

October 14, 2021

United Methodist Children's Home  
Attn: Joyce Greb  
jgreb@methodistfamily.org  
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.

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: September 30, 2021

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

A tour of the facility was completed with the Director of Quality Management and the Office Manager for the residential unit. All facility staff were observed wearing face mask. The facility environment was extremely clean and well-organized. Therapeutic groups and educational classes were in session. Several staff members were observed interacting calmly with clients throughout the facility. Staff were able to answer questions regarding the facility.

This IOC visit was upon request of DPSQA to follow up on a recent IOC inspection conducted on July 6, 2021. The following is a list of observations made during the facility tour and survey:

- Broken windows in both the boy's and girl's unit dayrooms that were broken during the July 2021 visit have been repaired. This is allowing facility to utilize both dayrooms for daily activities.
- The 30 day restraint and seclusion logs were noted as not being completed per incident in the July 2021 visit. The facility has changed the form utilized for documentation since

that visit. The new form is user friendly and is allowing staff to document restraint and seclusion occurrences more accurately and efficiently and as soon as they occur.

- During the July 2021 visit a review of all reported incident logs for the last 12 months was completed during the survey. Each incident reviewed was precise and well documented to include the initial incident, investigation, and outcome. During the current visit, only the latest quarter incident reports were submitted to AFMC staff for review. These incident reports reviewed are kept in a staff lounge on one of the units and are available for any staff to review. These incident reports included the initial incident only. No investigation or outcome was documented with the reviewed incident reports.
- Dirty linens were noted laying on the floor and bench in the boy’s unit common area. Linens were picked up and put in soiled linen bin in locked cabinet by facility staff during facility tour.

**Facility Review-Policies and Procedures:**

Upon review of the site’s policies and procedures, the following deficiencies were noted:

<b>Regulation</b>	<b>Deficiency Statement</b>	<b>Reviewer Notes</b>
Medicaid IP Section 2: 202.1, 202.2	The facility does not have one of the following: currently license and/or current accreditation by the Joint Commission and/or certification by Medicare Certification Team.	Provider's Joint Commission expired June 2021.

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

There were 25% of personnel records requested, two (33%) professional staff and eleven (27%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

<b>Personnel Record Number</b>	<b>Rule</b>	<b>Credential Validated</b>	<b>Outcome</b>	<b>Reviewer Notes</b>
SR008358	241.000B	Federal Background Check	Failed	Staff hired 11/18/2019. Federal background pulled 06/30/2021 and outcomes are missing.
SR008356	241.100B	Adult Maltreatment Check	Failed	No file received.
SR008357			Failed	No file received.
SR008358			Failed	No file received.
SR008359			Failed	No file received.
SR008360			Failed	No file received.
SR008361			Failed	No file received.
SR008362			Failed	No file received.

SR008363			Failed	No file received.
SR008364			Failed	No file received.
SR008365			Failed	No file received.
SR008366			Failed	No file received.
SR008367			Failed	No file received.
SR008368			Failed	No file received.
SR008357	241.110B	State Background Check	Failed	No file received. Hired 08/24/2020
SR008364			Failed	Missing outcomes. Hired 06/28/2021

**General Observations:**

- Provider failed to provide evidence of staff driver’s licenses or state identification for all staff, due to not having a regulation stating that it is a requirement.
- Provider failed to provide evidence of Adult Maltreatment Checks for all staff.

**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:**

Per provider report, 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:**

Clients and residents were observed throughout the facility in the dining hall eating lunch, in the classroom setting, in the dayroom in group therapy, and moving through hallway between classes and activities. 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 United Methodist Children’s Home 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. The only discrepancy found during the tour of the medication room was an expired multi-dose vial of TB skin test in medication refrigerator in medication room of girl's unit.

**Clinical Record Review Deficiencies:**

Per provider report, 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](mailto:Inspectionteam@afmc.org).

*\*For more details on the individual related deficiencies, please log into the portal.*

Respectfully,

AFMC Inspection Team

[InspectionTeam@afmc.org](mailto:InspectionTeam@afmc.org)



1020 W. 4TH ST., SUITE 300  
LITTLE ROCK, AR 72201 • [afmc.org](http://afmc.org)

November 4, 2021

United Methodist Children's Home  
ATTN: Joyce Greb  
[jgreb@methodistfamily.org](mailto:jgreb@methodistfamily.org)  
2002 South Fillmore Street  
Little Rock, AR 72204

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:

**United Methodist Children's Home**  
**Provider ID#:** [REDACTED]  
Onsite Inspection Date: September 30, 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](mailto:InspectionTeam@afmc.org)



1020 W. 4TH ST., SUITE 300  
LITTLE ROCK, AR 72201 • [afmc.org](http://afmc.org)

## Notice of Action Required

Corrective Action Plan

Reconsideration Request

United Methodist Children's Home  
Attn: Joyce Greb  
jgreb@methodistfamily.org  
2002 South Fillmore Street  
Little Rock, Arkansas 72204

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

**United Methodist Children's Home**  
**Provider ID#: 140636125**  
Onsite Inspection Date: September 30, 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:** The facility does not have one of the following: currently license and/or current accreditation by the Joint Commission and/or certification by Medicare Certification Team \_\_\_\_\_

**Corrective Action:** The Joint Commission has delayed the accreditation survey for our agency because of the pandemic. The accreditation is still considered active and in good standing. Documentation of this is attached.

**Identify Person Responsible:** MCH Administrator – Craig Gammon

**Completion Date:** 11-03-21

**Deficiency:** Missing or incomplete Federal Background Check

**Corrective Action:** Because of a change in the process of the state system for background checks some requests were received but not completed and listed as "not approved" pending further action. These incomplete checks have been addressed and information has been submitted to complete them or a resubmission has been made. The background check issues have been resolved. This should not be a recurring issue as the problem was generated from changes in the process at the state level which are now complete.

**Identify Person Responsible:** Director of Human Resources – Kim Cox

**Completion Date:** 11-03-21

**Deficiency:** Adult Maltreatment Check missing

**Corrective Action:** Per guidance from the AFMC liaison to DPSQA: We are awaiting the final decision from DPSQA regarding adult maltreatment checks. When the final determination is made MCH will comply with that decision. Until that time we will continue to require and gather Child Maltreatment checks as per our license with Child Welfare Licensing.

**Identify Person Responsible:** MCH Administrator – Craig Gammon

**Completion Date:** 11-03-21 pending resolution from AFMC/DPSQA on requirement

**Deficiency:** State Background Check missing or incomplete

**Corrective Action:** Because of a change in the process of the state system for background checks some requests were received but not completed and listed as “not approved” pending further action. These incomplete checks have been addressed and information has been submitted to complete them or a resubmission has been made. The background check issues have been resolved. This should not be a recurring issue as the problem was generated from changes in the process at the state level which are now complete.

**Identify Person Responsible:** Director of Human Resources – Kim Cox

**Completion Date:** 11-03-21

Upon completion of this CAP, please email:

[InspectionTeam@afmc.org](mailto: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](mailto: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 United Methodist Children's Home inc. Little Rock PRTF.

(Site for Inspection of Care)

The date of the Inspection of Care report was 10-14-21.

**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.
Medicaid IP Section 2: 202.1, 202.2		The facility does not have one of the following: currently license and/or current accreditation by the Joint Commission and/or certification by Medicare Certification Team.  Provider's Joint Commission expired June 2021.	The Joint Commission has delayed the necessary accreditation survey which is beyond the control of UMCH. The Joint commission has also issued a letter indicating that because of the delay, the previous accreditation is still in effect and in good standing. UMCH is requesting a reconsideration of the deficiency because the accrediting authority in this case has provided documentation affirming the accredited status of UMCH PRTF.
241.100B	SR008356 SR008357 SR008358 SR008359 SR008360 SR008361 SR008362 SR008363 SR008364 SR008365 SR008366 SR008367 SR008368	Adult Maltreatment Check Failed – No file received	The UMCH PRTF is regulated by the Minimum Licensing Standards for Child Welfare Agencies of the State of Arkansas. These standards do not require adult background checks for staff members. As the checks noted as deficient and missing are not required, UMCH is asking for a reconsideration of the deficiency, since a deficiency cannot exist for a document which is not necessary for the program being reviewed.



United Methodist Children's Home  
Provider Name

140636125  
Provider's Medicaid ID Number

UMCH Little Rock PRTF  
Provider Site

2002 S. Fillmore bldg 3  
Provider Site Address

Craig Gammon  
Provider Representative

501-906-4904  
Telephone Number

**For Provider reconsiderations please send your request to:**

**AFMC –**  
**[InspectionTeam@AFMC.org](mailto:InspectionTeam@AFMC.org)**

**1020 West 4<sup>th</sup>, 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](mailto: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.