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

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Improving health care. Improving lives.

November 30, 2022

Woodridge of Forrest City, LLC
Attn: Charlotte Lockhart, Chief Executive Officer
clockhart@perimeterhealthcare.com
603 Kittel Road
Forrest City, Arkansas 72335

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:

Woodridge of Forrest City, LLC
Provider ID #: [redacted]
Onsite Inspection Date: November 15, 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 Woodridge of Forrest City staff member. AFMC was immediately taken to a conference room where they were met by the Director of Quality and Risk Management.

A tour of the facility was completed with the Clinical Director. The facility environment was well organized and in good repair. Staff were able to answer all questions regarding the facility. The following is a list of environmental observations per unit that was noted by AFMC staff during the facility tour:

- Unit 3 of ST1 had spills on the floors and dried debris that was stuck to the floor where the spills had occurred.
- Bathroom door on the main hall on ST1 was broken and splintered at the bottom right corner.
- Water fountain on ST2 appeared unsanitary and rust was noted around the drain.
- Room 305 on ST2 was missing four floor tiles in the center of the room.
- Several client rooms throughout the facility were noted to have baseboards missing.

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: 221.801; 42 CFR: 483.374	The facility has not submitted to Arkansas Medicaid a Letter of Attestation that the facility is in compliance with CMS standards regarding the use of Restraint and Seclusion.	There were two attestation letters submitted for review. The first letter was dated 9/16/2021 which had expired. The second letter was dated 11/15/2022 (date of IOC) was submitted passed the date of July 21st of the current year. Medicaid manual states a facility with a current provider agreement with the Medicaid agency must provide a letter of attestation no later than July 21st of each year.

Personnel Records- Licenses, Certifications, Training:

There were of seventeen personnel records reviewed, six (29%) professional staff and eleven (27%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR011999	241.100B	Child Maltreatment Check	Failed	No file received.
SR012005 SR012014	241.100B	State Background Check	Failed	No file received.

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.

Clinical Record Review Deficiencies:
No active FFS Medicaid clients were currently admitted at the time of IOC. Therefore, there were no clinical records reviewed.

Program Activity/Service Milieu Observation:
Classes were in session and residents were moving from the classroom setting to group sessions. Classroom teachers and other staff members were calm and therapeutic with residents.

Medication Pass:
No 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 Woodridge of Forrest City 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 Woodridge of Forrest City medication nurse. No discrepancies with medication storage, cleanliness of medication room, and knowledge of medication dispensing found.

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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Division of Provider Services and Quality Assurance

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November 30, 2022
REVISED: December 1, 2022

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AccessPoint

CAP 0006223

Corrective Action Plan Details

CAP Number	CAP-0006223
Inspection	DPSQA-0006223
Status	Approved

CAP Approval Process

Date Requested	11/30/2022
Submitted Date	12/7/2022
Approved Date	12/7/2022

Notes

Timeliness Notes	

Request for Reconsideration

Recon Submitted Date	11/30/2022 1 31 PM
Recon Reviewed Date/Time	12/1/2022 3 34 PM
Revised Report Sent	12/1/2022
Recon Review Results	Of the 3 requests for reconsideration submitted: 0 were upheld 3 were overturned.

Deficiency Areas

Inspection Elements

Regulation	**Medicaid IP Sec. 2: 221.801; 42 CFR: 483.374**
Deficiency Statement	**The facility has not submitted to Arkansas Medicaid a Letter of Attestation that the facility is in compliance with CMS standards regarding the use of Restraint and Seclusion.**
Instances	**1**
Corrective Action	**The facility has created an annual calendar reminder for July 21 to submit to Arkansas Medicaid, a Letter of Attestation that the facility is in compliance with CMS standards regarding the use of Restraints and Seclusions. This annual calendar reminder includes the following members of leadership: Chief Executive Officer, Director of Quality and Risk Management, and Director of Human Resources.**
Person Responsible	**Chief Executive Officer, Director of Quality and Risk Management, and Director of Human Resources**
Completion Date	**11/1/2022**

Child Maltreatment Check - IP Acute

Regulation	**241.100B**
Deficiency Statement	**Failed Validation**
Instances	**0**
Corrective Action	
Person Responsible	
Completion Date	

State Criminal Background Check - IP Acute Para-professional

Regulation	
Deficiency Statement	**Failed Validation**
Instances	**0**
Corrective Action	
Person Responsible	
Completion Date	

Deficiencies

DEF-0062139

Related To	**SURVEY-0005295**
Regulation	**Medicaid IP Sec. 2: 221.801; 42 CFR: 483.374**
Deficiency Statement	**The facility has not submitted to Arkansas Medicaid a Letter of Attestation that the facility is in compliance with CMS standards regarding the use of Restraint and Seclusion.**
Reconsideration	

DEF-0062572

Related To	**SR011999**
Regulation	**241.100B**
Deficiency Statement	**Failed Validation**
Reconsideration	**The initial information was uploaded. There was an internal deficiency with the scanner.**

DEF-0062615

Related To	**SR012005**
Regulation	
Deficiency Statement	**Failed Validation**
Reconsideration	**The initial information was uploaded. There was an internal deficiency with the scanner.**

DEF-0062616

Related To	**SR012014**
Regulation	
Deficiency Statement	**Failed Validation**
Reconsideration	**The initial information was uploaded. There was an internal deficiency with the scanner.**

Files

IOC Report-Woodridge of Forrest City - 113022 REVISED

Last Modified	**12/1/2022 3:34 PM**
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