

June 05, 2024

Mentor Abi LLC
15000 Timberidge Ln
Benton, AR 72019-9636

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:

Mentor Abi LLC
Provider Medicaid ID: [REDACTED]
Onsite Inspection Date: June 04, 2024
Onsite Inspection Time: 8:48 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 were promptly greeted at the entrance by a Mentor Abi LLC receptionist in the main lobby. AFMC was immediately taken to a conference room where they were met by the Regional Vice President and the Pediatric Program Director. AFMC staff was given the completed and signed consent form listing approval for access to the AFMC portal. Facility staff were given the Document Request Form and AFMC staff discussed the requirements for the Inspection of Care.

A tour of the facility was completed with the Pediatric Program Director. The facility environment was extremely clean, well-organized, and appeared to be in good repair. Therapeutic group activities and classes were in session. There were no immediate issues noted during the facility tour. Staff were able to answer questions regarding the facility.

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 facility's Restraint and Seclusion policy.	During the review of personnel records, it was noted that not 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.

Personnel Records – Licenses, Certifications, Training:

There were eleven personnel records requested, four (31%) professional staff and seven (25%) paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR017010	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376	Restraint and Seclusion Training (CPI)	Failed	The staff was hired April 29, 2024; however, has not yet completed restraint and seclusion training.
SR017011			Failed	The staff was hired May 03, 2024; however, has not yet completed restraint and seclusion training.

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 was 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 in the classroom setting on the school unit. Clients were engaged in schoolwork and activities. Staff were calmly interacting with clients and providing a therapeutic environment that was conducive for learning and treatment therapies.

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. The 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



- [Close Window](#)
- [Print This Page](#)
- [Expand All](#) | [Collapse All](#)

CAP-0007994

Corrective Action Plan Details

CAP Number	CAP-0007994	Provider Response Due
Inspection	DPSQA-0007994	AFMC Response Due
Status	Approved	Due Date Override
Cancellation Reason		
Date Requested	6/5/2024	

CAP Approval Process

Submitted Date	7/15/2024	Submitted By	[REDACTED]
CAP Returned Date/Time			
Approved Date	7/16/2024	Approved By	[REDACTED]

Request for Reconsideration

Recon Submitted Date	7/2/2024 9:09 AM	Recon Submitted By	[REDACTED]
Recon Reviewed Date/Time	7/8/2024 3:21 PM	Recon Reviewed By	[REDACTED]
Revised Report Sent		Recon Review Results	Of the 1 requests for reconsideration submitted: 1 was upheld. 0 were overturned.

Notes

Provider Overdue	<input type="checkbox"/>
AFMC Overdue	<input type="checkbox"/>
CAP Response Notes	<p>For this CAP: Of the 2 deficiency areas submitted: 2 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</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] 6/5/2024 1:32 PM

Last Modified By [REDACTED] 7/16/2024 1:11 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	<p>DEF- 0107246 - nonphysical intervention</p> <ul style="list-style-type: none"> • New employee will complete training on non-physical intervention skills through a training packet during orientation and CPI within the first thirty days of employment. This will be repeated annually and scheduled to complete three months prior to expiration date. <p>DEF-0107239- Restraint and Seclusion (CPI)</p> <ul style="list-style-type: none"> • New employee will complete training within the first 30 days of employment and until it is completed they are not allowed to engage in restraint methods. This will be repeated semi-annually and scheduled three months prior to expiration. <p>DEF-0107237- Restraint and Seclusion (CPI)</p> <ul style="list-style-type: none"> • New employee will complete training within the first 30 days of employment and until it is completed they are not allowed to engage in restraint methods. This will be repeated semi-annually and scheduled three months prior to expiration.
Person Responsible	Program Director
Completion Date	6/28/2024

Inspection Elements

Origin	Survey
Regulation	Medicaid IP Sec. 2; CFR 42 482.130, 483.376
Instances	1
Corrective Action	<p>DEF- 0107246 - nonphysical intervention</p> <ul style="list-style-type: none"> • New employee will complete training on non-physical intervention skills through a training packet during orientation and CPI within the first thirty days of employment. This will be repeated annually and scheduled to complete three months prior to expiration date. <p>DEF-0107239- Restraint and Seclusion (CPI)</p> <ul style="list-style-type: none"> • New employee will complete training within the first 30 days of employment and until it is completed they are not allowed to engage in restraint methods. This will be repeated semi-annually and scheduled three months prior to expiration. <p>DEF-0107237- Restraint and Seclusion (CPI)</p> <ul style="list-style-type: none"> • New employee will complete training within the first 30 days of employment and until it is completed they are not allowed to engage in restraint methods. This will be repeated semi-annually and scheduled three months prior to expiration.
Person Responsible	Program Director
Completion Date	6/28/2024

Deficiencies**DEF-0107237**

Status	Accepted
Related To	SR017010
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	No File Received: The staff was hired April 29, 2024 however, has not yet completed restraint and seclusion training.

DEF-0107239

Status	Accepted
Related To	SR017011
Regulation	Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376
Deficiency Statement	Failed Validation
Service Details	No File Received: The staff was hired May, 03, 2024; however, has not yet completed restraint and seclusion training.

DEF-0107246

Status **Upheld**

Related To **SURVEY-0007604**

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 **During the review of personnel records, it was noted that not 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.**

CAP History

7/16/2024 1:11 PM

User [REDACTED]

Action **Changed Next Step: Changed Record Type from Submitted to Completed. Changed CAP Response Notes. Changed Approved Date to 7/16/2024. Changed Approved By to [REDACTED] Changed Status from Submitted to Approved.**

7/15/2024 3:17 PM

User [REDACTED]

Action **Changed Submitted Date to 7/15/2024. Changed Submitted By to [REDACTED] Changed Next Step: Changed Record Type from Recon Reviewed to Submitted. Changed Status from Recon Reviewed to Submitted.**

7/8/2024 3:21 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 7/8/2024 3:21 PM. Changed Recon Reviewed By to [REDACTED] Changed Status from Recon Requested to Recon Reviewed.**

7/2/2024 9:09 AM

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 7/2/2024 9:09 AM. Changed Reconned from false to true. Changed Status from Requested to Recon Requested.**

6/5/2024 1:32 PM

User [REDACTED]

Action **Changed Next Step: Changed Record Type from New to Requested. Changed Date Requested to 6/5/2024. Changed Status from New to Requested.**

6/5/2024 1:32 PM

User [REDACTED]

Action **Created.**

Files

CAP 2024

Last Modified **7/15/2024 3:20 PM**

Created By [REDACTED]

JN CPI_06282024155617

Last Modified **7/15/2024 3:18 PM**

Created By [REDACTED]

Jessica Norwood Policy

Last Modified **7/15/2024 3:18 PM**

Created By [REDACTED]

CT CPI_06282024155549

Last Modified **7/15/2024 3:18 PM**

Created By [REDACTED]

Chasity Trotter Policy

Last Modified **7/15/2024 3:18 PM**

Created By [REDACTED]

Copyright © 2000-2024 salesforce.com, inc. All rights reserved.