

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:

United Methodist Children's Home
2002 South Fillmore Street
Little Rock, Arkansas 72204
Facility Provider ID: [REDACTED]
Onsite Inspection Date: July 18, 2023
Onsite Inspection Time: 8:53 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 locked entrance by a United Methodist Children's Home. AFMC was immediately taken to a conference room where they were met by the Compliance Director and the Corporate Compliance Specialist. AFMC staff received the completed and signed consent form listing approval for access to the AFMC portal prior to arrival for site visit.

A tour of the facility was completed with the Compliance Specialist. The facility environment was extremely clean and well-organized. Since AFMC was last at this facility, they have increased their census significantly and are now taking both male and female clients. According to the Compliance Specialist, the census is averaging 30 or more clients between the ages of 12 and 17. There were no environmental concerns noted during the tour. Educational classes and group activities were in session. Several staff members were observed interacting calmly with clients in the classroom. 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: 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 the personnel record review it was noted that not 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.

Personnel Records- Licenses, Certifications, Training:

There were fifteen personnel records requested, three (33%) professional staff and twelve (27%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR014356	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376	Restraint and Seclusion Training (CPI)	Failed	The provider lacked documentation of a Restraint and Seclusion training refresher. CPI was last completed on 12/28/2022. The employee received a warning from the provider on 07/17/2023, notifying them they could not work until the refresher was completed. The employee, however, has been working with an expired refresher and the last date worked was 07/15/2023. The provider noted that the employee is scheduled for CPI training on July 30, 2023.
SR014130				

				The provider lacked documentation of a Restraint and Seclusion training refresher. CPI was last completed on 11/22/2022.
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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 the classroom and in a group therapy session in the dayroom on the girl’s unit. Staff were engaged with the clients and were providing a therapeutic environment that was conducive to learning.

Medication Pass:

During the tour of the medication room, AFMC staff knocked on the medication room door. Facility staff member opened door wearing cutoff jean shorts, t-shirt, and did not have an identification badge on. When AFMC staff asked facility staff if they were the medication nurse, facility staff answered no. AFMC staff asked to speak with the nurse who was giving medications to the client and this facility staff then identified themselves as the medication nurse for this shift. AFMC staff voiced concern to the Compliance Specialist regarding staff not having appropriate identification visible while administering medications and medical care to clients. The Compliance Specialist stated that it is the facility’s policy that all staff members wear an ID badge, and they will address this with the Director of Nursing immediately.

No Medicaid clients received medications during medication pass. 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 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 facility 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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LITTLE ROCK, AR 72201 • afmc.org



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CAP-0007188

Corrective Action Plan Details

CAP Number	CAP-0007188	Provider Response Due
Inspection	DPSQA-0007188	AFMC Response Due
Status	Approved	Due Date Override
Cancellation Reason		
Date Requested	7/26/2023	

CAP Approval Process

Submitted Date	8/28/2023	Submitted By	
CAP Returned Date/Time			
Approved Date	8/29/2023	Approved By	

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] 7/26/2023 11:28 AM

Last Modified By [REDACTED] 8/29/2023 3:14 PM

Deficiency Areas**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 deficient employees were required to immediately take the required training. Supervisors receive reports on upcoming training expirations and have been educated about requirements that any deficient employee is not allowed to work until training and other ongoing requirements have been completed.
Person Responsible	[REDACTED], RTC Director
Completion Date	8/1/2023

Inspection Elements

Origin	Survey
Regulation	Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376
Instances	1
Corrective Action	The deficient employees were required to immediately take the required training. Supervisors receive reports on upcoming training expirations and have been educated about requirements that any deficient employee is not allowed to work until training and other ongoing requirements have been completed.
Person Responsible	[REDACTED] RTC Director
Completion Date	8/1/2023

Deficiencies**DEF-0083055**

Status	Accepted
Related To	SR014360
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	Expired: The provide lacked documentation of a Restraint and Seclusion training refresher. CPI was last completed on 11/22/2022.

DEF-0083060

Status	Accepted
Related To	SR014356
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	Expired: The provide lacked documentation of a Restraint and Seclusion training refresher. CPI was last completed on 12/28/2022. The employee received a warning from the provider on 07/17/2023, notifying them they could not work until the refresher was completed. The employee however, has been working with an expired refresher and the last date worked was 07/15/2023.

DEF-0083067

Status	Accepted
Related To	SURVEY-0006518
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	During the personnel record review it was noted that not 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.

CAP History

8/29/2023 3:14 PM

User [REDACTED]
Action **Changed Next Step: Changed Record Type from Submitted to Completed. Changed CAP Response Notes. Changed Approved Date to 8/29/2023. Changed Approved By to [REDACTED]. Changed Status from Submitted to Approved.**

8/28/2023 7:58 AM

User [REDACTED]
Action **Changed Submitted Date to 8/28/2023. Changed Submitted By to [REDACTED]. Changed Next Step: Changed Record Type from Requested to Submitted. Changed Status from Requested to Submitted.**

7/26/2023 11:28 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 11:28 AM

User [REDACTED]
Action **Created.**

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