ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Provider Services and Quality Assurance

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Improving health care. Improving lives.

December 17, 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#: 140636125
Onsite Inspection Date: December 15, 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 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 December 1, 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 mask. 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. AFMC staff observe upon review of the past 30 days restraint and seclusion log that 5 episodes of restraint and seclusion had been utilized. All episodes showed a trend of occurring between 8:45 a.m. and 1:00 p.m. and were the same nurse on duty during these times. All occurrences were well documented except for one chemical restraint that was utilized for "anxiety related to issues with bulimia". The medication utilized for this chemical restraint was not properly documented in the incident report or the restraint and seclusion log. Upon further investigation the Director of Nursing was able to verbalize Zyprexa Zydis was the medication utilized.

Personnel Records- Licenses, Certifications, Training:

There was a total of twelve personnel records requested; three (33%) professional staff and nine (27%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR008999 SR009000 SR009001 SR009002 SR009003 SR009004 SR009005 SR009006 SR009007 SR009008 SR009009 SR009010 SR009011	241.100B	Adult Maltreatment Check	Failed	No file received.

SR009000	241.110B	State Background Check	Failed	Provider lacked evidence of a passing state background check dated prior to 12/14/2021. Provider records indicate the staff was hired 09/08/2020.

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.
- Upon review of SR009000, it appeared that this individual had a state background check in "pending" status dated 12/14/21. It is noted that this provider was notified of the follow up inspection via phone on 12/14/21, and that the team would arrive on 12/15/21 for this inspection. This individual has a hire date of 9/8/20, however background check submitted 12/14/21. On 12/15/21, upon being notified of 'pending' status, the provider accessed the system and indicated that the background check was now approved. It appears that this staff had not had an approved state background check completed until prompted by AFMC, therefore this was noted as deficient due to the hire date being 9/8/2020.

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 classroom setting. 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:

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

Respectfully,

AFMC Inspection Team
InspectionTeam@afmc.org

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

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December 17, 2021
Revised: January 12, 2022

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