

December 12, 2023

Woodridge of the Ozarks
2466 S 48Th St, Ste B
Springdale, AR 72762-6683

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 the Ozarks
Provider Medicaid ID: [REDACTED]
Onsite Inspection Date: December 06, 2023
Onsite Inspection Time: 1:07 PM

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 at the facility, AFMC staff were promptly greeted at the entrance by the Chief Executive Officer and immediately taken to a conference room to begin the Inspection of Care. 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 Chief Executive Officer. The facility environment was extremely

clean and well-organized. Several staff members were observed interacting calmly with clients throughout the facility. Staff were able to answer questions regarding the facility. There were no concerns found during the facility tour.

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 HR records did not include evidence that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).

Personnel Records – Licenses, Certifications, Training:

There was a total of fourteen personnel records reviewed, three (30%) professional and eleven (25%) paraprofessional. During the review of the personnel records, there were deficiencies noted.

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR015658	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 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:

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

Program Activity/Service Milieu Observation:

The facility education teacher had called in sick, so clients were having groups on each of their units. Staff were engaged with the clients and were providing a therapeutic environment that was conducive to learning. AFMC staff observed one client during the tour that was having an outburst of behavior, and the Chief Executive Officer immediately stopped the tour and walked over to the client and begin speaking softly with client regarding the behavior which de-escalated the outburst.

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 complaint 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 medication. 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, there were no clinical records reviews 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



Improving health care. Improving lives.

1020 W. 4TH ST., SUITE 300
LITTLE ROCK, AR 72201 • afmc.org



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CAP-0007599

Corrective Action Plan Details

CAP Number	CAP-0007599	Provider Response Due
Inspection	DPSQA-0007599	AFMC Response Due
Status	Approved	Due Date Override
Cancellation Reason		
Date Requested	12/13/2023	

CAP Approval Process

Submitted Date	2/5/2024	Submitted By	
CAP Returned Date/Time			
Approved Date	2/5/2024	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	<input type="checkbox"/>
AFMC Overdue	<input type="checkbox"/>
CAP Response Notes	<p>For this CAP: Of the 1 deficiency areas submitted: 1 plan(s) have been approved as submitted 0 were rejected and will need changes</p> <p>Outcome: This CAP was Approved.</p> <p>Overall Feedback: 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] 12/13/2023 4:16 PM

Last Modified By [Redacted] 2/5/2024 12:43 PM

Deficiency Areas Inspection Elements

Origin	Survey
Regulation	Medicaid IP Sec. 2; CFR 42 482.130, 483.376
Instances	1
Corrective Action	This instance for this specific employee was due to employee calling out on multiple scheduled trainings. This employee never returned to work here. To prevent this from happening in the future staff will be notified 60 days before their CPR training expires. They will have 30 days to complete it. If they have not re-certified by the 1st of the month on the month their certification expires (should be roughly 30 days after their notification) they will not be allowed to work until it is completed. If they continue to fail to attend any training once their certification expires they will face disciplinary action and will continue to not be allowed to work. This gives staff multiple chances to attend a class that is most convenient for them to stay in compliance with training requirements. For new hires they will be required to attend the scheduled CPR training for orientation if they do not have a valid CPR certificate. If they do not attend or have a valid CPR certificate they will not be allowed to complete their orientation. In the occurrence this happens they will be required to come to the next orientation scheduled to complete all requirements. This corrective action plan was rolled out 1/1/24.
Person Responsible	Human Resources
Completion Date	1/1/2024

Deficiencies DEF-0094326

Status	Accepted
Related To	SURVEY-0007101
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 HR records did not include evidence that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).

CAP History

2/5/2024 12:43 PM	
User	[Redacted]
Action	Changed Next Step:. Changed Record Type from Submitted to Completed. Changed CAP Response Notes. Changed Approved Date to 2/5/2024. Changed Approved By to [Redacted] Changed Status from Submitted to Approved.
2/5/2024 8:13 AM	
User	[Redacted]
Action	Changed Submitted Date to 2/5/2024. Changed Submitted By to [Redacted] Changed Next Step:. Changed Record Type from Requested to Submitted. Changed Status from Requested to Submitted.
12/13/2023 4:17 PM	
User	[Redacted]
Action	Changed Next Step:. Changed Record Type from New to Requested. Changed Date Requested to 12/13/2023. Changed Status from New to Requested.
12/13/2023 4:16 PM	
User	[Redacted]
Action	Created.