

November 10, 2021

Woodridge of the Ozarks
Attn: Derek Thompson, Chief Executive Officer
dthompson@perimeterhealthcare.com
2466 South 48th Street, STE B
Springdale, AR 72762

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:

Woodridge of the Ozarks
Provider ID #: 218443125
Onsite Inspection Date: October 26, 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 main entrance by a Woodridge of the Ozarks 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, Director of Nursing, and Human Resources Director. AFMC staff was given the completed and signed consent form listing approval for access to the AFMC portal.

A tour of the facility was completed with the Chief Executive Officer and the Director of Nursing for the residential unit. All facility staff were observed wearing face mask. Educational classes were in session. Staff were able to answer questions regarding the facility.

The following is a list of observations made during the facility tour and survey:

- On the Blue Unit there was a broken cover on the wall outlet in the hallway of the unit.
- On the Blue Unit in Room 102 there was multiple pieces of trash and famine products stuck in the wooden cover behind the toilet.
- On the Orange Unit Housekeeping was cleaning the client's rooms. The housekeeping cart was noted to be extremely organized and clean.
- On the Green Unit it was noted that the toilet was stopped up. Facility staff had taken caution in making sure the bathroom was locked and appropriate closed signage was visible until maintenance could take care of problem.
- Education Hallway had students work displayed work on walls in hallway. Student's work was very detailed and showed much effort by education staff in the success of each student.
- Incident report form was reviewed during the medication pass survey during discussion with medication nurse regarding medication error documentation. AFMC staff was very impressed with this form because it is extremely user friendly and provides an excellent documentation tool for all incidents.

Facility Review-Policies and Procedures:

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

Rule	Deficiency Statement	Reviewer Notes
Medicaid IP Sec. 2; CFR 42 482.130, 483.376	HR records did not indicate that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).	Facility had two staff members with no CPR submitted for review and one staff member with expired CPR.
Medicaid IP Sec. 2; CFR 42 482.130, 483.376	There is no documentation in the HR records that all direct care personnel are trained in facility's Restraint and Seclusion policy.	Facility had one staff member with expired CPI training.

Personnel Records- Licenses, Certifications, Training:

There were twelve personnel records requested, three (33%) professional staff and nine (26%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR008499	241.100B	Adult Maltreatment Check	Failed	No file received.
SR008500			Failed	No file received.
SR008503			Failed	No file received.
SR008504			Failed	No file received.
SR008506			Failed	No file received.
SR008507			Failed	No file received.
SR008508			Failed	No file received.
SR008510			Failed	No file received.
SR008505	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376	Restraint and Seclusion Training (CPI)	Failed	CPI expired 3/18/2021.
SR008499	241.100B	State Background Check	Failed	No file received.
SR008503			Failed	No file received.
SR008504			Failed	No file received.
SR008506			Failed	No file received.
SR008507			Failed	No file received.
SR008510			Failed	No file received.
SR008499	241.100B	Federal Background Check	Failed	No file received.
SR008503			Failed	No file received.
SR008506			Failed	No file received.
SR008499	221.804. C.1	CPR Training	Failed	No file received.
SR008501			Failed	CPR expired 5/2021.
SR008507			Failed	No file received.

General Observations:

- Staff SR008509 was hired thirty days ago and is still waiting for Adult Maltreatment checks, and State and Federal Background checks.
- Staff SR008499, SR008503, SR008504, SR008505, SR008506, SR008507 and SR008510 all had state background check applications signed and notarized back in July 2021; however, they were not submitted to the Arkansas State Police for outcomes.

- Staff SR008506 all the Adult Maltreatment Registry check signed and notarized back in July 2021; however, it was not submitted for outcomes.
- Provider has an Interim Human Resources Director from a sister facility from Springfield, Missouri until the new director starts on November 1, 2021. The current Human Resource Director stated they had been conducting an internal review of the HR files and was aware of the missing documentation.

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 waiting in line in the cafeteria for lunch to be served, in the classroom setting, and moving through hallway between classes and activities. Staff were calmly interacting with residents and providing a therapeutic environment that was conducive for learning and treatment therapies.

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 a Woodridge of the Ozarks 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 opened multi-dose vial of TB skin test in the medication room refrigerator that was not dated and initialed according to the facility's policy.

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

December 2, 2021

Woodridge of the Ozarks
Attn: Derek Thompson, Chief Executive Officer
dthompson@perimeterhealthcare.com
2466 South 48th, STE B
Springdale, AR 72762

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:

Woodridge of the Ozarks
Provider ID # [REDACTED]
Onsite Inspection Date: October 26, 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



1020 W. 4TH ST., SUITE 300
LITTLE ROCK, AR 72201 • afmc.org

Notice of Action Required

Corrective Action Plan

Woodridge of the Ozarks
Attn: Derek Thompson, Chief Executive Officer
dthompson@perimeterhealthcare.com
2466 South 48th Street, STE B
Springdale, AR 72762

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

Woodridge of the Ozarks
Provider ID #: [REDACTED]
Onsite Inspection Date: October 26, 2021

Correction Action Plan

Deficiency #1: Medicaid IP Sec. 2; CFR 42 482.130, 483.376 and 221.804. C.1
HR records did not indicate that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).

Corrective Action: All personnel files have been audited completely. Each employee has been given a documentation packet personalized according to the file needs to be complete by the end of the year. Additional CPR classes are being held to make this facilitation possible with multiple dates to attend.

Identify Person Responsible: Jessica Hogan and Tara Weaver Human Resources Manager

Completion Date: 10/26/21-12/10/21

Deficiency #2: Medicaid IP Sec. 2; CFR 42 482.130, 483.376
There is no documentation in the HR records that all direct care personnel are trained in facility's Restraint and Seclusion policy.

Corrective Action: All personnel files have been audited completely. Each employee has been given a documentation packet personalized according to the file needs to be complete by the end of the year. Additional SAMA classes are being held to make this facilitation possible with multiple dates to attend for a refresher course.

Personnel Record Number SR008505: Updated documentation replaced in employee file.

Identify Person Responsible: Jessica Hogan and Tara Weaver Human Resources Manager

Completion Date: 10/26/21-12/10/21

Deficiency #3: 241.100B

Adult Maltreatment Check, State Background Check, and Federal Background Check

Corrective Action: Each personnel missing the Adult Maltreatment, Child Maltreatment, State Background and Federal Background has been given appropriate documentation to complete and have notarized. Processing all background checks online and waiting for verification records to update the individual's file.

Identify Person Responsible: Jessica Hogan and Tara Weaver Human Resources Manager

Completion Date: 10/26/21-12/10/21

Upon completion of this CAP, please email:

InspectionTeam@afmc.org

Or fax: 501-375-0705

Attention: Inspection of Care Team

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.