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

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Improving health care. Improving lives.

November 2, 2022

Habilitation Center, LLC
Attn: Brady Serafin, Chief Executive Officer
brady.serafin@millcreekbehavioralhealth.com
1810 Industrial Drive
Fordyce, Arkansas 71742

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:

Habilitation Center, LLC
Provider ID# : [redacted]
Onsite Inspection Date: October 20, 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 Habilitation Centers, LLC 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.

A tour of the facility was completed with the Director of Risk Management and the Director of Nursing. The facility environment was extremely clean, well-organized, and appeared to be in good repair. Therapeutic groups and educational classes were in session. Staff were able to answer all questions regarding the facility.

During the tour AFMC staff did observe several group settings in the dorms. Two staff members in these group settings were noted to be on their phones while observing clients. While AFMC staff was walking between buildings outside during the tour, one staff member was walking four clients across campus. Staff member was noted talking on phone and walking ahead of the four clients. Facility staff member never looked back to make sure clients were safe. One younger client was noted to be unable to keep up with the group. AFMC staff along with facility staff that was conducting the tour watched all clients until they were safely in the building. This was reported to the CEO as a safety concern after the facility tour.

The dorm hallways and the client doors were tastefully decorated for Halloween by the clients. In the Pine Ridge dorm AFMC staff noted a metal door handle plate on one of the bedroom doors that was coming off the door facing. Facility staff immediately contacted maintenance during the 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).	Provider lacked evidence of all direct care personnel having current certification in cardiopulmonary resuscitation (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.	Provider lacked evidence of semi-annual training on the provider's restraint policy for all direct care staff.
Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376	HR records did not indicate that all direct care personnel have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors that may trigger an emergency safety situation semi-annually.	Provider lacked evidence of semi-annual training on the provider's restraint policy for all direct care staff.

Personnel Records- Licenses, Certifications, Training:

There were sixty-seven personnel records requested, twelve (27%) professional staff and fifty-five (25%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR011567	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376	Restraint and Seclusion Training (CPI)	Failed	Provider lacked evidence of restraint training, or a refresher semiannually as indicated in the Inpatient Psychiatric Services for Under Age 21 manual section 221.804.C.5. Last documented training is October 2021.
SR011568			Failed	Provider lacked evidence of restraint training, or a refresher semiannually as indicated in the Inpatient Psychiatric Services for Under Age 21 manual section 221.804.C.5. Last documented training is February 2022.

General Observations:

SR011580 (paraprofessional) was terminated on [redacted], 2022, therefore was not reviewable. The CPR training for SR011595 expired in April 2022 and the name on the CPR documentation for SR011599 does not match the name of the employee being reviewed. There was not any indication within the uploaded documents that staff SR011599 goes by a different name.

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 clients were observed in classroom setting and in the dorms during group. The classrooms and dorms were adequately staffed. Staff and clients appeared to be engaged and the environment was conducive to learning and treatment. There were two staff members in dorms that AFMC staff noted that two of the three staff were on their cell phones instead of engaging with clients. This was reported to the CEO as a safety concern after the facility tour.

Medication Pass:

No active FFS Medicaid clients received medications during a medication pass while AFMC staff was onsite. 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 Habilitation Centers, LLC Health 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 Habilitation Centers, LLC 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

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

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November 2, 2022
REVISED: December 7, 2022

Habilitation Center, LLC
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AccessPoint

CAP-0005678

Corrective Action Plan Details

CAP Number	CAP-0005678	**Provider Response Due**	
Inspection	DPSQA-0005678	**AFMC Response Due**	
Status	Approved	**Due Date Override**	
Cancellation Reason			
Date Requested	11/2/2022		

CAP Approval Process

Submitted Date	1/24/2023	**Submitted By**	[redacted]
CAP Returned Date/Time	1/10/2023 2:27 PM		
Approved Date	1/26/2023	**Approved By**	[redacted]

Request for Reconsideration

Recon Submitted Date	12/1/2022 1:06 PM	**Recon Submitted By**	[redacted]
Recon Reviewed Date/Time	12/7/2022 10:52 AM	**Recon Reviewed By**	[redacted]
Revised Report Sent	12/7/2022	**Recon Review Results**	Of the 5 requests for reconsideration submitted: 4 were upheld. 1 was overturned.

Notes

Provider Overdue	☐
AFMC Overdue	☐
CAP Response Notes	For this CAP: Of the 3 deficiency areas submitted: 3 plan(s) have been approved as submitted 0 were rejected and will need changes Outcome: This CAP was Approved. Overall Feedback: Thank you for your response.
Timeliness Notes	
Next Step:	Your CAP has been accepted by AFMC. AFMC recommends you download a copy of your accepted CAP for your records by selecting the Printable View button in the top right-hand corner.

Followup

Require Followup	☐
Followup Date	

System Information

Created By [redacted] 11/2/2022 12:11 PM **Last Modified By** [redacted] 1/26/2023 2:34 PM

Deficiency Areas

Restraint and Seclusion Training (CPI) - IP Acute

Origin	**Credential Validation**
Regulation	**Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**
Instances	**2**
Corrective Action	**All employees are required to complete 2 four-hour TCI training sessions each year. One training session is completed in April and a subsequent training session is completed in October. To ensure that all employees receive the necessary training, the sessions will be communicated to them by their supervisors, email blasts, and notifications in heavy traffic areas. Each employee will be required to sign in prior to receiving the necessary training to ensure the training coordinator has an accurate record of those attending. If any direct care worker misses the scheduled training, they will not be allowed to work until the training session has been completed.**
Person Responsible	**Training Coordinator**
Completion Date	**1/23/2023**

Inspection Elements

Origin	**Survey**
Regulation	**Medicaid IP Sec. 2; CFR 42 482.130, 483.376**
Instances	**1**
Corrective Action	**All employees are required to complete 2 four-hour TCI training sessions each year. One training session is completed in April and a subsequent training session is completed in October. To ensure that all employees receive the necessary training, the sessions will be communicated to them by their supervisors, email blasts, and notifications in heavy traffic areas. Each employee will be required to sign in prior to receiving the necessary training to ensure the training coordinator has an accurate record of those attending. If any direct care worker misses the scheduled training, they will not be allowed to work until the training session has been completed.**
Person Responsible	**Training Coordinator**
Completion Date	**1/23/2023**

Inspection Elements

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Regulation	**Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376**
Instances	**1**
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Person Responsible	**Training Coordinator**
Completion Date	**1/23/2023**

Inspection Elements

Origin	**Survey**
Regulation	**Medicaid IP Sec. 2; CFR 42 482.130, 483.376**
Instances	**0**
Corrective Action	
Person Responsible	
Completion Date	

Deficiencies

DEF-0059664

Status	**Upheld**

Related To	**SR011568**
Regulation	**Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**
Deficiency Statement	**Failed Validation**
Service Details	**Expired: Provider lacked evidence of restraint training or a refresher semiannually as indicated in the Inpatient Psychiatric Services for Under Age 21 manual section 221.804.C.5. Last documented training is February 2022.**

DEF-0059671

Status	**Upheld**
Related To	**SR011567**
Regulation	**Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**
Deficiency Statement	**Failed Validation**
Service Details	**Expired: Provider lacked evidence of restraint training or a refresher semiannually as indicated in the Inpatient Psychiatric Services for Under Age 21 manual section 221.804.C.5. Last documented training is October 2021.**

DEF-0059770

Status	**Upheld**
Related To	**SURVEY-0005074**
Regulation	**Medicaid IP Sec. 2; CFR 42 482.130, 483.376**
Deficiency Statement	**There is no documentation in the HR records that all direct care personnel are trained in facility's Restraint and Seclusion policy.**
Service Details	**Provider lacked evidence of semiannual training on the provider's restraint policy for all direct care staff.**

DEF-0059771

Status	**Upheld**
Related To	**SURVEY-0005074**
Regulation	**Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376**
Deficiency Statement	**HR records did not indicate that all direct care personnel have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors that may trigger an emergency safety situation semi-annually.**
Service Details	**Provider lacked evidence of semiannual training on the provider's restraint policy for all direct care staff.**

DEF-0059774

Status	**Overturned**
Related To	**SURVEY-0005074**
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).**
Service Details	**Provider lacked evidence of a current certification in cardiopulmonary resuscitation (CPR) for all direct care staff.**

CAP History

1/26/2023 2:34 PM

User	[redacted]
Action	**Changed Next Step:. Changed Record Type from Submitted to Completed. Changed CAP Response Notes. Changed Approved Date to 1/26/2023. Changed Approved By to [redacted]. Changed Status from Submitted to Approved.**

1/24/2023 1:46 PM

User	[redacted]
Action	**Changed Submitted Date from 12/27/2022 to 1/24/2023. Changed Next Step:. Changed Record Type from Returned to Submitted. Changed Status from Returned to Submitted.**

1/10/2023 2:27 PM

User	[redacted]

Action	**Changed Next Step:. Changed Record Type from Submitted to Returned. Changed CAP Response Notes. Changed CAP Returned Date/Time to 1/10/2023 2:27 PM. Changed Status from Submitted to Returned.**

12/27/2022 5:14 PM

User	[redacted]
Action	**Changed Submitted Date to 12/27/2022. Changed Submitted By to [redacted]. Changed Next Step:. Changed Record Type from Recon Reviewed to Submitted. Changed Status from Recon Reviewed to Submitted.**

12/7/2022 10:52 AM

User	[redacted]
Action	**Changed Next Step:. Changed Record Type from Recon Requested to Recon Reviewed. Changed Recon Review Results. Changed Recon Reviewed Date/Time to 12/7/2022 10:52 AM. Changed Recon Reviewed By to [redacted]. Changed Status from Recon Requested to Recon Reviewed.**

12/1/2022 1:06 PM

User	[redacted]
Action	**Changed Next Step:. Changed Record Type from Requested to Recon Requested. Changed Recon Submitted By to [redacted]. Changed Recon Submitted Date to 12/1/2022 1:06 PM. Changed Reconned from false to true. Changed Status from Requested to Recon Requested.**

11/2/2022 1:55 PM

User	[redacted]
Action	**Changed Next Step:. Changed Record Type from New to Requested. Changed Date Requested to 11/2/2022. Changed Status from New to Requested.**

11/2/2022 12:11 PM

User	[redacted]
Action	**Created.**

Files

IOC Report-Habilitation Center- Fordyce - 110222 REVISED

Last Modified	**12/7/2022 10:52 AM**
Created By	**Service Account**