

Division of Provider Services and Quality Assurance



April 12, 2022

Habilitation Center, LLC Attn: Brady Serafin, Chief Executive Officer brady.serafin@millcreekbehavioralhealth.com 1810 Industrial Drive Fordyce, Arkansas 71742

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.

Any observations and deficiencies found and noted during the Inpatient Psychiatric Inspection of Care (IOC) conducted at the following service site on the specified dates can be found below:

Habilitation Center, LLC Provider ID# :

Onsite Inspection Date: March 28, 2022

Inspection of Care Summary

Facility Tour:

Upon arrival to facility, AFMC staff was promptly greeted at the entrance by a Habilitation Centers, LLC 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 Executive Officer.

A tour of the facility was completed with the Director of Risk Management and the Director of Nursing. Staff were able to answer all questions regarding the facility. The following is a list of environmental observations per unit/dormitory that was noted by AFMC staff during the facility tour:

- Kangaroo Dormitory had several wires hanging down from the television in the day room.
- Tiger Dormitory had a broken light switch cover in the bathroom, a broken socket cover in the
 dayroom, excessive wires hanging from behind the television in the day room, and the epoxy in
 the bathroom was damaged.
- The dining/cafeteria had a few broken floor tiles throughout, and the floors had excessive debris.
- Zebra Dormitory had exposed wires from behind the television in the day room and a plunger in the bathroom.
- Zebra, Flamingo, and Penguin Dormitories each had a wooden handled plunger in the bathroom
 which could easily be used as a weapon. Facility staff removed those plungers to a locked, secure
 location during the facility tour.
- Deer Field Dormitory bathroom door jams had rusted out at the bottom and were painted over.

- Rock Hill Dormitory bathroom door jams had rusted out at the bottom and were painted over. The bathrooms were excessively dirty and a strong, old urine smell was noted. There were also gnats flying in and around the toilets and a small roach was seen crawling across the floor.
- Pine Ridge Dormitory bathroom door jams had rusted out at the bottom and were painted over.

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 fifty-four personnel records requested; ten (25%) professional staff and forty-four (25%) paraprofessional staff. During the review of the personnel records, no deficiencies were noted.

General Observations:

SR0010158 had a letter dated 03/23/2022 from the Division of Child Care and Early Childhood Education indicating that this staff did not meet the requirements to work with children based on background check results. A background check and child maltreatment check were provided for the 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:

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:

Groups of six to ten residents were in several classrooms. The classrooms were adequately staffed and residents appeared to be engaged in the classrooms. Multiple dormitories had groups that were adequately staffed. Several groups had staff and residents that did not appeared to be engaged. Penguin Dormitory had several clients in a group setting who were sleeping as well as two clients who had behaviors that were escalating. Pine Ridge Dormitory AFMC staff noted that two of the three staff were on their cell phones instead of engaging with clients. This was reported to the CEO as a safety concern after the facility tour.

Medication Pass:

No Medicaid clients received medications during a medication pass while AFMC staff was onsite. 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 Habilitation Centers, LLC Health 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 Habilitation Centers, LLC 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

InspectionTeam@afmc.org

