

March 31, 2022

Centers for Youth and Families, Inc.
Attn: David Kuchinski, Chief Clinical Officer
dkuchinski@thecentersar.com
6501 West 12th Street
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: March 17, 2022

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 Chief Clinical Officer. 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 Chief Clinical Officer (CCO) and Program Director. Several staff members were observed interacting calmly and energetically with clients in the classroom setting. Staff were able to answer questions regarding the facility. The following is a list of observations noted during the facility tour:

- The floor in all units appear unkept with debris, dirt, and clutter. There was a buildup of debris noted along all the baseboards.
- Excessive pile of dirty linens was noted in bathroom floor on Dorm 1.
- Water bottle had been tucked away between two chairs in common area of Dorm 1. Bottle had turned over, spilling water onto floor causing a slip hazard. Bottle was picked up by CCO, but spill was not addressed until AFMC staff reminded CCO after tour concluded.
- A dirty towel was noted in hallway floor outside of Dorm 2 entryway.
- One outside area had two broken desk chairs, one which was turned upside down with leaves, excessive trash, used face masks, and food wrappers piled up around them.
- Both outside areas were noted to have excessive trash and one outside area multiple Styrofoam cups, including a large Arby's cup and food wrappers on the ground.
- All dorms had at least two sleeping rooms with three beds to a room, with some beds having less than a foot of space between the foot of one bed and the head of another. Most of these rooms were full occupancy. It was noted there were also two rooms on each unit that were single occupancy.
- There were some beds with no linens, just a blanket and pillow.
- Mattress noted on common area floor in Dorm 4. Facility staff informed AFMC staff that this mattress was being utilized for a one-on-one client so they could be monitored by staff throughout night. Program Director stated entire bed was movable but the staff opted to only put the mattress in dayroom directly on floor for client.
- Unit walls have been recently repainted. Excessive dried paint splatter was noted on floor.
- New anti-ligature door handles with badge only entry and alarms have been recently installed in all unit bathroom. Bathrooms are shared between two rooms with a doorway opening into each client room. Alarm alerts if both doors into bathroom are opened at same time.

Facility Review-Policies and Procedures:

Upon review of the site's policies and procedures, there were no deficiencies noted. Joint Commission Accreditation letter submitted for proof of recent inspection. Facility is working on the corrective action plan to submit back to Joint Commission to receive their updated accreditation certificate.

Personnel Records- Licenses, Certifications, Training:

There were fifteen personnel records requested for review: two (33%) professional staff and thirteen (26%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR009970	241.100B	Child Maltreatment Check-IP Acute	Failed	No file received

General Observations:

- Provider entered a note for SR009977, indicating that they have not worked for the provider since September 6, 2021.
- Provider submitted certifications made in house by the Training Coordinator for CPR. They did not provide evidence of CPR cards issued by the American Red Cross. The certificates provided did not indicate that the training was completed with a certified instructor or registered with the American Red Cross.
- SR0009971 did not have an expiration date for the CPR certification submitted.

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:

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 and several residents were noted in the cafeteria area with staff participating in Pet Therapy. Staff were calmly interacting with residents and providing a therapeutic environment that was conducive to 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 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



Improving health care. Improving lives.

1020 W. 4TH ST., SUITE 300

LITTLE ROCK, AR 72201 • afmc.org

April 11, 2022

Centers for Youth and Families, Inc.
Attn: David Kuchinski, Chief Clinical Officer
dkuchinski@thecentersar.com
6501 West 12st Street
Little Rock, AR 72225

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:

Centers for Youth and Families, Inc.
Provider ID# [REDACTED]
Onsite Inspection Date: March 17, 2022

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

Centers for Youth and Families, Inc.
Attn: David Kuchinski, Chief Clinical Officer
dkuchinski@thecentersar.com
6501 West 12th Street
Little Rock, Arkansas 72225

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

Centers for Youth and Families, Inc.
Provider ID#: [REDACTED]
Onsite Inspection Date: March 17, 2022

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: 241.100B Child Maltreatment Check- IP Acute; no file received.

Corrective Action: Child Maltreatment Check was received from DHS on March 21, 2022 and placed in personnel record for OBH Para-professional. Personnel files are being audited and weekly follow-ups completed to ensure all background checks are received, printed and placed in employee files.

Identify Person Responsible: Kimberly Wingfield, HR

Completion Date: 4.7.22

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 or Staff Record (SR#) for H/S	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.