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

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July 24, 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:

Centers for Youth and Families, Inc.
6501 West 12th Street
Little Rock, Arkansas 72225
Facility Provider ID: 115662125
Onsite Inspection Date: July 18, 2023
Onsite Inspection Time: 10:52 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 Centers for Youth and Families staff member. AFMC was immediately taken to a conference room where they were met by the Chief Strategy Officer. 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 Chief Strategy Officer. Several staff members were observed interacting calmly with clients throughout the facility. Staff were able to answer questions regarding the facility.

There are two buildings that house the under 21 years of age population. The first building toured houses the older adolescent girls. This building has four units that include the clients' rooms and bathrooms. AFMC staff noted that housekeeping was finishing cleaning and mopping the units during the tour. One unit's floor was noted to still be wet from housekeeping mopping and there was trash and fingernail clippings noted in the floor after being mopped. New paint was noted on the walls in all units. Other areas toured included the common area that is used for group activities and meals, bathrooms, outside area, and the medication room. No other issues were noted.

The second building toured houses the younger male and female children. This building mimics the same set up as the first building with four units, one girls' unit and three boys' units. Areas toured included the units, the common area that is used for group activities and meals, bathrooms, outside area, and the medication room. This building was extremely clean and well organized. No issues were noted.

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's HR records did not identify training 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 a
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's HR records did not identify 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 safe
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's HR records did not identify 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.

Personnel Records- Licenses, Certifications, Training:

There were 32 personnel records requested, six (25%) professional staff and 26 (28%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR014388	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376	Restraint and Seclusion Training (CPI)	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:

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

Clinical Record Review Deficiencies:

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

Program Activity/Service Milieu Observation:

Clients were observed on the units and in the common areas in group activity sessions and eating. Staff were engaged with the clients and were providing a therapeutic environment that was conducive to learning.

Medication Pass:

No 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 medication nurse. The only discrepancy found during the tour of the medication room was an expired multi-dose vial of TB skin test in medication refrigerator in medication room in the older girls' building.

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

CAP-0007185

Corrective Action Plan Details

CAP Number	CAP-0007185	**Provider Response Due**	
Inspection	DPSQA-0007185	**AFMC Response Due**	
Status	Approved	**Due Date Override**	
Cancellation Reason			
Date Requested	7/26/2023		

CAP Approval Process

Submitted Date	10/20/2023	**Submitted By**	[redacted]
CAP Returned Date/Time			
Approved Date	10/20/2023	**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 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.

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], 7/26/2023 11:30 AM **Last Modified By** [redacted] 10/20/2023 11:24 AM

Deficiency Areas

Med Pass/Administration

Origin	**Survey**
Regulation	
Instances	**0**
Corrective Action	
Person Responsible	
Completion Date	

Restraint and Seclusion Training (CPI) - IP Acute

Origin	**Credential Validation**
Regulation	**Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**
Instances	**1**
Corrective Action	**All staff were trained in a timely manner per the regulations in restraint and seclusion training (CPI) and supporting documentation is maintained with HR. Due to a clerical error while scanning the documentation failed to upload correctly. All documentation will be uploaded properly moving forward.**
Person Responsible	**Human Resources Personnel**
Completion Date	**10/20/2023**

Inspection Elements

Origin	**Survey**
Regulation	**Medicaid IP Sec. 2; CFR 42 482.130, 483.376**
Instances	**1**
Corrective Action	**All staff were trained in a timely manner per the regulations in restraint and seclusion policy and supporting documentation is maintained with HR. Due to a clerical error while scanning the documentation failed to upload correctly. All documentation will be uploaded properly moving forward.**
Person Responsible	**Human Resources Personnel**
Completion Date	**10/20/2023**

Inspection Elements

Origin	**Survey**
Regulation	**Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376**
Instances	**1**
Corrective Action	**All staff were trained in a timely manner and have ongoing education and training per the regulations. All supporting documentation is maintained with HR. Due to a clerical error while scanning the documentation failed to upload correctly. All documentation will be uploaded properly moving forward.**
Person Responsible	**Human Resources Personnel**
Completion Date	**10/20/2023**

Inspection Elements

Origin	**Survey**
Regulation	**Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376**
Instances	**1**
Corrective Action	**All staff were trained in a timely manner per the regulations. All Supporting documentation is maintained with HR. Due to a clerical error while scanning the documentation failed to upload correctly. All documentation will be uploaded properly moving forward.**
Person Responsible	**Human Resources Personnel**
Completion Date	**10/20/2023**

Deficiencies

DEF-0083080

Status	**Overturned**
Related To	**SURVEY-0006513**

Regulation	
Deficiency Statement	**Multi-dose vial facility policy was not followed.**
Service Details	**TB skin test multi-dose vial had sticker but no date of when vial was opened.**

DEF-0083169

Status	**Accepted**
Related To	**SR014388**
Regulation	**Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**
Deficiency Statement	**Failed Validation**
Service Details	**No File Received**

DEF-0083170

Status	**Accepted**
Related To	**SURVEY-0006512**
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's HR records did not identify 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-0083171

Status	**Accepted**
Related To	**SURVEY-0006512**
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's HR records did not identify 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-0083172

Status	**Accepted**
Related To	**SURVEY-0006512**
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's HR records did not identify training 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

10/20/2023 11:24 AM

User	[redacted]
Action	**Changed Next Step:. Changed Record Type from Submitted to Completed. Changed CAP Response Notes. Changed Approved Date to 10/20/2023. Changed Approved By to [redacted]. Changed Status from Submitted to Approved.**

10/20/2023 11:12 AM

User	[redacted]
Action	**Changed Submitted Date to 10/20/2023. Changed Submitted By to [redacted]. Changed Next Step:. Changed Record Type from Recon Reviewed to Submitted. Changed Status from Recon Reviewed to Submitted.**

10/19/2023 5:05 PM

User	[redacted]
Action	**Changed Recon Review Results. Deleted [redacted] in Recon Submitted By. Deleted 10/18/2023 10:11 AM in Recon Submitted Date. Deleted 10/19/2023 3:25 PM in Recon Reviewed Date/Time. Deleted [redacted] in Recon Reviewed**

By.

10/19/2023 5:04 PM

User [redacted]

Action **Changed Next Step:. Changed Record Type from Submitted to Recon Reviewed. Changed Status from Submitted to Recon Reviewed.**

10/19/2023 5:04 PM

User [redacted]

Action **Deleted 10/19/2023 in Submitted Date. Deleted [redacted] in Submitted By.**

10/19/2023 4:58 PM

User [redacted]

Action **Changed Submitted Date to 10/19/2023. Changed Submitted By to [redacted]. Changed Next Step:. Changed Record Type from Recon Reviewed to Submitted. Changed Status from Recon Reviewed to Submitted.**

10/19/2023 3:49 PM

User [redacted]

Action **Changed Next Step:. Changed Record Type from Cancelled to Recon Reviewed. Changed Status from Cancelled to Recon Reviewed.**

10/19/2023 3:47 PM

User [redacted]

Action **Changed Next Step:. Changed Record Type from Recon Reviewed to Cancelled. Changed Status from Recon Reviewed to Cancelled.**

10/19/2023 3:26 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 10/19/2023 3:25 PM. Changed Recon Reviewed By to [redacted] Changed Status from Recon Requested to Recon Reviewed.**

10/18/2023 10:11 AM

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 10/18/2023 10:11 AM. Changed Reconned from false to true. Changed Status from Requested to Recon Requested.**

7/26/2023 11:31 AM

User [redacted]

Action **Changed Next Step:. Changed Record Type from New to Requested. Changed Date Requested to 7/26/2023. Changed Status from New to Requested.**

7/26/2023 11:30 AM

User [redacted]

Action **Created.**