

October 23, 2023

**REVISED: November 30, 2023**

Woodridge Of Forrest City, Llc  
603 Kittel Rd  
Forrest City, AR 72335-7728

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

**Woodridge Of Forrest City, Llc**  
**Provider Medicaid ID:** [REDACTED]  
Onsite Inspection Date: October 17, 2023  
Onsite Inspection Time: 11:25 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.

## Inspection of Care Summary

### Facility Tour:

Upon arrival to facility, AFMC staff was promptly greeted at the entrance by a Woodridge of Forrest City, LLC staff member where a COVID-19 screening was conducted and AFMC staff were issued paper masks to wear. AFMC was immediately taken to a conference room where they were met by the Chief Executive Officer. A tour of the facility was completed with the Program Director. The facility environment was clean, well-organized, and in good repair. Staff were able to answer all questions regarding the facility. The following is a list of environmental observations per unit that was noted by AFMC staff during the facility tour:

- Masks are currently required to be worn by all staff in the facility due to the rise in COVID cases. AFMC staff noted that about half of the staff weren't wearing a mask or were wearing mask so that it didn't appropriately cover their nose and mouth.
- Four client units were toured. Each unit was being cleaned or had been recently cleaned by housekeeping. AFMC staff noted each unit smelled so strongly of bleach that it was burning their eyes and nose.
- A group of 12 clients were noted outside playing basketball as a recreational activity. One staff member was noted on their phone while supervising the clients.

### Facility Review – Policies and Procedures:

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

| <b>Regulation</b>                                    | <b>Deficiency Statement</b>  | <b>Reviewer Notes</b>   |
|--|--|---|
| 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. This policy was updated September 01, 2023.<br><br>The policy states, "All direct care staff are trained in SAMA and will follow the procedures outlined in their manual and training. Staff who is not currently certified shall not be allowed to participate in the restraint procedures." |

### Personnel Records – Licenses, Certifications, Training:

There was a total of 18 personnel records reviewed, seven (27%) professional and 11 (25%) paraprofessional. During the review of the personnel records, there were no deficiencies noted.

### Observations:

AFMC staff reviewed the final document request form with the Chief Executive Officer and the Program Director at the completion of the on-site Inspection of Care and the provider signed the acknowledgement of manual requirements that were not made available in the provider's policy and procedures.

### 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:

No active FFS Medicaid clients were 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 group activities and in the classroom setting. Staff were calmly interacting with clients and providing a therapeutic environment that was conducive for learning and treatment therapies. Clients were noted to be engaged in the classroom setting. Staff to client ratio was adequate and followed the facility's staffing ratio requirements policy.

#### 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.

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 verbalized 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:

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

#### 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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| Medicaid IP Sec. 2: 215.220, 218.000 42 CFR: 441.156 | There is no documentation that all direct care personnel hold current licenses, as required by their position and profession and/or licensing authority.   | The provider lacked evidence that all direct care personnel hold current licenses, as required by their position and profession and/or licensing authority.   |

### Personnel Records – Licenses, Certifications, Training:

There was a total of 18 personnel records reviewed, seven (27%) professional and 11 (25%) paraprofessional. During the review of the personnel records, the following deficiencies were noted:

| Rule Found Deficient | Credential Validated                           | Personnel Record Number | Reviewer Notes  |
|----------------------|--|-------------------------|---|
| 214.100B             | Federal Background Check-IP Acute              | SR015210                | The provider lacked evidence of a federal background check from the Arkansas Department of Public Safety. |
| 215.220, 218.000     | Professional License or Certificate - IP Acute | SR015213<br>SR015215    | No file received  |

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

Respectfully,

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Improving health care. Improving lives.

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LITTLE ROCK, AR 72201 • afmc.org



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## CAP-0007432

### Corrective Action Plan Details

|                     |               |                       |
|---------------------|---------------|-----------------------|
| CAP Number          | CAP-0007432   | Provider Response Due |
| Inspection          | DPSQA-0007432 | AFMC Response Due     |
| Status              | Approved      | Due Date Override     |
| Cancellation Reason |               |                       |
| Date Requested      | 11/27/2023    |                       |

### CAP Approval Process

|                        |           |              |            |
|------------------------|-----------|--------------|------------|
| Submitted Date         | 12/5/2023 | Submitted By | [REDACTED] |
| CAP Returned Date/Time |           |              |            |
| Approved Date          | 12/5/2023 | Approved By  | [REDACTED] |

### Request for Reconsideration

|                          |                    |                      |   |
|--------------------------|--------------------|----------------------|---|
| Recon Submitted Date     | 11/29/2023 1:28 PM | Recon Submitted By   | [REDACTED]  |
| Recon Reviewed Date/Time | 11/30/2023 3:56 PM | Recon Reviewed By    | [REDACTED]  |
| Revised Report Sent      | 11/30/2023         | Recon Review Results | Of the 5 requests for reconsideration submitted:<br>1 was upheld.<br>4 were overturned. |

### Notes

|                    |  |
|--------------------|--|
| Provider Overdue   | <input type="checkbox"/>   |
| AFMC Overdue       | <input type="checkbox"/>   |
| CAP Response Notes | <p>For this CAP:<br/>Of the 1 deficiency areas submitted:<br/>1 plan(s) have been approved as submitted<br/>0 were rejected and will need changes</p> <p>Outcome: This CAP was Approved.</p> <p>Overall Feedback:<br/>Thank you for your response.</p> |
| 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 | <input type="checkbox"/> |
| Followup Date    |                          |



**System Information**

Created By [REDACTED], 11/27/2023 3:44 PM

Last Modified By [REDACTED] 12/5/2023 3:37 PM

**Deficiency Areas****Federal Background Check - IP Acute**

Origin **Credential Validation**  
 Regulation **241.100B**  
 Instances **0**  
 Corrective Action  
 Person Responsible  
 Completion Date

**Professional License or Certificate - IP Acute**

Origin **Credential Validation**  
 Regulation **215.220, 218.000**  
 Instances **0**  
 Corrective Action  
 Person Responsible  
 Completion Date

**Inspection Elements**

Origin **Survey**  
 Regulation **Medicaid IP Sec. 2: 215.220, 218.000 42 CFR: 441.156**  
 Instances **0**  
 Corrective Action  
 Person Responsible  
 Completion Date

**Inspection Elements**

Origin **Survey**  
 Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**  
 Instances **1**  
 Corrective Action **Policy amended to include: Staff will be retrained in SAMA every 6 months.**  
 Person Responsible **[REDACTED] CEO**  
 Completion Date **10/17/2023**

**Deficiencies****DEF-0091060**

Status **Overtured**  
 Related To **SR015210**  
 Regulation **241.100B**  
 Deficiency Statement **Failed Validation**  
 Service Details **No File Received: The provider lacked evidence of a federal background check from the Arkansas Department of Public Safety.**

**DEF-0091061**

Status **Overtured**  
 Related To **SR015213**  
 Regulation **215.220, 218.000**  
 Deficiency Statement **Failed Validation**  
 Service Details **No File Received**

**DEF-0091062**

Status **Overtured**  
 Related To **SR015215**  
 Regulation **215.220, 218.000**  
 Deficiency Statement **Failed Validation**  
 Service Details **No File Received**

**DEF-0091063**

Status **Overtured**  
 Related To **SURVEY-0006804**  
 Regulation **Medicaid IP Sec. 2: 215.220, 218.000 42 CFR: 441.156**  
 Deficiency Statement **There is no documentation that all direct care personnel hold current licenses, as required by their position and profession and/or licensing authority.**  
 Service Details **The provider lacked evidence that all direct care personnel hold current licenses, as required by their position and profession and/or licensing authority.**

**DEF-0090848**

Status **Upheld**  
 Related To **SURVEY-0006804**  
 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. Safety Intervention policy provided does not identify the frequency and delivery of the training on the facility's Restraint and Seclusion. This policy was updated September 01, 2023.**  
 Service Details **The policy states, "All direct care staff are trained in SAMA and will follow the procedures outlined in their manual and training. Staff who is not currently certified shall not be allowed to participate in the restraint procedures."**

**CAP History**

**12/5/2023 3:37 PM**

User [Redacted]  
 Action **Changed Next Step:. Changed Record Type from Submitted to Completed. Changed CAP Response Notes. Changed Approved Date to 12/5/2023. Changed Approved By to [Redacted]. Changed Status from Submitted to Approved.**

**12/5/2023 2:14 PM**

User [Redacted]  
 Action **Changed Submitted Date to 12/5/2023. Changed Submitted By to [Redacted]. Changed Next Step:. Changed Record Type from Recon Reviewed to Submitted. Changed Status from Recon Reviewed to Submitted.**

**11/30/2023 3:57 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 11/30/2023 3:56 PM. Changed Recon Reviewed By to [Redacted]. Changed Status from Recon Requested to Recon Reviewed.**

**11/29/2023 1:28 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 11/29/2023 1:28 PM. Changed Reconned from false to true. Changed Status from Requested to Recon Requested.**

**11/27/2023 3:45 PM**

User [Redacted]  
 Action **Changed Next Step:. Changed Record Type from New to Requested. Changed Date Requested to 11/27/2023. Changed Status from New to Requested.**

**11/27/2023 3:44 PM**

User [Redacted]

Action **Created.**

## Files

**IOC Report - Woodridge Of Forrest City, Llc - Forrest  
City - 10 23 23 REVISED**

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Last Modified **11/30/2023 3:56 PM**

Created By **Service Account**

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