

March 24, 2022

United Methodist Children's Home  
Attn: Shannon Rouse, Compliance Director  
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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.

No 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: March 9, 2022

### 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 Compliance Director. AFMC staff received the completed and signed consent form listing approval for access to the AFMC portal prior to arrival for site visit.

This IOC visit was upon request of DPSQA to follow up on a recent IOC inspection conducted on December 15, 2021. A tour of the facility was completed with the Compliance Director of the residential unit. All facility staff were observed wearing face mask. The facility environment was clean and well-organized except for the cafeteria which was noted to have copious amounts of food on floor and tables. Food appeared to be from breakfast and tour occurred just before clients would be coming in for lunch. Educational classes were in session. 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 were noted. Joint Commission accreditation is pending. Letter reviewed noting that survey had been completed and the facility is in the process of submitted their corrective action plan for approval.

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

There was a total of nine personnel records reviewed. One (25%) professional and eight (26%) paraprofessional record reviewed. No deficiencies were noted during the personnel record review. It was

noted that all nursing staff are agency nurses except for one part time “pool” nurse and the Director of Nursing. This agency staffing is a change from previous inspections.

### Quality of Care 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:

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 four residents were observed in the classroom setting and one client was observed one on one on the unit. 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 complaint with the HIPAA minimal necessary rule, no medication pass was observed. AFMC RN visited with the 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.

Respectfully,

AFMC Inspection Team  
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