

October 05, 2023

REVISED: November 14, 2023

The Centers for Youth & Families
936 Jordan Dr
Monticello, AR 71655-5728

The Division of Provider Services and Quality Assurance (DPSQA) 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 Services for Under 21. The Medicaid Manual for Inpatient Psychiatric Services for Under Age 21 was used in the completion of this report.

Observations are listed below for the inspection conducted at the following service site on the following date:

The Centers for Youth & Families
Provider Medicaid ID: [REDACTED]
Onsite Inspection Date: October 02, 2023
Onsite Inspection Time: 9:27 AM

Inspection of Care Summary

Facility Tour:

Upon arrival at the facility, AFMC staff was promptly greeted at the main entrance by a The Centers for Youth and Families staff member. AFMC was immediately taken to a conference room where they were met by the Program Director. 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 Program Director for the residential unit. The facility environment was clean, well-organized, and in good repair. Educational classes were in session. Several staff members were observed interacting calmly with clients in the classroom setting. Staff were able to answer questions regarding the facility. There were no issues noted during the facility tour.

Facility Review – Policies and Procedures:

Upon review of the site's policies, procedures, and certification requirements, no deficiencies were noted.

Personnel Records – Licenses, Certifications, Training:

There was a total of ten personnel records reviewed, four (26%) professional and six (26%) paraprofessional. During the review of the personnel records, no deficiencies were noted.

Observations:

AFMC staff reviewed the final document request form with the Chief Executive Office, the Chief Operations Officer, and the Risk Manager at the completion of the on-site Inspection of Care. The provider signed the acknowledgement of manual requirements that were made available in the provider's policy and procedures. AFMC staff explained that these findings were preliminary and there was still an off-site portion to be completed.

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

Program Activity/Service Milieu Observation:

Staff and clients were observed throughout the facility in the classroom setting. Staff were calmly interacting with residents and providing a therapeutic environment for learning.

Medication Pass:

No active FFS Medicaid clients received medications during a medication pass while AFMC staff was onsite. 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 facility medication nurse who was able to show AFMC RN the facility policies and procedures regarding medication administration, narcotic count/reconciliation/handling, and medication discrepancies.

The facility nurse was able to verbalize the step-by-step process of medication delivery including the demonstration of the five rights of medication administration, documentation of medication delivery, verification of client taking medication including mouth/cheek checks, and how clients are educated about each medication. Facility nurse also verbalizes the process utilized when a client refuses medications. Tour of medication room completed no discrepancies with medication storage, cleanliness of medication room, and knowledge of medication dispensing found.

Clinical Record Review Deficiencies:

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

Respectfully,

Inspection of Care Team
InspectionTeam@afmc.org



Improving health care. Improving lives.

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LITTLE ROCK, AR 72201 • afmc.org

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Observations and any deficiencies noted are listed below for the inspection conducted at the following service site on the following date:

The Centers for Youth & Families
Provider Medicaid ID: [REDACTED]
Onsite Inspection Date: October 02, 2023
Onsite Inspection Time: 9:27 AM

A summary of the inspection and any deficiencies noted are outlined below.

The provider must submit a Corrective Action Plan (CAP) designed to correct any deficiency noted 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 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. Please follow the link provided in the email notice to submit either a Reconsideration or CAP for the inspection, all via AccessPoint.

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.

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Facility Review – Policies and Procedures:

Upon review of the site’s policies, procedures, and certification requirements, the following deficiencies were noted:

Regulation	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 lacked documentation in HR records that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).

Personnel Records – Licenses, Certifications, Training:

There was a total of ten personnel records reviewed, four (26%) professional and six (26%) paraprofessional. During the review of the personnel records, the following deficiencies were noted.

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR015053	Medicaid IP Sec. 2: 221.804C	CPR training	Failed	No file received.

Observations:

AFMC staff reviewed the final document request form with the Chief Executive Office, the Chief Operations Officer, and the Risk Manager at the completion of the on-site Inspection of Care. The provider signed the acknowledgement of manual requirements that were made available in the provider’s policy and procedures. AFMC staff explained that these findings were preliminary and there was still an off-site portion to be completed.

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.

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Clinical Record Review Deficiencies:

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

Corrective Action Plan:

The CAP must be completed within 30 calendar days of the date of the email notice of the IOC reports. Additionally, any findings that were noted in any Health and Safety Inspection(s), which are governed by certification rules and requirements, are shared with DPSQA, and may result in other remedial actions, by DPSQA, if warranted.

** For more details on the individual related deficiencies, please log into the portal.*

Respectfully,

Inspection of Care Team
InspectionTeam@afmc.org



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LITTLE ROCK, AR 72201 • afmc.org



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CAP-0007430

Corrective Action Plan Details

CAP Number	CAP-0007430	Provider Response Due
Inspection	DPSQA-0007430	AFMC Response Due
Status	Cancelled	Due Date Override
Cancellation Reason	All Deficiencies Overturned via Recon	
Date Requested	10/13/2023	

CAP Approval Process

Submitted Date	Submitted By
CAP Returned Date/Time	
Approved Date	Approved By

Request for Reconsideration

Recon Submitted Date	11/13/2023 5:08 PM	Recon Submitted By	[Redacted]
Recon Reviewed Date/Time	11/14/2023 3:41 PM	Recon Reviewed By	[Redacted]
Revised Report Sent	11/14/2023	Recon Review Results	Of the 1 requests for reconsideration submitted: 0 were upheld. 1 was overturned.

Notes

Provider Overdue	<input type="checkbox"/>
AFMC Overdue	<input type="checkbox"/>
CAP Response Notes	
Timeliness Notes	
Next Step:	No next step. This CAP Request has been cancelled.

Followup

Require Followup	<input type="checkbox"/>
Followup Date	

System Information

Created By [Redacted] 10/13/2023 9:12 AM Last Modified By [Redacted] 11/14/2023 4:28 PM

Deficiency Areas Inspection Elements

Origin | Survey

Regulation **Medicaid IP Sec. 2; CFR 42 482.130, 483.376**

Instances **0**

Corrective Action

Person Responsible

Completion Date

Deficiencies

DEF-0089176

Status **Overtured**

Related To **SURVEY-0006800**

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 lacked documentation in HR records that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).**

CAP History

11/14/2023 4:28 PM

User [REDACTED]

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

11/14/2023 3:41 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 11/14/2023 3:41 PM. Changed Recon Reviewed By to [REDACTED] Changed Status from Recon Requested to Recon Reviewed.**

11/13/2023 5:08 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 11/13/2023 5:08 PM. Changed Reconned from false to true. Changed Status from Requested to Recon Requested.**

10/13/2023 9:14 AM

User [REDACTED]

Action **Changed Next Step:. Changed Record Type from New to Requested. Changed Date Requested to 10/13/2023. Changed Status from New to Requested.**

10/13/2023 9:12 AM

User [REDACTED]

Action **Created.**

Files

IOC Report - The Centers For Youth & Families - Monticello - 10 5 23 REVISED

Last Modified **11/14/2023 3:41 PM**

Created By **Service Account**