

March 18, 2024

Youth Home, Incorporated
20400 Colonel Glenn Rd
Little Rock, AR 72210-5323

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:

Youth Home, Incorporated
Provider Medicaid ID: [REDACTED]
Onsite Inspection Date: March 13, 2024
Onsite Inspection Time: 8:58 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 at the facility, AFMC staff was promptly greeted at the entrance by a Youth Home, Incorporated staff member. AFMC was immediately taken to a conference room where the Utilization Review and Records Compliance Director met them. 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 a Unit Manager. Several staff members were observed interacting calmly with clients throughout the facility. All clients were in class at the school building. There were four dormitories toured along with the school building, cafeteria, gymnasium, and outside grounds. There were no immediate issues noted during the facility tour. Staff were able to answer questions regarding the facility. At the end of the facility tour the facility lost electrical power. All emergency lights were noted to be in working order. Staff remained calm and directed all clients to areas that were well lit and safe.

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	There is no documentation in the HR records that all direct care personnel are trained in the facility's Restraint and Seclusion policy.	The provider's documentation of personnel records did not indicate 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.
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 documentation within personnel records do not indicate 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.
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 documentation of personnel records does not indicate training was provided for 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.
Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 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.	The provider's restraint and seclusion policy does identify adequate frequency of training.
Medicaid IP Sec. 2: 221.700 - 221.710; CFR 42 441.151, 482.130, 483.350 - 483.376	There is not a current Restraint and Seclusion policy in place which complies with Medicaid, state, and federal regulations and provides for beneficiaries' safety.	The Facility's restraint and seclusion policy does not include that staff will receive education and training on a biannual basis.

Personnel Records – Licenses, Certifications, Training:

There were thirty-five personnel records requested, eight (27%) professional staff and twenty-seven (26%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Rule	Credential Validated	Outcome	Personnel Record Number	Reviewer Notes
Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376	Restraint and Seclusion Training (CPI)	Failed	SR016476	The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 01/22/2023 for a refresher then the staff received a new certification on 11/08/2023.
			SR016479	The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 03/31/23 for the certification then a six month re refresher on 11/30/2023.
			SR016480	The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 03/13/24 for the certification and the last refresher prior to that certification was completed 05/23/2023.
			SR016482	The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 12/08/2023 for the certification and the refresher before that was dated for 04/27/2023.
			SR016485	The provider lacked evidence of any restraint and seclusion training.
			SR016494	The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 08/03/2022 for the certification then a refresher on 03/07/2023. No other additional restraint and seclusion training was provided.
			SR016502	The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 05/23/2023 for certification than a refresher on 01/08/2024.
			SR016506	The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 02/08/2023 for the certification then retraining for the refresher on 12/15/2023.

Staff Observations:

The provider added a memo stating that SR016504 was in a virtual role and did not have contact with the clients, therefore they did not have current restraint and seclusion training.

Observations:

AFMC staff reviewed the final document request form with the Utilization Review and Records Compliance Director at the completion of the on-site Inspection of Care. The provider signed the acknowledgement of manual requirements that were not 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 was no active FFS Medicaid clients currently admitted at the time of IOC. Therefore, no client interviews were conducted.

Program Activity/Service Milieu Observation:

During the facility tour, staff and clients were observed in the classroom setting and in the comfort rooms. Staff were calmly interacting and engaged with clients.

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 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:

There was 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



Improving health care. Improving lives.

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



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CAP-0007990

Corrective Action Plan Details

CAP Number	CAP-0007990	Provider Response Due	4/27/2024
Inspection	DPSQA-0007990	AFMC Response Due	
Status	Requested	Due Date Override	
Date Requested	3/28/2024		

CAP Approval Process

Submitted Date	Submitted By
CAP Returned Date/Time	
Approved Date	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

Timeliness Notes

Next Step: Please read the Information and Steps on the left. If you wish to request a Reconsideration, follow steps 2 & 3. If you wish to skip straight to submitting a Corrective Action Plan (CAP), see Step 4.

Followup

- Require Followup
- Followup Date

System Information

Created By [Redacted], 3/28/2024 3:52 PM

Last Modified By [Redacted], 3/28/2024 3:53 PM

Deficiency Areas

Inspection Elements

Origin	Survey
Regulation	Medicaid IP Sec. 2: 221.700 - 221.710; 42 CFR: 441.151, 482.130, 483.350 - 483.376
Instances	1
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
 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 **8**
 Corrective Action
 Person Responsible
 Completion Date

Inspection Elements

Origin **Survey**
 Regulation **Medicaid IP Sec. 2; CFR 42 482.130, 483.376**
 Instances **1**
 Corrective Action
 Person Responsible
 Completion Date

Inspection Elements

Origin **Survey**
 Regulation **Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376**
 Instances **1**
 Corrective Action
 Person Responsible
 Completion Date

Inspection Elements

Origin **Survey**
 Regulation **Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376**
 Instances **1**
 Corrective Action
 Person Responsible
 Completion Date

Deficiencies

DEF-0101593

Status **Requested**
 Related To **SURVEY-0007596**
 Regulation **Medicaid IP Sec. 2: 221.700 - 221.710; 42 CFR: 441.151, 482.130, 483.350 - 483.376**
 Deficiency Statement **There is not a current Restraint and Seclusion policy in place which complies with Medicaid, state, and federal regulations and provides for beneficiaries' safety.**
 Service Details **The Facility's restraint and seclusion policy does not include that staff will receive education and training on a biannual basis.**

DEF-0101595

Status **Requested**

Related To	SURVEY-0007596
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.
Service Details	The provider's restraint and seclusion policy does identify adequate frequency of training.

DEF-0101913

Status	Recon Requested
Related To	SR016476
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	Other: The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 01/22/2023 for refresher than retraining for certification on 11/08/2023.

DEF-0101915

Status	Recon Requested
Related To	SR016502
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	Other: The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 05/23/2023 for certification than retraining for the refresher on 01/08/2024.

DEF-0101916

Status	Requested
Related To	SR016506
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	Other: The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 02/08/2023 for the certification then retraining for the refresher on 12/15/2023.

DEF-0101917

Status	Recon Requested
Related To	SR016479
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	Other: The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 03/31/23 for the certification then retraining for on 11/30/2023.

DEF-0101918

Status	Recon Requested
Related To	SR016480
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	Expired: The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 03/13/24 for the certification and the last retraining was completed 05/23/2023.

DEF-0101919

Status	Recon Requested
Related To	SR016482
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	Other: The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 12/08/2023 for the certification and the refresher before that was dated for 04/27/2023.

DEF-0101920

Status **Requested**
 Related To **SR016485**
 Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**
 Deficiency Statement **Failed Validation**
 Service Details **No File Received**

DEF-0101923

Status **Requested**
 Related To **SR016494**
 Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**
 Deficiency Statement **Failed Validation**
 Service Details **Expired: The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 08/03/2022 for the certification then a refresher on 03/07/2023. No other additional restraint and seclusion training was provided.**

DEF-0101926

Status **Requested**
 Related To **SURVEY-0007596**
 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 documentation of personnel records did not indicate 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-0101927

Status **Requested**
 Related To **SURVEY-0007596**
 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 documentation within personnel records do not indicate 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-0101928

Status **Requested**
 Related To **SURVEY-0007596**
 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 documentation of personnel records do not indicate training was provided for 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**3/28/2024 3:53 PM**

User **[REDACTED]**
 Action **Changed Next Step: Changed Record Type from New to Requested. Changed Date Requested to 3/28/2024. Changed Status from New to Requested.**

3/28/2024 3:52 PM

User **[REDACTED]**
 Action **Created.**

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CAP-0007990

Corrective Action Plan Details

CAP Number	CAP-0007990	Provider Response Due
Inspection	DPSQA-0007990	AFMC Response Due
Status	Approved	Due Date Override
Cancellation Reason		
Date Requested	3/28/2024	

CAP Approval Process

Submitted Date	5/2/2024	Submitted By	[REDACTED]
CAP Returned Date/Time			
Approved Date	5/2/2024	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	<input type="checkbox"/>
AFMC Overdue	<input type="checkbox"/>
CAP Response Notes	<p>For this CAP: Of the 6 deficiency areas submitted: 6 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] 3/28/2024 3:52 PM

Last Modified By [REDACTED], 5/2/2024 3:02 PM

Deficiency Areas

Inspection Elements

Origin **Survey**
 Regulation **Medicaid IP Sec. 2: 221.700 - 221.710; 42 CFR: 441.151, 482.130, 483.350 - 483.376**
 Instances **1**
 Corrective Action **Youth Home Policy 506 on Personal Restraint and Policy 504 on Use of Seclusion will be updated to include the following wording: " Team members must complete training to identify staff and resident behaviors, events and environmental factors that trigger emergency safety situations twice a year; team members must complete training on 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 annually." [REDACTED] Chief Regulatory Officer will complete this on 5/6/24 in Manager's Meeting.**
 Person Responsible **Chief Regulatory Officer**
 Completion Date **5/6/2024**

Inspection Elements

Origin **Survey**
 Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**
 Instances **1**
 Corrective Action **Both the policy related to seclusion and the one related to restraint will be updated to include frequency of the training. There is training in place for the facility policy ; this was not included in the documentation submitted for review. This material will be included in each audit moving forward.**
 Person Responsible **Director of Training**
 Completion Date **5/6/2024**

Restraint and Seclusion Training (CPI) - IP Acute

Origin **Credential Validation**
 Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**
 Instances **8**
 Corrective Action **All direct care staff are provided the full Crisis Prevention Institute training that includes both an online module and in-person training by a CPI instructor. Upon completion, this sets the annual date of renewal for the full training. The date for the CPI refresher that includes all necessary training for direct care staff semi-annually is then set for 6 months after the initial training. We send out reminders to both the supervisor and the team member beginning 90 days prior to the due date. If anyone misses a training and is out of compliance, the supervisors receive this list weekly. The team member is placed on inactive status and cannot work a shift until the training is completed. We are adding another step in which the Director of Human Resources will follow-up with any manager who has not responded regarding a team member who is out of compliance and that supervisor will be held accountable for their action/inaction.**
 Person Responsible **Director of Human Resources**
 Completion Date **5/6/2024**

Inspection Elements

Origin **Survey**
 Regulation **Medicaid IP Sec. 2; CFR 42 482.130, 483.376**
 Instances **1**
 Corrective Action **This documentation is available; it was not submitted during the audit. The Director of Training is aware that this information must be submitted during every audit. A detailed outline of everything included in the CPI and CPI Refresher training, including training on the policy will be submitted for every audit.**
 Person Responsible **Director of Training**
 Completion Date **5/2/2024**

Inspection Elements

Origin **Survey**
 Regulation **Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376**
 Instances **1**

	<p>All direct care staff are provided the full Crisis Prevention Institute training that includes both an online module and in-person training by a CPI instructor. Upon completion, this sets the annual date of renewal for the full training. The date for the CPI refresher that includes all necessary training for direct care staff semi-annually is then set for 6 months after the initial training.</p> <p>It was noted that although nothing has changed in our processes, several of our staff were found to not meet requirements due to their training being more than 6 months apart. As I tried to do in my reconsideration request, I noted that both the federal and the state regulations state the training must occur on a semiannual basis.</p>
Corrective Action	<p>This would mean twice yearly; the regulations do not state every six months. We do aim for the 6 month timeframe; however, due to many circumstances, the staff member may be unable to meet that exact date requirement. We have numerous processes in place to assure that training is completed: We send out reminders to both the supervisor and the team member beginning 90 days prior to the due date. If anyone misses a training and is out of compliance, the supervisors receive this list weekly. The team member is placed on inactive status and cannot work a shift until the training is completed. We are adding another step in which the Director of Human Resources will follow-up with any manager who has not responded regarding a team member who is out of compliance and that supervisor will be held accountable for their action/inaction.</p>
Person Responsible	Director of Human Resources
Completion Date	5/6/2024

Inspection Elements

Origin	Survey
Regulation	Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376
Instances	1
Corrective Action	<p>All direct care staff are provided the full Crisis Prevention Institute training that includes both an online module and in-person training by a CPI instructor. Upon completion, this sets the annual date of renewal for the full training. The date for the CPI refresher that includes all necessary training for direct care staff semi-annually is then set for 6 months after the initial training. We send out reminders to both the supervisor and the team member beginning 90 days prior to the due date. If anyone misses a training and is out of compliance, the supervisors receive this list weekly. The team member is placed on inactive status and cannot work a shift until the training is completed. We are adding another step in which the Director of Human Resources will follow-up with any manager who has not responded regarding a team member who is out of compliance and that supervisor will be held accountable for their action/inaction.</p>
Person Responsible	Director of Human Resources
Completion Date	5/6/2024

Deficiencies

DEF-0101593

Status	Accepted
Related To	SURVEY-0007596
Regulation	Medicaid IP Sec. 2: 221.700 - 221.710; 42 CFR: 441.151, 482.130, 483.350 - 483.376
Deficiency Statement	There is not a current Restraint and Seclusion policy in place which complies with Medicaid, state, and federal regulations and provides for beneficiaries' safety.
Service Details	The Facility's restraint and seclusion policy does not include that staff will receive education and training on a biannual basis.

DEF-0101595

Status	Accepted
Related To	SURVEY-0007596
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.
Service Details	The provider's restraint and seclusion policy does identify adequate frequency of training.

DEF-0101913

Status	Accepted
Related To	SR016476
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	Other: The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 01/22/2023 for refresher than retraining for certification on 11/08/2023.

DEF-0101915

Status	Accepted
Related To	SR016502
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	Other: The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 05/23/2023 for certification than retraining for the refresher on 01/08/2024.

DEF-0101916

Status	Accepted
Related To	SR016506
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	Other: The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 02/08/2023 for the certification then retraining for the refresher on 12/15/2023.

DEF-0101917

Status	Accepted
Related To	SR016479
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	Other: The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 03/31/23 for the certification then retraining for on 11/30/2023.

DEF-0101918

Status	Accepted
Related To	SR016480
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	Expired: The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 03/13/24 for the certification and the last retraining was completed 05/23/2023.

DEF-0101919

Status	Accepted
Related To	SR016482
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	Other: The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 12/08/2023 for the certification and the refresher before that was dated for 04/27/2023.

DEF-0101920

Status	Accepted
Related To	SR016485
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	No File Received

DEF-0101923

Status	Accepted
Related To	SR016494
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	Expired: The staff member had a gap greater than six months between CPI and CPI refresher. Dates provided were 08/03/2022 for the certification then a refresher on 03/07/2023. No other additional restraint and seclusion training was provided.

DEF-0101926

Status	Accepted
Related To	SURVEY-0007596
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 documentation of personnel records did not indicate 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-0101927

Status	Accepted
Related To	SURVEY-0007596
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 documentation within personnel records do not indicate 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-0101928

Status	Accepted
Related To	SURVEY-0007596
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 documentation of personnel records do not indicate training was provided for 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

5/2/2024 3:02 PM

User	[Redacted]
Action	Changed Next Step:. Changed Record Type from Submitted to Completed. Changed CAP Response Notes. Changed Approved Date to 5/2/2024. Changed Approved By to [Redacted]. Changed Status from Submitted to Approved.

5/2/2024 2:19 PM

User	[Redacted]
Action	Changed Submitted Date to 5/2/2024. Changed Submitted By to [Redacted]. Changed Next Step:. Changed Record Type from Requested to Submitted. Changed Status from Requested to Submitted.

3/28/2024 3:53 PM

User	[Redacted]
Action	Changed Next Step:. Changed Record Type from New to Requested. Changed Date Requested to 3/28/2024. Changed Status from New to Requested.

3/28/2024 3:52 PM

User	[Redacted]
Action	Created.