

October 22, 2021

Delta Family Health and Fitness – Center for Children
Attn: Dean Hill, Administrator

██████████
815 East Saint Louis Street
Hamburg, Arkansas 71646

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:

Delta Family Health and Fitness – Center for Children

Provider ID#: ██████████

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 Delta Family Health and Fitness – Center for Children 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 Administrator. 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 Administrator of the residential unit. Most facility staff were observed wearing face masks. Therapeutic groups and educational classes were in session. Several staff members were observed interacting with clients throughout the facility.

The following is a list of observations made during the facility tour and survey:

- All knobs and door handles have been removed for safety and replaced with small pull strings. This is an excellent, safe way to provide anti-ligature knobs and handles for residents.
- Shower in girl's bathroom has a large step up into the shower area. There are no safety markings on this step to prevent trips and falls. There is a nonslip carpeted mat that leads into showers.
- Facility has three units that all connect to a central nurses' station. Doors at end of each unit hallway were propped open allowing residents access to the nurses' station and other units and areas of facility. AFMC staff inquired about shutting the doorways to keep residents from accessing the units without staff present and at night while residents are on the units. Facility staff reported that doors are never shut, and residents are allowed to intermingle with residents on other units depending on their observation level.
- Facility was originally a nursing home and has the "wagon wheel" design with the nursing station in the center of the facility with all the units as the spokes. The nurses' station is a circular, opened area with waist high counters around the entire nurses' station. There are two waist high doors for entrance to the nurses' station on each side. These doors are unlocked allowing access to all staff and residents into the central nurses' station.
- The facility medication room is housed in a locked room next to the nurses' station. The medication cart that contains the narcotic lock box and all the residents' medications is maintained at the nurses' station and not in the medication room. During the facility tour the AFMC staff visited with the medication nurse first in the medication room then at the medication cart. The medication cart was found to be unlocked during the tour. While the nurse was in the medication room the cart was left unattended. Due to the opened, easily accessible nurses' station the medications were accessible to all staff and residents. The narcotic lock box was locked in the bottom drawer but because the cart was unlocked there was only a single lock for the narcotic box instead of the required double lock. This was immediately reported to the administrator by AFMC staff due to safety concerns.
- During the facility tour it was observed that there were over the counter medications, a sharps container, and cleaning supplies sitting on top of and next to the medication cart within reach of all staff and any residents standing at the nurses' station counter.

- During the medication room tour, the medication nurse was unable to verbalize the facility policies regarding medication errors and narcotic count discrepancies.
- AFMC staff observed a teacher in one classroom hit several students and another staff member with a rolled-up piece of paper. One student was observed telling the teacher “I don’t like that, please stop.” Teacher hit student again with paper saying, “it’s just paper.” This was immediately reported to the administrator who went back into classroom to speak with teacher.

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	Two staff members lacked evidence of current CPR certifications.	HR records did not indicate that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).

Personnel Records- Licenses, Certifications, Training:

There were 25% of personnel records requested, three (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
SR008429	241.100B	Adult Maltreatment Check	Failed	No file received.
SR008430			Failed	No file received.
SR008431			Failed	No file received.
SR008432			Failed	No file received.
SR008433			Failed	No file received.
SR008434			Failed	No file received.
SR008435			Failed	No file received.
SR008436			Failed	No file received.
SR008430	221.804.C.1	CPR Training	Failed	Certification expired February 2021.
SR008435			Failed	Certification expired February 2021.

General Observations:

- Provider failed to provide evidence of staff driver’s licenses or state identification for all staff.
- 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 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 report, 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 walking from units through the nurses' station area and in the classroom setting. See above facility tour for observations noted in the classroom.

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 Delta Family Health and Fitness – Center for Children medication nurse. Tour of medication room completed with the medication nurse. Medication cart was found unlocked in the open nurses' station allowing all residents medications to be accessible to all staff and residents. Narcotic box in the medication cart was locked in bottom drawer of medication cart but due to the medication cart being unlocked this only provided a single lock for narcotic box and not the required double lock. Medication nurse was unable to verbalize the facility's policies for medication errors and narcotic count discrepancies.

Deficiency Statement	Reviewer Notes
Controlled medications are not properly stored to limit access and/or facilitate reconciliation.	Controlled medications (narcotics) were stored in a locked box in the bottom drawer of the medication cart that was unlocked. Controlled medications are required to be double locked and during facility tour were found too only be single locked. Medication cart is in the open nurses' station that is accessible to all staff and clients.
Medications and biologicals are accessible to more than just authorized staff and/or not secured.	Medication cart is in open nurses' station that is accessible to all staff and clients. Medication cart has a key lock that keeps all drawers locked. There is another lock for the controlled medications/narcotic drug box that is in the bottom drawer of cart. Controlled medications/narcotics box was lock but the main lock for all the drawers of the cart was unlocked. This kept the controlled medications/narcotic box only under a single lock instead of the standard of double locks. The cart was unattended by staff nurse, so all client medications were unlocked and accessible to all staff and clients.

<p>Staff was unable to demonstrate proper storage of medications.</p>	<p>Medication cart is in open nurses' station that is accessible to all staff and clients. Medication cart has a key lock that keeps all drawers locked. There is another lock for the narcotic drug box that is in the bottom drawer of cart. Narcotic box was lock but the main lock for all the drawers of the cart was unlocked. This kept the narcotic box only under a single lock instead of the standard of double locks. The cart was unattended by staff nurse, so all client medications were unlocked and accessible to all staff and clients.</p> <p>There were over the counter medications/skin cleansers stored on top of the medication cart. These medications are in the open nurses' station. Any staff member or client can easily access these medications.</p>
<p>The staff/facility was unable to describe the medication error policy.</p>	<p>Facility RN reported they do not know what the medication error policy is for the facility. Facility RN reports lack of knowledge of policy is due to being a new employee. Facility RN hired 2 months prior to survey date.</p>
<p>The facility/staff was unable to describe the facilities narcotic count policy.</p>	<p>Facility RN reported they only know they count the narcotics each shift. Facility RN stated they do not know what the policy is if there is a narcotic count discrepancy. Facility RN reports lack of knowledge of policy is due to being a new employee. Facility RN hired 2 months prior to survey date.</p>

Clinical Record Review Deficiencies:

Per provider report, 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



Improving health care. Improving lives.

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

November 17, 2021

Delta Family Health and Fitness – Center for Children
Attn: Dean Hill, Administrator
[REDACTED]
815 East Saint Louis Street
Hamburg, Arkansas 71646

Thank you for your timely response to the request to submit a Corrective Action Plan (CAP) for the deficiencies noted during the Inspection of Care (IOC) conducted at the following service site on the following date:

Delta Family Health and Fitness – Center for Children
Provider ID#: [REDACTED]
Onsite Inspection Date: October 7, 2021

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), which will include a review of all CAPs. AFMC has completed the review and has determined the CAP is sufficient to credibly assure future compliance.

A copy of the CAP will be forwarded to the Division of Provider Services and Quality Assurance (DPSQA).

Respectfully,

Inspections of Care Team
InspectionTeam@afmc.org



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

Notice of Action Required

Corrective Action Plan

Reconsideration Request

Delta Family Health and Fitness – Center for Children
Attn: Dean Hill, Administrator
deandfc@yahoo.com
815 East Saint Louis Street
Hamburg, Arkansas 71646

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

Delta Family Health and Fitness – Center for Children

Provider ID#: [REDACTED]

Onsite Inspection Date: October 7, 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: “Two staff members lacked evidence of current CPR certifications.”

Corrective Action: An in-service was performed and acknowledged by the Human Resources staff that included the policies for CPR requirements (Policy HR-6). All employee personnel files were audited for current CPR licensure and all out of date employees were brought up to date. CPR certification will become an annual occurrence each January. Any employee with out-of-date CPR certification will be removed from the schedule until CPR licensure is active.

Identify Person Responsible: Deloris Pruitt, Human Resources

Completion Date: 11/02/2021

Deficiency: “Controlled medications are not properly stored to limit access and/or facilitate reconciliation.”

Corrective Action: An in-service was performed and acknowledged by the nursing staff that included the policies for keeping the medication cart locked at all times.

Identify Person Responsible: Kaitlyn Sadler, BSN, RN/Director of Nursing

Completion Date: 11/02/2021

Deficiency: “Medications and biologicals are accessible to more than just authorized staff and/or not secured.”

Corrective Action: An in-service was performed and acknowledged by the nursing staff that included the policies for keeping the medication cart locked at all times.

Identify Person Responsible: Kaitlyn Sadler, BSN, RN/Director of Nursing

Completion Date: 11/02/2021

Deficiency: “Staff was unable to demonstrate proper storage of medications.”

Corrective Action: All over-the-counter medications and skin cleansers have been locked either inside of the medication cart or inside of the medication room. No medications, prescription or over-the-counter, are placed on top of the medication cart any longer. An in-service was performed and acknowledged by the nursing staff that included the instruction to keep **all** medications behind a lock, whether it be in the medication room or in the medication cart.

Identify Person Responsible: Kaitlyn Sadler, BSN, RN/Director of Nursing

Completion Date: 11/02/2021

Deficiency: “The staff/facility was unable to describe the medication error policy.”

Corrective Action: An in-service was performed and acknowledged by the nursing staff that included the policies for medication errors. A true/false quiz will be administered to the nursing staff after 90 days and yearly as a refresher for the nursing staff regarding the medication error policy.

Identify Person Responsible: Kaitlyn Sadler, BSN, RN/Director of Nursing

Completion Date: 11/02/2021

Deficiency: “The facility/staff was unable to describe the facilities narcotic count policy.”

Corrective Action: An in-service was performed and acknowledged by the nursing staff that included the policies for the narcotic count. A true/false quiz will be administered to the nursing staff after 90 days and yearly as a refresher for the nursing staff regarding the narcotic count policy.

Identify Person Responsible: Kaitlyn Sadler, BSN, RN/Director of Nursing

Completion Date: 11/02/2021

Upon completion of this CAP, please email:

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. 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

1020 West 4th, 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. 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.