

October 6, 2021

United Methodist Children's Home
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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#: [REDACTED]

Onsite Inspection Date: September 23, 2021

A summary of the inspection and deficiencies noted are outlined below. The provider must submit a Corrective Action Plan (CAP) designed to correct any deficiency notes in the written report of the IOC. Accordingly, you must complete and submit to AFMC a Corrective Action Plan for each deficiency noted. The Corrective Action Plan must state with the specificity the:

- (a) Corrective action to be taken.
- (b) Person(s) responsible for implementing and maintaining the corrective action; and
- (c) Completion date or anticipated completion date for each corrective action.

The CAP must be completed within 30 calendar days of the date of the email notice of the IOC report. Please complete the attached Corrective Action Plan document and submit it via email to Inspectionteam@afmc.org.

The contractor (AFMC) will:

- (a) Review the Corrective Action Plan.
- (b) Determine whether the Corrective Action Plan is sufficient to credibly assure future compliance; and
- (c) Provide the Corrective Action Plan to the Division of Provider Services and Quality Assurance (DPSQA).

Please see § 160 of the Medicaid Manual for an explanation of your rights to administrative reconsideration and appeal. Additionally, the imposition of this Corrective Action Plan does not prevent the Department of Human Services from prescribing additional remedial actions as may be necessary.

Inspection of Care Summary

Facility Tour:

Upon arrival to facility, AFMC staff was promptly greeted at the entrance by a United Methodist Children's Home staff member and a COVID-19 screening was conducted, temperatures taken, and face shield was given to AFMC staff to wear while on facility tour. AFMC was immediately taken to a conference room where they were met by the Director of Quality Management and the Compliance Specialist.

A tour of the facility was completed with the Director of Quality Management and the Compliance Specialist for the residential unit. All facility staff were observed wearing face masks. 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. There were no concerns found during the facility tour and survey.

Facility Review-Policies and Procedures:

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

| Rule | Deficiency Statement | Reviewer Notes |
|-------------------------------------|--|--|
| 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 on June 30, 2021. Currently awaiting Joint Commission to come on site to renew accreditation. |

Personnel Records- Licenses, Certifications, Training:

There were 25% of personnel records requested, two (29%) professional staff and eight (28%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

| Personnel Record Number | Rule | Credential Validated | Outcome | Reviewer Notes |
|-------------------------|----------|--------------------------|---------|-------------------|
| SR008325 | 241.100B | Adult Maltreatment Check | Failed | No file received. |
| SR008326 | | | Failed | No file received. |
| SR008327 | | | Failed | No file received. |
| SR008328 | | | Failed | No file received. |
| SR008329 | | | Failed | No file received. |
| SR008330 | | | Failed | No file received. |
| SR008331 | | | Failed | No file received. |
| SR008332 | | | Failed | No file received. |

| | | | | |
|----------|----------|---------------------------------|--------|-------------------------------------|
| SR008333 | | | Failed | No file received. |
| SR008334 | | | Failed | No file received. |
| SR008330 | 241.110B | State Criminal Background Check | Failed | No file received. Hired 07/26/2021. |
| SR008332 | | | Failed | No file received. Hired 08/24/2020. |
| SR008334 | | | Failed | No file received. Hired 07/12/2021. |

General Observations:

- Provider failed to provide evidence of staff driver’s licenses or state identification for all staff, due to not having a regulation stating that it is a requirement.
- Provider failed to provide evidence of Adult Maltreatment Checks for all staff.

Clinical 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:

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

Program Activity/Service Milieu Observation:

During the facility tour, ten residents and two staff members were observed in a classroom setting during school. Staff were calmly interacting and engaged in classroom learning with residents. Ten to fifteen residents were also observed in the cafeteria during lunch. The cafeteria was adequately staffed. Staff were calm and therapeutic with their interactions with the residents.

Medication Pass:

No Medicaid clients received medications during medication pass. Due to the observation of non-Medicaid clients not being complaint 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 United Methodist Children’s Home medication nurse and no discrepancies with medication storage, cleanliness of medication room, and knowledge of medication dispensing found.

Clinical Record Review Deficiencies:

No active FFS Medicaid clients currently admitted at the time of IOC. Therefore, there were no clinical records reviewed.

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.

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

Respectfully,

AFMC Inspection Team

InspectionTeam@afmc.org



Improving health care. Improving lives.

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