking out which potentially could cause injury to a person’s ankle or shin as they go through the doorway.
- There was a staff member’s personal can of soda in the medication refrigerator in the medication room on the boy’s unit.
- The 30 day restraint and seclusion logs completed by nursing when any form of restraint or seclusion is utilized has not been completed per incident. All incidents occurring on 6/24/2021 included the name of client only. No other details regarding those restraint and seclusion incidents were logged.

Upon request of DPSQA to follow up on recent sexual abuse among residents in the facility when staff members were not present as they should be, the following is a list of findings:

- During the facility tour it was noted that all resident rooms are single occupancy. The rooms do not have a bathroom or shower. Bathrooms and showers are all community bath/shower rooms located in the common area outside of nurses’ stations.
- Facility staff directed AFMC staff to the location of where night shift staff will post outside of the resident’s rooms when the rooms are occupied, such as at night when residents are sleeping. The area that staff are required to posted allows visualization of each doorway for each resident’s room and will allow staff to visually monitor any resident who exists their room into the hallway.
- During the review of staff records the staff member listed in the recent allegations is not currently employed at the time of inspection.
- Review of all reported incidents logs for the last 12 months was completed during the survey including above mentioned incident. Each incident reviewed was precise and well documented to include the initial incident, investigation, and outcome.
- Facility policy regarding observation rounds frequency done by staff during each shift and for reporting critical incidents was voluntarily given to AFMC staff for review.
- According to the Quality Director, ongoing re-education with all staff regarding the observation of all residents in currently being conducted.

**Facility Review-Policies and Procedures:**

Upon review of the site’s policies and procedures, the following deficiencies were noted:

| <b>Regulation</b>                           | <b>Deficiency Statement</b>  | <b>Reviewer Notes</b>  |
|---|--|--|
| Medicaid IP Section 2: 202.1, 202.2         | The facility does not have one of the following: currently license and/or current accreditation by the Joint Commission and/or certification by Medicare Certification Team. | Joint Commission Accreditation expired 6/30/2021. Waiting for Joint Commission to come but due to COVID-19 has not been scheduled. |
| Medicaid IP Sec. 2; CFR 42 482.130, 483.376 | HR records did not indicate that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).   | One staff member had no proof of CPR training.   |

### Personnel Records- Licenses, Certifications, Training:

Twenty-five percent of personnel records were requested. Of those requested, there were 3 professional staff and 10 paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

| <b>Personnel Record Number</b>   | <b>Rule</b> | <b>Credential validated</b> | <b>Outcome</b>   | <b>Reviewer Notes</b>                                  |
|--|-------------|-----------------------------|------------------|--|
| SR007841<br>SR007842<br>SR007843<br>SR007844<br>SR007845<br>SR007846<br>SR007847<br>SR007848<br>SR007849<br>SR007850<br>SR007851<br>SR007852<br>SR007853 | 241.100B    | Adult Maltreatment Check    | No File Received | Twelve staff members had no file submitted for review. |
| SR007853   | 221.804C    | CPR training - IP Acute     | No File Received | One staff member had no file submitted for review.     |

### Quality of Care Summary

As a part of the Quality of Care survey of the IOC, an active Medicaid client list was requested, client and/or guardian interviews were conducted, and a clinical record review was completed. The following is a summary of findings and noted deficiencies.

#### Client/Guardian Interviews:

There were no active Medicaid clients currently admitted at the time of IOC. Therefore, there were no client interviews were conducted.

#### Program Activity/Service Milieu Observation:

*See facility tour details for observations during the onsite visit.*

#### Medication Pass:

No Medicaid clients received medications during medication pass. Due to the observation of non-Medicaid clients not being compliant with the HIPAA minimal necessary rule, no medication pass was observed. AFMC RN visited with the United Methodist Children's Home medication nurse who was able to show AFMC RN the facility policies and procedures regarding medication administration, narcotic count/reconciliation/handling, and medication discrepancies. Tour of medication room completed with the medication nurse and no discrepancies with medication storage, cleanliness of medication room, and knowledge of medication dispensing found. Again, as mentioned above in the facility tour, there was a staff member's personal can of soda in the medication refrigerator in the medication room on the boy's unit.

**Clinical Record Review Deficiencies:**

There were no active Medicaid clients currently admitted at the time of IOC. Therefore, there were no clinical records reviews conducted.

**Corrective Action Plan:**

The CAP must be completed within 30 calendar days of the date of the email notice of the IOC reports. Please complete the attached Corrective Action Plan document and submit it via email to [InspectionTeam@afmc.org](mailto:InspectionTeam@afmc.org).

*\*For more details on the individual related deficiencies, please log into the portal.*

Respectfully,

AFMC Inspection Team

[InspectionTeam@afmc.org](mailto:InspectionTeam@afmc.org)



Improving health care. Improving lives.

1020 W. 4TH ST., SUITE 300

LITTLE ROCK, AR 72201 • [afmc.org](http://afmc.org)

**Notice of Action Required**

\_\_\_\_\_ **Corrective Action Plan**

\_\_\_\_\_ **Reconsideration Request**

United Methodist Children's Home  
2002 South Fillmore Street  
Little Rock, Arkansas 72204

Deficiencies were noted during the Inspection of Care visit conducted at the following service site on the following dates:

**United Methodist Children's Home**  
**Provider ID: 140636125**  
Onsite Inspection Date: July 6, 2021

**Correction Action Plan**

*Note: Please use this format (copy and paste as needed) to complete a corrective action for each deficiency noted on the Inspection of Care Report.*

**Deficiency:** \_\_\_\_\_

**Corrective Action:** \_\_\_\_\_

**Identify Person Responsible:** \_\_\_\_\_

**Completion Date:** \_\_\_\_\_

**Deficiency:** \_\_\_\_\_

**Corrective Action:** \_\_\_\_\_

**Identify Person Responsible:** \_\_\_\_\_

**Completion Date:** \_\_\_\_\_

Upon completion of this CAP, please email:

[InspectionTeam@afmc.org](mailto:InspectionTeam@afmc.org)

Or fax: 501-375-0705  
Attention: Inspection of Care Team

## Reconsideration Request Notice

NOTE: If you have additional documentation to refute a deficiency identified in your Inspection of Care or Desk Review Report, please request a reconsideration. You have thirty (30) calendar days from the date of this notice to request reconsideration, in writing, or email to [InspectionTeam@afmc.org](mailto:InspectionTeam@afmc.org). Please include all additional information that you believe supports the refuted deficiency.

I have attached a copy of the Inspection of Care report pertaining to \_\_\_\_\_.  
(Site for Inspection of Care)

The date of the Inspection of Care report was \_\_\_\_\_.

**Using the table below list elements and chart numbers requested for each reconsideration item.**

| Regulation # | Record Review Number (RR#) for QOC | Deficiency Comment (Specifically copied from report) | Reason for Reconsideration Request *Please attach supporting evidence. |
|--------------|------------------------------------|--|--|
|              |                                    |  |  |
|              |                                    |  |  |

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider's Medicaid ID Number

\_\_\_\_\_  
Provider Site

\_\_\_\_\_  
Provider Site Address

\_\_\_\_\_  
Provider Representative

\_\_\_\_\_  
Telephone Number

**For Provider reconsiderations please send your request to:**

**AFMC –**  
**[InspectionTeam@AFMC.org](mailto:InspectionTeam@AFMC.org)**

**1020 West 4<sup>th</sup>, Suite 300**  
**Little Rock, AR 72201**

## Rights and Responsibilities Notice of Action

NOTE: If you have additional documentation to refute a deficiency identified in your Inspection of Care or Desk Review Report, please request a reconsideration. You have thirty (30) calendar days from the date of this notice to request reconsideration, in writing, or email to [InspectionTeam@afmc.org](mailto:InspectionTeam@afmc.org). Please include all additional information that you believe supports the refuted deficiency. The timeframe for the requirement for a Corrective Action Plan is suspended until the determination of the reconsideration.

### Beneficiary and Provider Right to Appeal This Decision

Pursuant to ACT 1758 of 2005, both the beneficiary and the provider have the right to appeal this decision. If either party is not satisfied with the decision on your case, the beneficiary may request a fair hearing from the Office of Appeals and Hearings or the provider may request a fair hearing from the Arkansas Department of Health. If both the provider and beneficiary are requesting a hearing, these will also go to the Arkansas Department of Health. Please enclose a copy of this Notice of Action with your appeal. Failure to provide a copy of this Notice of Action will result in your appeal being delayed.

### How and When to Appeal

#### **Beneficiary:**

The Office of Appeals and Hearings must receive a written hearing request within thirty (30) calendar days of the date on this letter. Send your request to Office of Appeals and Hearings, PO Box 1437, Slot N401, Little Rock, AR 72203-1437.

#### **Provider or Provider/Beneficiary:**

The Arkansas Department of Health must receive a written hearing request within thirty (30) calendar days of the date on this letter. Send your request to Arkansas Department of Health, Attn: Medicaid Provider Appeals Office, 4815 West Markham Street, Slot 31, Little Rock, AR 72205.

### Continuation of Services Pending Appeal (Beneficiary only)

If you are already receiving services and the Department's decision was to reduce or eliminate those services, you may postpone the reduction or elimination of services until the appeal is decided by sending your appeal request in time to be received by the Office of Appeals and Hearings or Arkansas Department of Health within ten (10) calendar days from the date of this letter. However, if you do that and you lose or abandon the appeal, you will be responsible for the cost of all services that are not approved in Section I (above). The Department will take action against you to recover those costs.

### Your Right to Representation

If you request a Hearing, you have the right to appear in person and to be represented by a lawyer or other person you select. If you wish to have a lawyer, you may ask the local County Office to help you identify one. If free legal services are available where you live, you may ask your County Office for their address and phone number.



**Division of Medical Services**

P.O. Box 1437, Slot S401, Little Rock, AR 72203-1437

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October 1, 2021

To: United Methodist Children's Home  
2002 S. Fillmore St.  
Little Rock, AR 72214

RE: Sanctions Pursuant to Provider Surveys

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To whom it may concern –

I write to inform you of pending actions against your facility by the Arkansas Department of Human Services (DHS), Division of Medical Services (DMS), related to the recent surveys of your facility conducted by the DHS, Division of Provider Services and Quality Assurance (DPSQA).

On July 6, 2021, DPSQA's contracted vendor, Arkansas Foundation for Medical Care (AFMC) conducted an onsite Inspection of Care (IOC). As a result of the IOC, on July 20, 2021, your facility was cited for multiple concerns and findings, including incomplete restraint seclusion logs, expired CLIA licensure, and inappropriate documentation of Adult Maltreatment Checks for 12 staff members, among other things. In the July 20, 2021, IOC Report, AFMC requested a corrective action plan (CAP) from your facility within thirty (30) days. That is, by August 20, 2021. To date, you have failed to provide the requested CAP to either AFMC or DPSQA.

DMS, as the State Medicaid Agency (SMA), has authority to sanction providers for failure to comply with both federal and state requirements for Medicaid participation. Pursuant to DMS's rules, specifically the Inpatient Psychiatric Manual, §§ 152.000 and 241.700, DMS hereby issues the following sanctions to United Methodist Children's Home until deficiencies identified in the IOC are resolved, and an acceptable CAP is provided and been put into place at your facility to ensure future deficiencies will not occur:

- DMS/DPSQA review and possible revision of the Corrective Action Plan which must be submitted to AFMC by close of business on October 6, 2021
- Suspension of provider referrals to your facility
- Placement on high-priority monitoring
- Referral of the matter to the Arkansas Office of Medicaid Inspector General for review
- Recoupment of payments made for services determined not to be medically necessary or that fail to meet professionally recognized standards for health care

The second survey by DPSQA was concluded August 13, 2021, and deficiencies were cited on form CMS-2567, to which you have already responded. In the report of the August 13, 2021 survey, your facility was cited for 46 deficiencies over a 6-month period, and all regarding restraints & seclusion. According to the report, three (3) separate clients sustained actual harm as a result of your facility's failures. Your proposed Plan of Correction in response to those cited deficiencies was received and approved by DPSQA on September 8, 2021.



While none of those cited deficiencies appear to rise to the level of “serious injury” or “immediate jeopardy” as defined under 42 CFR §§ 483.352 and 488.301, your facility does not appear to be in “substantial compliance” with applicable regulations that require the deficiencies to “pose no greater risk to resident health or safety than the potential for causing minimal harm” and it is not unforeseeable or unreasonable to suspect that misuse of restraints could result in harm to a Medicaid client that is greater than minimal harm. Under 42 CFR § 488.412, when a facility is cited for a deficiency that does not rise to the level of immediate jeopardy, but fails to meet substantial compliance, DMS must either terminate their Medicaid provider agreement or take steps to continue to allow the facility to remain enrolled as an Arkansas Medicaid provider for up to six (6) months, during which time the facility would be required to complete corrective action. You have submitted the required Plan of Correction regarding this inspection, however, DMS is requesting that you provide documentation verifying progress and adherence to the Plan of Correction by October 6, 2021, to ensure compliance with the Federal Regulations.

Please submit all required documentation by October 6, 2021. Failure to submit the requested documentation will result in additional sanctions being imposed, up to and including termination of your provider agreement.

Pursuant to state and federal laws, including the Arkansas Medicaid Inpatient Psychiatric Manual (Section I), you have the right to appeal the sanctions outlined above. Specifically, §161.400 of said manual provides that:

Within 30 calendar days of receiving notice of adverse decision/action, or 10 calendar days of receiving an administrative reconsideration decision that upholds all or part of any adverse decision/action, whichever is later, the provider may appeal.

An appeal must be in writing and must specify in detail all findings, determinations, and adverse decisions/actions that the provider alleges are not supported by applicable laws; including state and federal laws and rules, applicable professional standards or both. Mail or deliver the appeal to the Director, Division of Medical Services, P.O. Box 1437, Slot S401, 7th and Main Streets, Little Rock, AR 72203-1437. No appeal is allowed if the adverse decision/action is due to loss of licensure, accreditation or certification.

Respectfully,



David B. Jones, Assistant Director  
Division of Medical Services

## Notice of Action Required

**Corrective Action Plan**       **Reconsideration Request**

United Methodist Children's Home  
2002 South Fillmore Street  
Little Rock, Arkansas 72204

Deficiencies were noted during the Inspection of Care visit conducted at the following service site on the following dates:

**United Methodist Children's Home**  
**Provider ID:** [REDACTED]  
Onsite Inspection Date: July 6, 2021

### Correction Action Plan

*Note: Please use this format (copy and paste as needed) to complete a corrective action for each deficiency noted on the Inspection of Care Report.*

**Deficiency:** The facility does not have one of the following: currently license and/or current accreditation by the Joint Commission and/or certification by Medicare Certification Team.

**Corrective Action:** A letter from the Joint Commission is attached explaining the status of the overdue survey and the current state of the Accreditation of MCH.

**Identify Person Responsible:** Administrator – Craig Gammon

**Completion Date:** 10-1-2021

**Deficiency:** HR records did not indicate that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).

**Corrective Action:** The one person who did not have CPR certification was certified on July 29, 2021

**Identify Person Responsible:** Administrator – Craig Gammon

**Completion Date:** 7-29-2021

Upon completion of this CAP, please email:

[InspectionTeam@afmc.org](mailto:InspectionTeam@afmc.org)

Or fax: 501-375-0705  
Attention: Inspection of Care Team



August 30, 2021

Andy Altom  
Chief Executive Officer  
United Methodist Children's Home, Inc.  
1600 Aldersgate Road  
Little Rock, Arkansas 72205

HCO: 147240

Dear Mr. Altom:

This letter is to confirm that The Joint Commission surveyed United Methodist Children's Home, Inc., for Behavioral Health and Human Services Program on June 26 – 29, 2018. The organization submitted their evidence of standards compliance, and The Joint Commission accepted the evidence of standards compliance, and granted United Methodist Children's Home, Inc., accreditation with an effective date of July 11, 2018.

This accreditation continues as the organization submitted an update to the application on October 15, 2020. The application was processed, and the organization is waiting for their triennial survey to occur; however, due to COVID-19, the survey has yet to take place.

If you have any questions, please do not hesitate to contact me at 630.792.5714.

Sincerely,

*Mary M. Armstrong*

Mary M. Armstrong  
Lead Account Executive, Team 5  
Accreditation and Certification Operations

The recommendation applies to the following United Methodist Children's Home, Inc., locations:

| Site | Name  | City             | State       | Program   |
|------|---|------------------|-------------|---|
| 1    | Fayetteville Group Home<br>1745 North Ruppel Road                     | Fayetteville     | AR<br>72704 | Behavioral Health<br>Care and Human<br>Services |
| 2    | Heber Springs Counseling Clinic<br>515 Main Street                    | Heber<br>Springs | AR<br>72543 | Behavioral Health<br>Care and Human<br>Services |
| 3    | Magale Manor QRTP<br>200 North Pecan                                  | Magnolia         | AR<br>71753 | Behavioral Health<br>Care and Human<br>Services |
| 4    | Methodist Children's Home Campus<br>2002 South Fillmore Street        | Little Rock      | AR<br>72204 | Behavioral Health<br>Care and Human<br>Services |
| 5    | Nolan Dacus RTC<br>211 Church Street                                  | Bono             | AR<br>72416 | Behavioral Health<br>Care and Human<br>Services |
| 6    | Ophelia Polk Moore QRTP<br>471 PC 251Road                             | Lexa             | AR<br>72355 | Behavioral Health<br>Care and Human<br>Services |
| 7    | Therapeutic Day Treatment Educational Program<br>2000 Aldersgate Road | Little Rock      | AR<br>72205 | Behavioral Health<br>Care and Human<br>Services |

**BLS  
Provider**



**American  
Heart  
Association.**

**Kaylynn Barrett**

**has successfully completed the cognitive and skills evaluations  
in accordance with the curriculum of the American Heart Association  
Basic Life Support (CPR and AED) Program.**

**Issue Date**

7/29/2021

**Training Center Name**

American First Response

**Training Center ID**

AR20304

**Training Center City, State**

MAUMELLE, AR

**Training Center Phone  
Number**

(501) 771-1778

**Renew By**

07/2023

**Instructor Name**

Marsha Hamrick

**Instructor ID**

07160484743

**eCard Code**

215414552202

**QR Code**

