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

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Improving health care. Improving lives.

May 19, 2023

Woodridge Northeast, LLC
Attn: Jeremy Pitzer, Chief Executive Office
jpitzer@perimeterhealthcare.com
600 North 7th Street
West Memphis, Arkansas 72301

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 Northeast, LLC
Facility Provider ID: [redacted]
Onsite Inspection Date: May 16, 2023

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 at the link provided.

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 Woodridge of West Memphis Behavioral Health staff member. AFMC was immediately taken to a conference room where they were met by the Chief Executive Officer and the Director of Quality and Risk Management. AFMC staff was given the completed and signed consent form listing approval for access to the AFMC portal.

A tour of the facility was completed with the Director of Nursing. The tour included one residential inpatient unit, seclusion rooms, medication room, gymnasium, cafeteria, two outside courtyard areas, and several classrooms. The facility environment was extremely clean, well-organized, and appeared to be in good repair. Staff were able to answer questions regarding the facility.

AFMC staff noted during the tour of the residential unit there was one male staff member with two female clients in the common area of the unit watching TV. The program that was being watched was a music video with women dancing provocatively and dressed in a skintight leotard. AFMC staff overheard one female client state, "Oh, those girls are naked." This was immediately addressed with the Director of Nursing who asked staff to change the channel due to inappropriateness of the programming.

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: 221.804; CFR 42 482.130, 483.376	HR records did not indicate training in the use of nonphysical intervention skills, such as de-escalation on an annual basis.	The provider lacked evidence of evidence that all direct care personnel are trained in the use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods, to prevent emergency safety situations on an annual basis.
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.	The provider lacked evidence of evidence that all direct care personnel have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors, events and environmental factors that may trigger emergency safety situations on a semi-annual basis.
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.	The provider lacked evidence of evidence that all direct care personnel are trained, as well as demonstrate competency, in facility's Restraint and Seclusion policy and appropriate procedures to be used in Restraint and Seclusion interventions.
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 follows CMS standards regarding	Facility could not provide proof of the letter of attestation from July 2022. New letter dated May 16, 2023 (day of IOC) was submitted for review.

	the use of Restraint and Seclusion.	
Medicaid IP Sec. 2: 215.220, 218.000 42 CFR: 441.156	There is no documentation that all direct care personnel hold current licenses, as required by their position and profession and/or licensing authority.	The provider lacked evidence of professional license for direct care personnel, as required by their position and profession and/or licensing authority.

Personnel Records- Licenses, Certifications, Training:

There was a total of 23 personnel records reviewed. Eight (26%) professional staff and 15 (25%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR013877 SR013868	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376	Restraint and Seclusion Training (CPI) - IP Acute	Failed	No file received.
SR013868	215.220, 218.000	Professional License or Certificate - IP Acute	Failed	The provider submitted a report from Global HR Research that indicates the personnel held a professional license (Licensed Master Social Worker) in the state of Tennessee from 09/07/2021 to 04/30/2022. No other professional licensure was submitted for review.
SR013878 SR013882				No file received. No file received.
SR013864	241.100B	Child Maltreatment Check - IP Acute	Failed	No file received.
SR013864	241.100B	Federal Background Check- IP Acute	Failed	Provider lacked evidence of federal background checks for staff who have resided outside of Arkansas within the last five years.
SR013864 SR013881 SR013884	241.110B	State Background Check- IP Acute	Failed	No file received. No file received. The provider submitted a report from Global HR Research however it does not indicate that the Arkansas State Police Date base was utilized.

Clinical Summary

As a part of the Quality of Care survey of the IOC, an active 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:

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

Clinical Record Review Deficiencies:

There was no active FFS Medicaid clients currently admitted at the time of IOC. Therefore, no clinical records reviews were conducted.

Program Activity/Service Milieu Observation:

Clients were observed in the classroom. Staff were engaged with the clients and were providing a therapeutic environment that was conducive to 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 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 a Woodridge Behavioral Health nurse and no discrepancies with medication storage, cleanliness of medication room, and knowledge of medication dispensing found.

Corrective Action Plan:

The CAP must be completed within 30 calendar days of the date of the email notice of the IOC report available for review. The IOC Report and Request for Corrective Action can be accessed through the link to AccessPoint, provided via email.

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

Respectfully,

AFMC Inspection Team
InspectionTeam@afmc.org

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

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CAP-0007140

Corrective Action Plan Details

CAP Number	CAP-0007140	**Provider Response Due**	
Inspection	DPSQA-0007140	**AFMC Response Due**	
Status	Approved	**Due Date Override**	
Cancellation Reason			
Date Requested	5/22/2023		

CAP Approval Process

Submitted Date	6/16/2023	**Submitted By**	[redacted]
CAP Returned Date/Time			
Approved Date	6/19/2023	**Approved By**	[redacted]

Request for Reconsideration

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

Notes

Provider Overdue ☐

AFMC Overdue ☐

CAP Response Notes

For this CAP:
Of the 10 deficiency areas submitted:
10 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], 5/22/2023 3:45 PM **Last Modified By** [redacted] 6/19/2023 10:47 AM

Deficiency Areas

Inspection Elements

Origin	**Survey**
Regulation	**Medicaid IP Sec. 2: 221.801; 42 CFR: 483.374**
Instances	**1**
Corrective Action	**Attestation was completed during survey, and final copy was sent certified to the state. Annual attestation will be completed again prior to 7/21/23. To ensure future compliance with attestations, the 7/1 annual reminder has been added to the electronic calendars for CEO, Director of Risk Managment and the Administrative Assistant.**
Person Responsible	**CEO**
Completion Date	**7/21/2023**

Professional License or Certificate - IP Acute

Origin	**Credential Validation**
Regulation	**215.220, 218.000**
Instances	**3**
Corrective Action	**Human Resources has developed and implemented a compliance tracking tool to monitor for various compliance related metrics including primary source documentation on licensed staff. Human Resources completed an audit on 100% of employee files, including primary source verification. Director of Clinical Services will implement an individual licensure and supervision plan for all therapy staff, with measured progress toward full clinical licensure. Any therapy staff who are not licensed in Arkansas will be changed to a " Clinical Coordinator" role until license is obtained.**
Person Responsible	**Human Resources Generalist, Director of Clinical Services**
Completion Date	**6/30/2023**

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	**The hospital is in the process of changing over from CPI to Handle With Care (HWC). The facility will train employees in HWC during the new employee orientation and then on a semi-annual basis thereafter. Human Resources has included HWC training in the compliance checklist and has completed an audit of 100% of files. All employees will have updated training completed by July 15th.**
Person Responsible	**Human Resources Generalist**
Completion Date	**7/15/2023**

State Criminal Background Check - IP Acute Para-professional

Origin	**Credential Validation**
Regulation	
Instances	**3**
Corrective Action	**Fully approved background checks received on employees referenced SR013864 approved background completed 5/18/23, SR013881 completed on 5/31/23 and SR013884. Human Resources has developed and implemented a compliance tracking tool to monitor for various compliance related metrics including state and federal checks. Human Resources completed an audit 100% of files for compliance with all requirements.**
Person Responsible	**Human Resources Generalist**
Completion Date	**6/19/2023**

Child Maltreatment Check - IP Acute

Origin	**Credential Validation**
Regulation	**241.100B**
Instances	**1**
Corrective Action	**Referenced employee SRO13864 has a clear child maltreatment on file as of 5/19/23. Human Resources has developed and implemented a compliance tracking tool to monitor for various**

	compliance related metrics including clear adult and child maltreatment checks. Human Resources completed an audit 100% of files for compliance with all requirements.
Person Responsible	**Human Resources Generalist**
Completion Date	**6/19/2023**

Federal Background Check - IP Acute

Origin	**Credential Validation**
Regulation	**241.100B**
Instances	**1**
Corrective Action	**Human Resources has developed and implemented a compliance tracking tool to monitor for various compliance related metrics including full resolution of background checks. When a result comes back in provisional status, the Human Resources Generalist will check results at least monthly.**
Person Responsible	**Human Resources Generalist**
Completion Date	**6/19/2023**

Inspection Elements

Origin	**Survey**
Regulation	**Medicaid IP Sec. 2: 215.220, 218.000 42 CFR: 441.156**
Instances	**1**
Corrective Action	**Human Resources has developed and implemented a compliance tracking tool to monitor for various compliance related metrics including primary source documentation on licensed staff. Human Resources completed an audit on 100% of employee files, including primary source verification. Director of Clinical Services will implement an individual licensure and supervision plan for all therapy staff, with measured progress toward full clinical licensure. Any therapy staff who are not licensed in Arkansas will changed to a " Clinical Coordinator" role.**
Person Responsible	**Human Resources Generalist**
Completion Date	**6/30/2023**

Inspection Elements

Origin	**Survey**
Regulation	**Medicaid IP Sec. 2; CFR 42 482.130, 483.376**
Instances	**1**
Corrective Action	**Restraint and Seclusion training will now take place during new employee orientation and on a semi-annual basis thereafter, and coincide in time with semi-annual Handle with Care training. Human Resources has implemented a compliance checklist and will audit 100% of employee files. Compliance data will be reported to the PI committee monthly beginning with June data in the July meeting. Completion of Restraint and Seclusion training is added to the Human resources checklist.**
Person Responsible	**Human Resources Generalist, Director of Risk Managment and Performance Impovement**
Completion Date	**7/15/2023**

Inspection Elements

Origin	**Survey**
Regulation	**Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376**
Instances	**1**
Corrective Action	**The hospital is in the process of changing over to Handle With Care (HWC). Handle with care includes knowledge of techniques to identify behaviors that may trigger emergency safety situations. The training includes both skills to utilize and behaviors and responses to avoid. The facility will train employees in HWC during the new employee orientation and then on a semi-annual basis thereafter. HWC training has been added to the HR compliance checklist, and all employees will have training completed by July 15th. Additional training is provided during New Employee orientation and will also occur at the same time as HWC every 6 months. This training includes overall S&R policy and procedures, trauma informed care, and therapeutic boundaries.**
Person Responsible	**Human Resources Generalist, Director of Clinical Services, Director of RIsk Managment and Performance Improvement**
Completion Date	**7/15/2023**

Inspection Elements

Origin	**Survey**

Regulation	**Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376**
Instances	**1**
Corrective Action	**The hospital transitioned to Handle With Care (HWC) in January 2023 for physical techniques as well as verbal de-escalation. The facility will train employees in HWC during the new employee orientation and then on a semi-annual basis thereafter. HWC training has been added to the HR compliance checklist, and all employees will have training updated by July 15th.**
Person Responsible	**Human Resources Generalist**
Completion Date	**7/15/2023**

Deficiencies

DEF-0079405

Status	**Accepted**
Related To	**SURVEY-0006437**
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.**
Service Details	**Facility could not provide proof of the letter of attestation from July 2022. New letter dated May 16, 2023 (day of IOC) was submitted for review.**

DEF-0079490

Status	**Accepted**
Related To	**SR013882**
Regulation	**215.220, 218.000**
Deficiency Statement	**Failed Validation**
Service Details	**No File Received**

DEF-0079494

Status	**Accepted**
Related To	**SR013868**
Regulation	**215.220, 218.000**
Deficiency Statement	**Failed Validation**
Service Details	**No File Received: The provider submitted a report from Global HR Research that indicates the personnel held a professional licenses (Licensed Master Social Worker) in the state of Tennessee from 09/07/2021 to 04/30/2022. No other professional licensure was submitted for review.**

DEF-0079495

Status	**Accepted**
Related To	**SR013868**
Regulation	**Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**
Deficiency Statement	**Failed Validation**
Service Details	**No File Received**

DEF-0079500

Status	**Accepted**
Related To	**SR013864**
Regulation	
Deficiency Statement	**Failed Validation**
Service Details	**No File Received**

DEF-0079496

Status	**Accepted**
Related To	**SR013877**
Regulation	**Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**
Deficiency Statement	**Failed Validation**
Service Details	**No File Received**

DEF-0079498

Status	**Accepted**
Related To	**SR013864**
Regulation	**241.100B**
Deficiency Statement	**Failed Validation**
Service Details	**No File Received**

DEF-0079502

Status	**Accepted**
Related To	**SR013878**
Regulation	**215.220, 218.000**
Deficiency Statement	**Failed Validation**
Service Details	**No File Received**

DEF-0079499

Status	**Accepted**
Related To	**SR013864**
Regulation	**241.100B**
Deficiency Statement	**Failed Validation**
Service Details	**No File Received**

DEF-0079503

Status	**Accepted**
Related To	**SR013881**
Regulation	
Deficiency Statement	**Failed Validation**
Service Details	**No File Received**

DEF-0079504

Status	**Accepted**
Related To	**SR013884**
Regulation	
Deficiency Statement	**Failed Validation**
Service Details	**Other: The provider submitted a report from Global HR Research however it does not indicate that the Arkansas State Police Date base was utilized.**

DEF-0079523

Status	**Accepted**
Related To	**SURVEY-0006437**
Regulation	**Medicaid IP Sec. 2: 215.220, 218.000 42 CFR: 441.156**
Deficiency Statement	**There is no documentation that all direct care personnel hold current licenses, as required by their position and profession and/or licensing authority.**
Service Details	**The provider lacked evidence of professional license for direct care personnel, as required by their position and profession and/or licensing authority.**

DEF-0079524

Status	**Accepted**
Related To	**SURVEY-0006437**
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	**The provider lacked evidence of evidence that all direct care personnel are trained, as well as demonstrate competency, in facility's Restraint and Seclusion policy and appropriate procedures to be used in Restraint and Seclusion interventions.**

DEF-0079525

Status	**Accepted**
Related To	**SURVEY-0006437**
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	**The provider lacked evidence of evidence that all direct care personnel have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors, events and environmental factors that may trigger emergency safety situations on a semi-annual basis.**

DEF-0079526

Status	**Accepted**
Related To	**SURVEY-0006437**
Regulation	**Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376**
Deficiency Statement	**HR records did not indicate training in the use of nonphysical intervention skills, such as de-escalation on an annual basis.**
Service Details	**The provider lacked evidence of evidence that all direct care personnel are trained in the use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods, to prevent emergency safety situations on an annual basis.**

CAP History

6/19/2023 10:47 AM

User	[redacted]
Action	**Changed Next Step:. Changed Record Type from Submitted to Completed. Changed CAP Response Notes. Changed Approved Date to 6/19/2023. Changed Approved By to [redacted] Changed Status from Submitted to Approved.**

6/16/2023 2:47 PM

User	[redacted]
Action	**Changed Submitted Date to 6/16/2023. Changed Submitted By to [redacted]. Changed Next Step:. Changed Record Type from Requested to Submitted. Changed Status from Requested to Submitted.**

5/22/2023 3:46 PM

User	[redacted]
Action	**Changed Next Step:. Changed Record Type from New to Requested. Changed Date Requested to 5/22/2023. Changed Status from New to Requested.**

5/22/2023 3:45 PM

User	[redacted]
Action	**Created.**