

December 7, 2021

United Methodist Children's Home
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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#: 140636125
Onsite Inspection Date: December 1, 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.

This IOC visit was upon request of DPSQA to follow up on a recent IOC inspection conducted on September 30, 2021. A tour of the facility was completed with the Director of Quality Management and Compliance Specialist for the residential unit. All facility staff were observed wearing face masks. The facility environment was extremely clean and well-organized. 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.

Facility Review-Policies and Procedures:

Upon review of the site's policies and procedures, there were no deficiencies were noted.

Personnel Records- Licenses, Certifications, Training:

There were twenty personnel records requested for review, four (57%) professional staff and sixteen (52%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR008830 SR008831 SR008832 SR008833 SR008834 SR008835 SR008836 SR008837 SR008838 SR008839 SR008840 SR008841 SR008842 SR008843 SR008844 SR008845 SR008846 SR008847 SR008848 SR008849	241.100B	Adult Maltreatment Check	Failed	No file received.
SR008835	241.110B	State Background Check	Failed	Criminal background pulled 12/06/2019- Staff member has criminal record and showed not approved. Provider reported staff member was not approved due to missing consent forms. Provider reported that the employee would be suspended until background check was taken care of and cleared.

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:

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 dining hall eating lunch. 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 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 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



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