

May 10, 2022

Youth Home, Incorporated
Attn: Beverly Foti, Chief Regulatory Officer
beverly.foti@youthhome.org
20400 Colonel Glen Road
Little Rock, Arkansas 72210

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:

Youth Home, Incorporated
Provider ID#: [REDACTED]
Onsite Inspection Date: April 27, 2022

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 entrance by a Youth Home, Incorporated staff member and a COVID-19 screening was conducted. AFMC was immediately taken to a conference room where they were met by the Utilization Review and Records Compliance Director.

A tour of the facility was completed with two Unit Managers for the residential unit. All facility staff were observed wearing face mask. The facility environment was 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. The following is a list of environmental observations found during the facility tour.

- Chestnut House it was noted that a staff member left a handbag in the common area unattended. AFMC staff did acknowledge this, and facility staff removed bag into a locked, secured area during tour.
- Rose House had multiple electrical cords stretched across the day room floor to plug in a space heater and laptop.
- Mabee House had multiple dirty dishes including old cereal and milk in bowls in the kitchen sink.
- Most sidewalks are extremely uneven, and some are broken.
- The campus is not fenced in and does reside on a main highway. Staff did state that elopement of clients has been a problem in the past due to not being enclosed within a fenced area.

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 thirty personnel records requested, seven (27%) professional staff and twenty-three (26%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR010537	241.100B	Child Maltreatment Check - IP Acute	Failed	File was not received.
SR010537	241.000B	Federal Background Check	Failed	File received did not indicate a federal background was conducted.
SR010537	241.110B	State Background Check	Failed	File received did not indicate an Arkansas State Police Background was conducted.

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. There were no active FFS Medicaid clients currently admitted. The following is a summary of findings and noted observations.

Client/Guardian Interviews:

No active FFS Medicaid clients currently admitted at the time of IOC. Therefore, there were no client interviews were conducted.

Program Activity/Service Milieu Observation:

During the facility tour, clients were observed in classroom settings at school and in recreation activity outside. Staff were calmly interacting and engaged with clients.

Medication Pass:

No active 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 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 Youth Home, Incorporated 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 currently admitted at the time of IOC. Therefore, there were no clinical records reviewed.

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



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

June 6, 2022

Youth Home, Incorporated
Attn: Beverly Foti, Chief Regulatory Officer
beverly.foti@youthhome.org
20400 Colonel Glen Road
Little Rock, Arkansas 72210

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:

Youth Home, Incorporated
Provider ID#: [REDACTED]
Onsite Inspection Date: April 27, 2022

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

X Corrective Action Plan

Reconsideration Request

Youth Home, Incorporated
Attn: Beverly Foti, Chief Regulatory Officer
beverly.foti@youthhome.org
20400 Colonel Glen Road
Little Rock, Arkansas 72210

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

Youth Home, Incorporated
Provider ID#: [REDACTED]
Onsite Inspection Date: April 27, 2022

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: Personnel record of Child Maltreatment Check was not received for SR010537.

Corrective Action: Human Resources checked with DHS to see if they still have it available as was not found in record. They no longer keep the records for this period of time (from 2020). We have the copy of the letter from the Division of Child Care and Early Childhood Education saying she met the requirements. See attached. She would not have been employed if these were not completed and cleared; Human Resources Policy 301 states:

Background Checks and Verifications-

Child Abuse Check, Adult Abuse Check, Arkansas Criminal Record Check, FBI Fingerprinting, out of state Child Abuse Check (if applicable), Office of Medicaid Inspector General (OMIG) Medicaid eligibility verification, drug testing, references, license and verification of such, Motor Vehicle Records, Department of Human Services (DHS) notification, and other verifications and checks as required by law or regulation are completed on or before first day of employment.

In addition, a new background check has been obtained that is clear. See attached.

Identify Person Responsible: Diana Simon, Human Resources Generalist

Completion Date: 5/04/22

Deficiency: Personnel file received did not indicate a federal background check was conducted.

Corrective Action: The letter attached covers both the Federal Background Check and the State.

Identify Person Responsible: Diana Simon, Human Resources Generalist

Completion Date: 5/28/20

Deficiency: Personnel file received did not indicate an Arkansas State Police Background was conducted.

Corrective Action: The letter attached covers both the Arkansas State Police Background check and the Federal Background check.

Identify Person Responsible: Diana Simon, Human Resources Generalist.

Completion Date: 5/28/20

Upon completion of this CAP, please email:

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. 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 _____.
(Site for Inspection of Care)

The date of the Inspection of Care report was _____.

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.

Provider Name

Provider's Medicaid ID Number

Provider Site

Provider Site Address

Provider Representative

Telephone Number

For Provider reconsiderations please send your request to:

AFMC –
InspectionTeam@AFMC.org

1020 West 4th, 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. 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.