

August 13, 2024

United Methodist Children's Home
2002 S Fillmore St
Little Rock, AR 72204-4909

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:

United Methodist Children's Home
Provider Medicaid ID: [REDACTED]
Onsite Inspection Date: August 08, 2024
Onsite Inspection Time: 8:49 AM

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

Inspection of Care Summary

Facility Tour:

Upon arrival at the facility, AFMC staff was promptly greeted at the entrance by a United Methodist Children's Home receptionist in the main lobby. AFMC was immediately taken to a conference room where they were met by the Compliance Director and the Corporate Compliance Specialist. AFMC staff received the completed and signed consent form listing approval for access to the AFMC portal prior to arrival to the site visit. 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 Corporate Compliance Specialist and the Nurse Manager. Areas toured included the boy's and the girl's units including the dayrooms and client's rooms, the seclusion rooms, medication room, cafeteria, gymnasium, and outdoor courtyard. The facility environment was extremely clean, well-organized, and appeared to be in good repair. Therapeutic group activities were in session on both units. Staff were able to answer questions regarding the facility.

Upon entering the girl's unit AFMC staff noted one female adolescent client sitting quietly at a table drawing. AFMC noted the only visible staff member present on the unit at this time was a housekeeper. AFMC staff asked the Nurse Manager who was giving the tour if it was facility policy for clients to be left in the care of housekeeping. The Nurse Manager did ask the housekeeper where the staff responsible for the client was located and the housekeeper stated the Behavioral Instructor was in the bathroom. The Nurse Manager stayed with the client until the Behavioral Instructor returned. Upon personnel file review it was noted that the housekeeping staff was not properly trained to supervise clients. They did not have current CPR nor restraint and seclusion training.

Facility Review – Policies and Procedures:

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

Personnel Records – Licenses, Certifications, Training:

There was a total of twenty personnel records reviewed, four (25%) professional and sixteen (26%) paraprofessional. There were no deficiencies noted during the personnel record review.

Observations:

Upon completion of the onsite portion of the Inspections of Care, AFMC staff reviewed the final document request form with the Compliance Director and the Corporate Compliance Specialist 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 on each unit in the dayrooms during group activities. Clients appeared engaged in ongoing 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.

Respectfully,

Inspection of Care Team
InspectionTeam@afmc.org



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