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

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February 15, 2023

Youth Home, Incorporated
Attn: Beverly Foti, Chief Regulatory Officer
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Little Rock, Arkansas 72210

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:

Youth Home, Incorporated
Provider ID#: [redacted]
Onsite Inspection Date: February 2, 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 entrance by a Youth Home, Incorporated staff member. AFMC was immediately taken to a conference room where they were met by the Chief Operations Officer and the Human Resource Director. There were limited administrative support staff due to many administrative staff working from home due to inclement weather, but available facility staff were able to accommodate AFMC staff during inspection.

A tour of the facility was completed with the Chief Operations Officer. Several staff members were observed interacting calmly with clients throughout the facility. Most clients were noted to be in their assigned dormitories due to school being out due to inclement weather. Staff were able to answer questions regarding the facility. There were four dormitories that were toured along with the school building, cafeteria, gymnasium, and outside grounds. The following is a list of environmental observations found during the facility tour.

- Sturgis House:
  - Front door had been recently broken by a client and was not being utilized as the main entry point at time of inspection. Entry was made in the back of the building utilizing a set of steep steps. Steps were iced over due to recent ice storm. Melt off of ice from roof was pouring onto walkway and steps making area extremely slippery and dangerous.
  - Clients were noted in the common area and game room of dorm. There were two rooms that had clients in their beds. There were two staff members, and all clients were within eyesight of staff.
  - One client bathroom had dirty towels in the floor and on the counter.
  - There was a sticky substance and dirt build up along the baseboards noted on the floor throughout several of the client rooms.
  - Several rooms had a lot of client's personal belongings scattered on the floor.
  - Dormitory smelled strongly of urine.
- Chestnut House:
  - Clients were noted in the common area of dormitory under direct staff supervision.
  - Several client rooms had puzzles and a large amount of Lego blocks spilt out on the floor blocking the walkway of the room.
  - Dormitory smelled strongly of urine.
- Rose House:
  - Carpet in dormitory has recently been replaced with new vinyl flooring.
  - All showers in dormitory have been recently renovated.
  - Dormitory was extremely clean and well organized.
  - Clients were in the common area and in their rooms under direct staff supervision.
- Mabee House:
  - Carpet in dormitory has recently been replaced with new vinyl flooring.
  - All showers in dormitory have been recently renovated.
  - Dormitory was extremely clean and well organized.
  - There were no clients in this dormitory at time of tour because they were at lunch in the cafeteria.
- School was not in session day of inspection due to inclement weather. School building was noted to be extremely clean, and classrooms were very well organized. No issues noted during tour of this building.
- Lunch was being served to a group of adolescent males during the tour. Cafeteria was noted to be extremely clean. Staffing for the clients in the cafeteria appeared adequate to accommodate the needs of the clients.
- Gymnasium was noted to be a very large space and was clean and well organized.

- The outside grounds were noted to be under new renovations with a new patio being built and the pavilion being renovated. Side walks were noted to be free of ice from the recent storm. The bridge on the walkway was covered with ice and did not appear to have been treated.

Facility Review-Policies and Procedures:

Upon review of the site's policies and procedures, the following deficiencies were noted:

Regulation	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.	During personnel record review, it was noted that the provider is not in compliance with documentation of annual training in the use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and
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.	During personnel record review, it was noted that the provider is not in compliance with documentation of all direct care personnel have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors, events
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.	During personnel record review, it was noted that the provider is not in compliance with documentation of all direct care personnel are trained, as well as demonstrate competency, in facility's Restraint and Seclusion policy and appropriate procedures to

Personnel Records- Licenses, Certifications, Training:

There were thirty-two personnel records requested, eight (27%) professional staff and twenty-four (25%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR012585	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376	Restraint and Seclusion Training (CPI)	Failed	Last completed on 04/18/2022.
SR012586				Last completed on 04/04/2022.
SR012589				Last completed on 03/21/2022.
SR012590				Last completed on 03/25/2022.
SR012591				Last completed on 04/14/2022.
SR012592				Last completed on 12/13/2021.
SR012593				Last completed on 02/28/2022.
SR012596				Last completed on 05/10/2022.
SR012598				Last completed on 11/10/2021.
SR012600				Last completed on 06/06/2022.
SR012602				Last completed on 06/15/2022.

SR012604 SR012605 SR012607 SR012612 SR012613				Training evidence was not received Last completed on 05/17/2022. Last completed on 05/11/2022. Last completed on 03/07/2022. Last completed on 03/21/2022.

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, client and/or guardian interviews were conducted, and a clinical record review was completed. There was no active FFS Medicaid clients at the time of the inspection.

Client/Guardian Interviews:

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

Clinical Record Review Deficiencies:

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

Program Activity/Service Milieu Observation:

During the facility tour, clients were observed in the dormitories and the cafeteria. Staff were calmly interacting and engaged with clients.

Medication Pass:

No active 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 the Youth Home, Incorporated medication 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

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