

October 26, 2022

United Methodist Children's Home  
Attn: Shannon Rouse, Compliance Director  
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211 Church Street  
Bono, Arkansas 72416

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: October 11, 2022

### Inspection of Care Summary

#### Facility Tour:

Upon arrival to facility, AFMC staff was promptly greeted at the entrance by a United Methodist Children's Home staff member and a COVID-19 screening was conducted. AFMC was immediately taken to a conference room where they were met by the Compliance Director and the Corporate Compliance Specialist. 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 Compliance Director and Program Director for the residential unit. All facility staff were observed wearing face masks. The facility environment was extremely clean and well-organized. Therapeutic 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. There were no concerns found during the facility tour.

#### 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).	While reviewing personnel records it was noted that one staff lacked evidence of current certification in cardiopulmonary resuscitation (CPR).

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

There was a total of nine personnel records reviewed, two (33%) professional staff and seven (27%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR011431	221.804.C.1	CPR Training- IP Acute	Failed	Expired August 2022

### 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. 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:

During the facility tour, two classrooms with six to eight clients and two staff members per class were observed in a classroom setting during school. Staff were calmly interacting and engaged in classroom learning with residents.

#### 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 United Methodist Children's Home 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.

Respectfully,

AFMC Inspection Team  
[InspectionTeam@afmc.org](mailto:InspectionTeam@afmc.org)



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## CAP 0005687

### Corrective Action Plan Details

CAP Number CAP-0005687  
 Inspection DPSQA-0005687  
 Status Approved

### CAP Approval Process

Date Requested 10/26/2022  
 Submitted Date 11/15/2022  
 Approved Date 11/22/2022

### Notes

Timeliness Notes

### Request for Reconsideration

Recon Submitted Date  
 Recon Reviewed Date/Time  
 Revised Report Sent  
 Recon Review Results

### Deficiency Areas

#### Restraint and Seclusion Training (CPI) - IP Acute

Regulation	<b>Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376</b>
Deficiency Statement	<b>Failed Validation</b>
Instances	<b>1</b>
Corrective Action	<b>Direct care staff member, Jermaine Archield, will be retrained and informed of importance of completing required certifications before expiration date. The direct care staff member was certified on 09/30/22 as an instructor for CPR. HR sends out weekly reports on licensing and other requirements for employees and supervisors. Previous to the incident there was not a Program Director and the supervision of these requirements was not handled at the facility, but remotely from the central office. Local supervision will improve response and follow up.</b>
Person Responsible	<b>Waynette Y. Banks, Program Director</b>
Completion Date	<b>10/27/2022</b>

### Inspection Elements

Regulation	<b>Medicaid IP Sec. 2; CFR 42 482.130, 483.376</b>
Deficiency Statement	<b>HR records did not indicate that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).</b>
Instances	<b>1</b>
Corrective Action	<b>Direct care staff member, Jermaine Archield, will be retrained and informed of importance of completing required certifications before expiration date. The direct care staff member was certified on 09/30/22 as an instructor for CPR. HR sends out weekly reports on licensing and other requirements for employees and supervisors. Previous to the incident there was not a Program Director and the supervision of these requirements was not handled at the facility, but remotely from the central office. Local supervision will improve response and follow up.</b>

Person Responsible **Waynette Y. Banks, Program Director**

Completion Date **10/27/2022**

**Deficiencies**

**DEF-0058693**

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Related To **SR011433**

Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**

Deficiency Statement **Failed Validation**

Reconsideration

**DEF-0058701**

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Related To **SURVEY-0005072**

Regulation **Medicaid IP Sec. 2; CFR 42 482.130, 483.376**

Deficiency Statement **HR records did not indicate that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).**

Reconsideration