

December 21, 2021

Centers for Youth and Families, Inc.
Attn: Katie Crosby, Program Director
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Little Rock, Arkansas 72225

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:

Centers for Youth and Families, Inc.
Provider ID#: [REDACTED]
Onsite Inspection Date: December 6, 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 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.

This IOC visit was upon request of DPSQA to follow up on a recent IOC inspection conducted on June 7, 2021. A tour of the facility was completed with the Program Director. All facility staff and students were observed wearing face mask. The facility environment was extremely clean, well-organized, and appeared to be in good repair. Several staff members were observed interacting calmly and energetically with clients in the classroom setting. There were no immediate issues noted during the facility tour. Staff were able to answer questions regarding the facility.

Facility Review-Policies and Procedures:

Upon review of the site's policies and procedures, there were no deficiencies noted.

Personnel Records- Licenses, Certifications, Training:

There were seventeen personnel records requested for review; four (27%) professional staff and thirteen (25%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

| Personnel Record Number | Rule | Credential Validated | Outcome | Reviewer Notes |
|--------------------------------|-------------|-----------------------------|----------------|---|
| SR008881 | 241.100B | Child Maltreatment Check | Failed | Registry Outcomes missing. |
| SR008879 | 241.100B | Adult Maltreatment Check | Failed | No file received. |
| SR008885 | 241.110B | State Background Check | Failed | Provider lacked evidence of approved state background check. Background check provided at the time of the inspection is showing 'pending' results, completed date 09/08/2021. |

General Observations:

- Provider trains direct care staff on restraint and seclusion every four months.
- Provider lacked evidence of driver licenses or other documented forms of photo identification for some staff records reviewed.

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. The following is a summary of findings and any noted deficiencies.

Client/Guardian Interviews:

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

Program Activity/Service Milieu Observation:

Staff and residents were observed in the classroom setting. All staff and residents were wearing masks. 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 Services 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.

Clinical Record Review Deficiencies:

No active FFS Medicaid clients were 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



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