

June 29, 2023

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:

Mentor Abi LLC DBA Neurorestorative Timber Ridge

15000 Timberidge Lane

Benton, Arkansas 72019

Facility Provider ID: [REDACTED]

Onsite Inspection Date: June 26, 2023

Onsite Inspection Time: 9:01 a.m.

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 entrance by a Neurorestorative Timber Ridge staff member. AFMC was immediately taken to a conference room where they were met by the Regional Vice President and the Program Director.

A tour of the facility was completed with the Program Director. The facility environment was extremely clean, well-organized, and appeared to be in good repair. Staff were observed calmly interacting with clients in the classroom setting. There were no immediate issues noted during the facility tour. Staff were able to answer questions regarding the facility.

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).	The provider was unable to show documentation in HR records that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).
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 was unable to show documentation in HR records 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 was unable to provide documentation in HR records 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.	Not all personnel records contained documentation in HR records that direct care personnel are trained, as well as able to demonstrate competency, in facility's Restraint and Seclusion policy and appropriate procedures to be used in Restraint and Seclusion interventions.

Personnel Records- Licenses, Certifications, Training:

There were eight personnel records requested, three (30%) professional staff and five (26%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR014127 SR014128 SR014129 SR014130 SR014131 SR014132	Medicaid IP Sec. 2: 221.804C	CPR training	Failed	The provider noted that the employee is scheduled for CPR training on July 5, 2023.
SR014127 SR014128 SR014130 SR014133	241.100B	Child Maltreatment Check - IP Acute	Failed	No file received for review.
SR014129 SR014130	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376	Restraint and Seclusion Training (CPI)	Failed Failed	The provider noted that the employee is scheduled for CPI training in July 2023. The provider noted that the employee is scheduled for CPI training on June 30, 2023.

General Observations:

AFMC staff reviewed the final document request form with the provider at the completion of the on-site Inspection of Care and the provider signed the acknowledgement of manual requirements that were made available in the provider's policy and procedures.

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:

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 and outside in a group activity. 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 the medication room was completed with a Neurorestorative Timber Ridge nurse and no discrepancies with medication storage, cleanliness of medication room, and knowledge of medication dispensing were 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



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

June 29, 2023

REVISED: July 25, 2023

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SR014133	241.100B	Child Maltreatment Check - IP Acute	Failed	No file received for review.
SR014129	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376	Restraint and Seclusion Training (CPI)	Failed	The provider noted that the employee is scheduled for CPI training in July 2023.
SR014130			Failed	The provider noted that the employee is scheduled for CPI training on June 30, 2023.

General Observations:

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Respectfully,

AFMC Inspection Team
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CAP-0007153

Corrective Action Plan Details			
CAP Number	CAP-0007153	Provider Response Due	
Inspection	DPSQA-0007153	AFMC Response Due	
Status	Approved	Due Date Override	
Cancellation Reason			
Date Requested	7/17/2023		

CAP Approval Process			
Submitted Date	8/3/2023	Submitted By	<div></div>
CAP Returned Date/Time			
Approved Date	8/8/2023	Approved By	<div></div>

Request for Reconsideration			
Recon Submitted Date	7/21/2023 5:16 PM	Recon Submitted By	<div></div>
Recon Reviewed Date/Time	7/25/2023 12:25 PM	Recon Reviewed By	<div></div>
Revised Report Sent	7/25/2023	Recon Review Results	Of the 6 requests for reconsideration submitted: 1 was upheld. 5 were overturned.

Notes	
Provider Overdue	<input type="checkbox"/>
AFMC Overdue	<input type="checkbox"/>
CAP Response Notes	<div>For this CAP: Of the 4 deficiency areas submitted: 4 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.</div>
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	<input type="checkbox"/>
Followup Date	

System Information

Created By [REDACTED] 7/17/2023 10:49 AM

Last Modified By [REDACTED] 8/8/2023 3:29 PM

Deficiency Areas**Child Maltreatment Check - IP Acute**

Origin	Credential Validation
Regulation	241.100B
Instances	1
Corrective Action	Inform and schedule all background checks three months prior to the expiration date
Person Responsible	Program Director
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	New employee will complete training within the first 30 days of employment and until it is completed they are not allowed to engage in restraint methods. This will be repeated semi-annually and scheduled three months prior to expiration.
Person Responsible	Director
Completion Date	7/21/2023

Inspection Elements

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

Inspection Elements

Origin	Survey
Regulation	Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376
Instances	0
Corrective Action	
Person Responsible	
Completion Date	

Inspection Elements

Origin	Survey
Regulation	Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376
Instances	1
Corrective Action	New employee will complete training on non-physical intervention skills through a training packet during orientation and CPI within the first thirty days of employment. This will be repeated annually and scheduled to complete three months prior to expiration date.
Person Responsible	Director
Completion Date	7/24/2023

Inspection Elements

Origin	Survey
Regulation	Medicaid IP Sec. 2; CFR 42 482.130, 483.376
Instances	1
Corrective Action	New employees will complete CPR during their orientation week. Current employees will be scheduled three months prior to the expiration date.

Person Responsible **Director**
 Completion Date **7/21/2023**

Deficiencies

DEF-0081809

Status **Upheld**
 Related To **SR014133**
 Regulation **241.100B**
 Deficiency Statement **Failed Validation**
 Service Details **No File Received**

DEF-0081810

Status **Overtured**
 Related To **SR014130**
 Regulation **241.100B**
 Deficiency Statement **Failed Validation**
 Service Details **No File Received**

DEF-0081812

Status **Accepted**
 Related To **SR014130**
 Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**
 Deficiency Statement **Failed Validation**
 Service Details **No File Received: Provider noted that the employee is scheduled for CPI training on June 30, 2023.**

DEF-0081813

Status **Overtured**
 Related To **SR014128**
 Regulation **241.100B**
 Deficiency Statement **Failed Validation**
 Service Details **No File Received**

DEF-0081816

Status **Accepted**
 Related To **SR014129**
 Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**
 Deficiency Statement **Failed Validation**
 Service Details **No File Received: Provider noted that the employee is scheduled for CPI training in July 2023.**

DEF-0081841

Status **Overtured**
 Related To **SR014127**
 Regulation **241.100B**
 Deficiency Statement **Failed Validation**
 Service Details **No File Received**

DEF-0081843

Status **Overtured**
 Related To **SURVEY-0006455**
 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 **Not all personnel records contained documentation in HR records that direct care personnel are trained, as well as able to demonstrate competency, in facility's Restraint and Seclusion policy and appropriate procedures to be used in Restraint and Seclusion interventions.**

DEF-0081844

Status	Overtuned
Related To	SURVEY-0006455
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 was unable to provide documentation in HR records 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-0081845

Status	Accepted
Related To	SURVEY-0006455
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 was unable to show documentation in HR records 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.

DEF-0081846

Status	Accepted
Related To	SURVEY-0006455
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	The provider was unable to show documentation in HR records that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).

CAP History**8/8/2023 3:29 PM**

User	[REDACTED]
Action	Changed Next Step:. Changed Record Type from Submitted to Completed. Changed CAP Response Notes. Changed Approved Date to 8/8/2023. Changed Approved By to [REDACTED]. Changed Status from Submitted to Approved.

8/3/2023 3:46 PM

User	[REDACTED]
Action	Changed Submitted Date to 8/3/2023. Changed Submitted By to [REDACTED]. Changed Next Step:. Changed Record Type from Recon Reviewed to Submitted. Changed Status from Recon Reviewed to Submitted.

7/25/2023 12:25 PM

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 7/25/2023 12:25 PM. Changed Recon Reviewed By to [REDACTED]. Changed Status from Recon Requested to Recon Reviewed.

7/21/2023 5:16 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 7/21/2023 5:16 PM. Changed Reconned from false to true. Changed Status from Requested to Recon Requested.

7/17/2023 10:50 AM

User	[REDACTED]
Action	Changed Next Step:. Changed Record Type from New to Requested. Changed Date Requested to 7/17/2023. Changed Status from New to Requested.

7/17/2023 10:49 AM

User

Action: **Created.**

Files

**Mentor Abi Llc - Benton - IOC Inpatient Psych Report 6
29 23 REVISED**

Last Modified: **7/25/2023 12:25 PM**

Created By: **Service Account**

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