

October 22, 2021

The Centers for Youth and Families
Attn: Karen Walker, Program Director
kwalker@thecentersar.com
936 Jordan Drive
Monticello, Arkansas 71655

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:

The Centers for Youth and Families
Provider ID #: [REDACTED]
Onsite Inspection Date: October 7, 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 main entrance by a The Centers for Youth and Families 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 Program Director. AFMC staff was given the completed and signed consent form listing approval for access to the AFMC portal.

A tour of the facility was completed with the Program Director for the residential unit. All facility staff were observed wearing face mask. 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 observations made during the facility tour and survey:

- Seclusion rooms have been converted to “Time Out” rooms. These rooms do not lock and are utilized to provide a quiet, calm area for clients to go to under supervision.
- Bathroom in boy’s unit smelled strongly of urine and it was noted to have urine on and around toilet.
- Bathroom in girl’s unit had a toilet seat that was broken with sharp edges on the seat. This safety concern was immediately reported to Program Director.
- Showers in all units were noted to have mildew.
- Unlocked phone booth had phone cord left in it. Program Director states after clients complete supervised phone privileges phone and cord is to be removed from booth.
- Each patient room had brightly colored bedspreads that were different for each room. This gave each room a personal touch and allowed each client to “decorate” their room.
- Suggestion boxes were noted throughout the facility for clients.
- Office of Long Term Care was onsite for the facility’s routine 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 Sec. 2; CFR 42 482.130, 483.376	Provider lacked documentation for all personnel staff.	HR records did not indicate that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).
Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376	Provider lacked documentation for all personnel staff.	HR records did not indicate training in the use of nonphysical intervention skills, such as de-escalation on an annual basis.
Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376	Provider lacked documentation for all personnel staff.	HR records did not indicate that all direct care personnel have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors that may trigger an emergency safety situation semi-annually.

Medicaid IP Sec. 2; CFR 42 482.130, 483.376	Provider lacked documentation for all personnel staff.	There is no documentation in the HR records that all direct care personnel are trained in facility's Restraint and Seclusion policy.
Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376	Provider lacked documentation for all personnel staff.	The facility does not have a program in place offering training on the facility's Restraint and Seclusion policy, and/or training on the appropriate procedures to be used in Restraint and Seclusion.
Medicaid IP Sec. 2: 215.220, 218.000; 42 CFR 441.156	Provider lacked documentation for all personnel staff.	There is no documentation that all direct care personnel hold current licenses, as required by their position and profession and/or licensing authority.

Personnel Records- Licenses, Certifications, Training:

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

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR008418	241.100B	Adult Maltreatment Check	Failed	No file received.
SR008419			Failed	No file received.
SR008420			Failed	No file received.
SR008421			Failed	No file received.
SR008422			Failed	No file received.
SR008423			Failed	No file received.
SR008424			Failed	No file received.
SR008425			Failed	No file received.
SR008426			Failed	No file received.
SR008418	241.100B	Child Maltreatment Check	Failed	No file received.
SR008419			Failed	No file received.
SR008420			Failed	No file received.
SR008421			Failed	No file received.
SR008422			Failed	No file received.

SR008423			Failed	No file received.
SR008424			Failed	No file received.
SR008425			Failed	No file received.
SR008426			Failed	No file received.
SR008418	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376	Restraint and Seclusion Training (CPI)	Failed	No file received.
SR008419			Failed	No file received.
SR008420			Failed	No file received.
SR008421			Failed	No file received.
SR008422			Failed	No file received.
SR008423			Failed	No file received.
SR008424			Failed	No file received.
SR008425			Failed	No file received.
SR008426			Failed	No file received.
SR008418	241.100B	State Background Check	Failed	No file received.
SR008419			Failed	No file received.
SR008420			Failed	No file received.
SR008421			Failed	No file received.
SR008422			Failed	No file received.
SR008423			Failed	No file received.
SR008424			Failed	No file received.
SR008425			Failed	No file received.
SR008426			Failed	No file received.
SR008418	241.100B	Federal Background Check	Failed	No file received.
SR008419			Failed	No file received.
SR008420			Failed	No file received.
SR008421			Failed	No file received.

SR008422			Failed	No file received.
SR008423			Failed	No file received.
SR008424			Failed	No file received.
SR008425			Failed	No file received.
SR008426			Failed	No file received.
SR008421	215.220, 218.000	Professional Licenses or Certification	Failed	No file received.
SR008424			Failed	No file received.
SR008425			Failed	No file received.
SR008426			Failed	No file received.
SR008418	221.804.C.1	CPR Training	Failed	No file received.
SR008419			Failed	No file received.
SR008420			Failed	No file received.
SR008421			Failed	No file received.
SR008422			Failed	No file received.
SR008423			Failed	No file received.
SR008424			Failed	No file received.
SR008425			Failed	No file received.
SR008426			Failed	No file received.

General Observations:

- Provider failed to upload personnel records for all selected staff.
- Provider failed to provide evidence of staff driver’s licenses or state identification for all staff.
- Provider failed to provide evidence of para-professional training or certification for personnel record number SR008418, SR008419, SR008420, SR008422, and SR008423.

Clinical Summary

As a part of the Quality of Care survey of the IOC, an active Fee for Service (FFS) 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:

Per provider, there were 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:

Clients and residents were observed throughout the facility in the classroom setting, in the outside courtyard in group therapy, and moving through hallway between classes and activities. Staff were calmly interacting with residents and providing a therapeutic environment for learning.

Medication Pass:

No FFS 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 Centers for Youth and Families 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. No discrepancies with medication storage, cleanliness of medication room, and knowledge of medication dispensing found.

Clinical Record Review Deficiencies:

Per provider, there were no active FFS 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.

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

Respectfully,

AFMC Inspection Team

InspectionTeam@afmc.org



1020 W. 4TH ST., SUITE 300
LITTLE ROCK, AR 72201 • afmc.org

October 22, 2021

REVISED: November 22, 2021

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The Centers for Youth and Families

Provider ID #: [REDACTED]

Onsite Inspection Date: October 7, 2021

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Personnel Records- Licenses, Certifications, Training:

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

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR008422	241.100B	Child Maltreatment Check	Failed	Outcome of registry check missing.
SR008423			Failed	No file received.
SR008424			Failed	No file received.
SR008425			Failed	No file received.
SR008426			Failed	No file received.
SR008418	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376	Restraint and Seclusion Training (CPI)	Failed	No file received.
SR008419			Failed	No file received.
SR008420			Failed	No file received.
SR008421			Failed	No file received.
SR008422			Failed	No file received.
SR008421	241.100B	Federal Background Check	Failed	Lived outside of the state in 2018.

General Observations:

- Provider failed to upload personnel records for all selected staff but provided upon reconsideration.
- Provider failed to provide evidence of staff driver's licenses or state identification for all staff.
- Provider failed to provide evidence of para-professional training or certification for personnel record number SR008418, SR008419, SR008420, SR008422, and SR008423.

Clinical Summary

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Clinical Record Review Deficiencies:

Per provider, there were no active FFS Medicaid clients currently admitted at the time of IOC. Therefore, there were no clinical record reviews conducted.

Corrective Action Plan:

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

Respectfully,

AFMC Inspection Team

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November 22, 2021

The Centers for Youth and Families
Attn: Karen Walker, Program Director
kwalker@thecentersar.com
936 Jordan Drive
Monticello, AR 71655

Deficiencies were noted during the Outpatient Behavioral Health Inspection of Care (IOC) conducted at the following service site on the following dates:

The Centers for Youth and Families
Provider ID #: [REDACTED]
Onsite Inspection Date: October 7, 2021

Based on the identified deficiencies, Centers for Youth and Families submitted a reconsideration on the following items. This request has been reviewed and the determination of reconsideration is below:

Facility Review – Policies and Procedures

Deficiency Item: {Medicaid IP Sec. 2:241.100B; 42 CFR 482.130, 483.376}: Provider lacked documentation for all personnel staff (Adult Maltreatment Check) –

Finding: This deficiency is overturned for the following: SR008418, SR008419, SR008420, SR008421, SR008422, SR008423, SR008424, SR008425, SR008426. Please see revisions in the attached report.

Deficiency Item: {Medicaid IP Sec. 2:221.804; 42 CFR 482.130, 483.376}: Provider lacked documentation for all personnel staff (Child Maltreatment Check) –

Finding: This deficiency is overturned for the following: SR008418, SR008419, SR008420, SR008421. Please see revisions in the attached report.

Finding: This deficiency is upheld in accordance with the Medicaid IP Sec. 2:221.804; 42 CFR 482.130, 483.376 for SR008422 as the outcome of the registry check is missing.

Deficiency Item: {Medicaid IP Sec. 2:221.804; 42 CFR 482.130, 483.376}: Provider lacked documentation for all personnel staff (Restraint and Seclusion Training HWC) –

Finding: This deficiency is overturned for the following: SR008423, SR008424, SR008425, SR008426. Please see revisions in the attached report.

Deficiency Item: {Medicaid IP Sec. 2:221.804; 42 CFR 482.130, 483.376}: Provider lacked documentation for all personnel staff (State Background Check) –

Finding: This deficiency is overturned for the following: SR008418, SR008419, SR008420, SR008421, SR008422, SR008423, SR008424, SR008425, SR008426. Please see revisions in the attached report.

Deficiency Item: {Medicaid IP Sec. 2:221.804; 42 CFR 482.130, 483.376}: Provider lacked documentation for all personnel staff (Federal Background Check) –

Finding: This deficiency is overturned for the following: SR008418, SR008419, SR008420, SR008422, SR008423, SR008424, SR008425, SR008426. Please see revisions in the attached report.

Finding: This deficiency is upheld in accordance with the Medicaid IP Sec. 2:221.804; 42 CFR 482.130, 483.376 for SR008421 as the FBI check is required as the employee lived outside the state in 2018.

Deficiency Item: {Medicaid IP Sec. 2:215.220, 218.000; 42 CFR 441.156}: Provider lacked documentation for all personnel staff (Professional Licenses or Certification) –

Finding: This deficiency is overturned for the following: SR008421, SR008424, SR008425, SR008426. Please see revisions in the attached report.

Deficiency Item: {Medicaid IP Sec. 2:215.220, 218.000; 42 CFR 441.156}: Provider lacked documentation for all personnel staff (CPR Training) –

Finding: This deficiency is overturned for the following: SR008418, SR008419, SR008420, SR008421, SR008422, SR008423, SR008424, SR008425, SR008426. Please see revisions in the attached report.

If a Corrective Action Plan is required based on the determinations above, the CAP will be due within 30 days of receipt of this notice of determination. Please submit any application CAP to the email below.

Thank you.

InspectionTeam@afmc.org

Or fax: 501-375-0705

Attention: Inspection of Care Team