

July 17, 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:

Woodridge of the Ozarks
2466 South 48th Street, STE B
Springdale, AR 72762
Facility Provider ID: [REDACTED]
Onsite Inspection Date: July 12, 2023
Onsite Inspection Time: 8:20 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 at the facility, AFMC was promptly greeted at the front entrance by the Chief Executive Officer. Introductions were made as this is the fourth CEO for this facility that AFMC staff have worked with since October 6, 2022. AFMC staff were immediately taken to an office to start the Inspection of Care. AFMC staff was given the completed and signed consent form listing approval for access to the AFMC portal.

This IOC visit was upon request of DPSQA to follow up on a recent IOC inspection conducted on October 6, 2022, December 5, 2022, February 6, 2023, and April 3, 2023. A tour of the facility was completed with the Chief Executive Officer and Facility Plant Director. Facility staff were able to answer questions regarding the facility.

The areas that were toured included the administration office hallways, three client units, the seclusion room area, the school unit, outside grounds, cafeteria, and medication room. There were no concerns noted in any of the areas that were toured. AFMC staff noted that this was the cleanest and most organized this facility has been in comparison to the previous inspections.

Clients were observed in one classroom participating in a structured dance class and another group in the outside area participating in an organized outdoor game activity. Clients were calm and engaged in the activities. The supervision of staff was noted to be adequate for the number of clients in each area.

All staff members were observed interacting calmly and therapeutically with clients throughout the facility. The CEO was able to answer questions and show updates that the facility has made since the last AFMC Inspections of Care.

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: 241.200	Written Quality Assurance committee minutes were not available for review.	The provider reported that they do not have evidence of quality assurance meeting minutes due to the position not currently being filled.
Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376	The facility does not have a program in place offering training on the facility's Restraint and Seclusion policy, and/or training on the appropriate procedures to be used in Restraint and Seclusion.	Safety Intervention policy provided does not identify the frequency and delivery of the training on the facility's Restraint and Seclusion.

Personnel Records- Licenses, Certifications, Training:

There was a total of twelve personnel records reviewed; two (28%) professional staff and ten (25%) paraprofessional staff. During the review of the personnel records, no deficiencies were noted.

General Observations:

During personnel review it was noted that SR014231 did not have current training in restraint and seclusion, however the provider uploaded evidence that the employee was ineligible to work until that training was completed. The communication with the employee about their eligibility to work was made on July 6, 2023.

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:

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 one classroom participating in a structured dance class. Another group of clients were observed in the outside area participating in an organized outdoor game activity. Staff were engaged with the clients and were providing a therapeutic environment that was conducive to learning.

Medication Pass:

There was no active FFS Medicaid clients admitted at the time of the IOC. Due to the observation of non-Medicaid clients not being compliant with the HIPAA minimal necessary rule, no medication pass was observed. AFMC RN visited with the medication nurse and the Director of Nursing who was able to show AFMC RN the facility policies and procedures regarding medication administration, narcotic count/reconciliation/handling, and medication discrepancies. The tour of the medication room was completed with the facility 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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LITTLE ROCK, AR 72201 • afmc.org



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CAP-0007186

Corrective Action Plan Details

CAP Number	CAP-0007186	Provider Response Due
Inspection	DPSQA-0007186	AFMC Response Due
Status	Approved	Due Date Override
Cancellation Reason		
Date Requested	7/20/2023	

CAP Approval Process

Submitted Date	9/28/2023	Submitted By	[REDACTED]
CAP Returned Date/Time	9/28/2023 10:38 AM		
Approved Date	9/28/2023	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 2 deficiency areas submitted:
2 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] 7/20/2023 4:11 PM

Last Modified By [REDACTED] 9/28/2023 1:12 PM

Deficiency Areas**Inspection Elements**

Origin **Survey**
 Regulation **Medicaid IP Sec. 2: 241.200**
 Instances **1**
 Corrective Action **Quality and Risk Management leader in place and having monthly meetings since July 2023. Minutes are keep in a binder with the Risk Manager and on our public drive**
 Person Responsible [REDACTED]
 Completion Date **9/28/2023**

Inspection Elements

Origin **Survey**
 Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**
 Instances **1**
 Corrective Action **Policy reviewed and revised on 7/21/2023 to reflect 6 month de-escalation training**
 Person Responsible [REDACTED]
 Completion Date **7/21/2023**

Deficiencies**DEF-0082634**

Status **Accepted**
 Related To **SURVEY-0006515**
 Regulation **Medicaid IP Sec. 2: 241.200**
 Deficiency Statement **Written Quality Assurance committee minutes were not available for review.**
 Service Details **The provider reported that they do not have evidence of quality assurance meeting minutes due to the position not currently being filled.**

DEF-0082640

Status **Accepted**
 Related To **SURVEY-0006515**
 Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**
 Deficiency Statement **The facility does not have a program in place offering training on the facility's Restraint and Seclusion policy, and/or training on the appropriate procedures to be used in Restraint and Seclusion.**
 Service Details **Safety Intervention policy provided does not identify the frequency and delivery of the training on the facility's Restraint and Seclusion.**

CAP History**9/28/2023 1:12 PM**

User [REDACTED]
 Action **Changed Next Step:. Changed Record Type from Submitted to Completed. Changed CAP Response Notes. Changed Approved Date to 9/28/2023. Changed Approved By to [REDACTED]. Changed Status from Submitted to Approved.**

9/28/2023 11:03 AM

User [REDACTED]
 Action **Changed Submitted Date from 9/18/2023 to 9/28/2023. Changed Next Step:. Changed Record Type from Returned to Submitted. Changed Status from Returned to Submitted.**

9/28/2023 10:38 AM

User [REDACTED]
 Action **Changed Next Step:. Changed Record Type from Submitted to Returned. Changed CAP Response Notes. Changed CAP Returned Date/Time from 9/15/2023 3:01 PM to 9/28/2023 10:38 AM. Changed Status from Submitted to Returned.**

9/18/2023 7:51 AM

User [Redacted]

Action **Changed Submitted Date from 9/14/2023 to 9/18/2023. Changed Next Step:. Changed Record Type from Returned to Submitted. Changed Status from Returned to Submitted.**

9/15/2023 3:01 PM

User [Redacted]

Action **Changed Next Step:. Changed Record Type from Submitted to Returned. Changed CAP Response Notes. Changed CAP Returned Date/Time to 9/15/2023 3:01 PM. Changed Status from Submitted to Returned.**

9/14/2023 2:09 PM

User [Redacted]

Action **Changed Submitted Date to 9/14/2023. Changed Submitted By to [Redacted]. Changed Next Step:. Changed Record Type from Requested to Submitted. Changed Status from Requested to Submitted.**

7/20/2023 4:13 PM

User [Redacted]

Action **Changed Next Step:. Changed Record Type from New to Requested. Changed Date Requested to 7/20/2023. Changed Status from New to Requested.**

7/20/2023 4:11 PM

User [Redacted]

Action **Created.**

Files

AFMC CAP 9-28-23

Last Modified **9/28/2023 11:01 AM**

Created By [Redacted]

9-18-2023

Last Modified **9/18/2023 7:51 AM**

Created By [Redacted]

NS - Emergency Safety Interventions OZ (1)

Last Modified **9/14/2023 2:05 PM**

Created By [Redacted]

AFMC CAP

Last Modified **9/14/2023 2:05 PM**

Created By [Redacted]