

September 20, 2024

Habilitation Center, LLC  
1810 Industrial Dr  
Fordyce, AR 71742-7110

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:

**Habilitation Center, LLC**  
**Provider Medicaid ID:** [REDACTED]  
Onsite Inspection Date: September 16, 2024  
Onsite Inspection Time: 9:04 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 Habilitation Center, LLC receptionist in the main lobby. AFMC staff signed the visitor log. AFMC staff were immediately taken to a conference room where they were met by the Chief Operations Officer and the Director of Risk Management. 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 Chief Operations Officer and the Director of Risk Management. Areas toured included multiple units and houses on the upper and lower campus, nurses station including the medication room, cafeteria, gymnasium, several outdoor courtyards, and school building that houses the educational classrooms. 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.

There were two units, Eagle Hall and Kangaroo Hall, in the main building on the upper campus that were both on quarantine precautions until September 18, 2024. Both units had 2 clients each that had tested positive for COVID-19. Eagle Hall had 17 clients quarantined and Kangaroo Hall had 12 clients quarantined. AFMC staff toured both units with facility staff and were required to wear surgical masks while on the unit. Outside both units there are masks at the central nurses' station was an area where the mask was available as well as an area where to dispose of the mask and hand sanitizer was available for use. All clients remain in the unit for all educational classes, activities, and meals except for some outdoor activities so clients can get exercise and fresh air. When these units are outside, they are the only unit in the area.

AFMC staff noted structural improvements were being made throughout the campus including fresh and touch-up paint on unit walls, new tile flooring in the cafeteria, new Tuff Grip Epoxy surfaces added to bathroom walls and floors, and exterior Smart Siding adding to interior walls of houses covering the cinder block walls for durability and aesthetics.

Habilitation Center has also built a brand new house called Success House where female clients that are within 30 days of discharge can move into to get ready to transition out of the facility. Here they have a few more privileges and freedom as well as they learn Life Skills, how to budget finances, and are even taught how to cook meals. Currently, the provider is building a house for male clients to provide this same level of care.

### 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; 42 CFR 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.	The provider's records lacked evidence 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: 221.801 42 CFR 483.374	The facility has not submitted to Arkansas Medicaid a Letter of Attestation that the facility is in compliance with CMS standards regarding the use of Restraint and	The attestation letter provided by the provider was submitted via fax on July 25, 2024. The standard indicates that if July 21st falls on a weekend or holiday, the attestation letter is due by the next business day.

	Seclusion.	
Medicaid IP Sec. 2: 221.804 42 CFR 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 records lacked evidence 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.

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

There was a total of 41 records reviewed: 8 (25%) professional staff and 33 (25%) paraprofessional staff. During the review of the personnel records, the following deficiency was noted.

Personnel Record Number	Rule	Credential Validated	Reviewer Notes
Medicaid IP Sec. 2: 221.804 42 CFR 482.130, 483.376	Restraint and Seclusion Training (CPI)	SR018054 SR018068	Training expired April 11, 2024. Training expired April 09, 2024.

**Observations:**

AFMC staff reviewed the final document request form with the Chief Operations Officer 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. 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 throughout the facility in the classroom setting in the school unit and in organized group activities throughout the campus. Clients were engaged in schoolwork and activities. Two staff members were noted to be on their phone in two separate classrooms. Otherwise, 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 medication pass. 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’s medication nurse who was able to show AFMC RN the facility policies and procedures regarding medication administration, count, reconciliation, and handling of controlled substances, and medication discrepancies.

The tour of the medication room was completed with the facility’s medication nurse. The medication room was clean and well-organized in a way to provide safety in medication administration. There was a vial of tuberculin skin test found to be open in the medication refrigerator. The vial was not labeled with the date it was opened or with the initials of the nurse who opened it. This was reported immediately to the Chief Operating Officer and

the Director of Risk Management who stated they would take care of having the opened, unlabeled vial removed and educating the nursing staff on properly labeling multi-dose vials. No other issues were noted during the medication room tour.

#### 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-0008347

### Corrective Action Plan Details

CAP Number	CAP-0008347	Provider Response Due	11/15/2024
Inspection	DPSQA-0008347	AFMC Response Due	
Status	Requested	Due Date Override	
Date Requested	10/16/2024		

### 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] 10/16/2024 8:51 AM      Last Modified By [Redacted] 10/16/2024 8:53 AM

### Deficiency Areas Inspection Elements

Origin	Survey
Regulation	Medicaid IP Sec. 2: 221.801; 42 CFR: 483.374
Instances	1
Corrective Action	

Person Responsible  
Completion Date

### Inspection Elements

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

### Restraint and Seclusion Training (CPI) - IP Acute

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

### Inspection Elements

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

### Deficiencies

#### DEF-0116560

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Status **Requested**  
Related To **SURVEY-0008036**  
Regulation **Medicaid IP Sec. 2: 221.801; 42 CFR: 483.374**  
Deficiency Statement **The facility has not submitted to Arkansas Medicaid a Letter of Attestation that the facility is in compliance with CMS standards regarding the use of Restraint and Seclusion.**  
Service Details **The attestation letter provided by the provider was submitted via fax on July 25, 2024. The standard indicates that if July 21st falls on a weekend or holiday, the attestation letter is due by the next business day.**

#### DEF-0117240

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Status **Requested**  
Related To **SURVEY-0008036**  
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 records lacked evidence 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-0117227

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Status **Requested**  
Related To **SR018054**  
Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**  
Deficiency Statement **Failed Validation**  
Service Details **Expired: Expired April 11, 2024.**

**DEF-0117239**

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Status	<b>Requested</b>
Related To	<b>SR018068</b>
Regulation	<b>Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376</b>
Deficiency Statement	<b>Failed Validation</b>
Service Details	<b>Expired: Expired April 09, 2024.</b>

**DEF-0117241**

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Status	<b>Requested</b>
Related To	<b>SURVEY-0008036</b>
Regulation	<b>Medicaid IP Sec. 2; CFR 42 482.130, 483.376</b>
Deficiency Statement	<b>There is no documentation in the HR records that all direct care personnel are trained in facility's Restraint and Seclusion policy.</b>
Service Details	<b>The provider's records lacked evidence 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.</b>

**CAP History**

**10/16/2024 8:53 AM**

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User	<b>[REDACTED]</b>
Action	<b>Changed Next Step:. Changed Record Type from New to Requested. Changed Date Requested to 10/16/2024. Changed Status from New to Requested.</b>

**10/16/2024 8:51 AM**

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User	<b>[REDACTED]</b>
Action	<b>Created.</b>



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## CAP-0008347

### Corrective Action Plan Details

CAP Number	CAP-0008347	Provider Response Due	
Inspection	DPSQA-0008347	AFMC Response Due	11/19/2024
Status	Submitted	Due Date Override	
Date Requested	10/16/2024		

### CAP Approval Process

Submitted Date	11/5/2024	Submitted By	[REDACTED]
CAP Returned Date/Time			
Approved Date		Approved By	

### Request for Reconsideration

Recon Submitted Date	10/17/2024 8:39 AM	Recon Submitted By	[REDACTED]
Recon Reviewed Date/Time	10/22/2024 11:09 AM	Recon Reviewed By	[REDACTED]
Revised Report Sent	10/22/2024	Recon Review Results	Of the 4 requests for reconsideration submitted: 0 were upheld. 4 were overturned.

### Notes

- Provider Overdue
- AFMC Overdue
- CAP Response Notes
- Timeliness Notes
- Next Step: Your CAP is being reviewed by AFMC. You will be emailed once a determination has been rendered. If you would like to download a copy of your submitted CAP, select the Printable View button in the top right-hand corner.

### Followup

- Require Followup
- Followup Date

### System Information

Created By [REDACTED] 10/16/2024 8:51 AM      Last Modified By [REDACTED] 11/5/2024 8:20 AM

### Deficiency Areas Inspection Elements



Origin	<b>Survey</b>
Regulation	<b>Medicaid IP Sec. 2: 221.801; 42 CFR: 483.374</b>
Instances	<b>1</b>
Corrective Action	<p><b>1. Immediate Submission Confirmation and Record Keeping:</b>                  The facility has confirmed that Arkansas Medicaid received the letter submitted on July 25, 2024, and documented it in our compliance records. All required attestations will be submitted on or before July 21st or the next business day.</p> <p><b>2. Policy Update on Attestation Submissions:</b>                  The facility's compliance policy will be updated to include specific procedures for handling submission deadlines that fall on weekends or holidays, ensuring that required documents are submitted on the immediate next business day. This policy update will be communicated to all team members involved in compliance activities, including those in administrative and compliance roles.</p> <p><b>3. Compliance Calendar and Reminder System Implementation:</b>                  We will establish a detailed compliance calendar with reminders and deadlines for all CMS, Medicaid, and regulatory submissions. This calendar will:</p> <ul style="list-style-type: none"> <li>o Provide an automatic alert to designated team members at least two weeks before each required submission.</li> <li>o Include specific details on submission methods (e.g., electronic, fax) and follow-up verification steps.</li> <li>o Be overseen by our Compliance Officer, who will verify submission completion before each deadline.</li> </ul>
Person Responsible	<b>Compliance Officer</b>
Completion Date	<b>11/8/2024</b>

**Inspection Elements**

Origin	<b>Survey</b>
Regulation	<b>Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376</b>
Instances	<b>0</b>
Corrective Action	
Person Responsible	
Completion Date	

**Restraint and Seclusion Training (CPI) - IP Acute**

Origin	<b>Credential Validation</b>
Regulation	<b>Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376</b>
Instances	<b>0</b>
Corrective Action	
Person Responsible	
Completion Date	

**Inspection Elements**

Origin	<b>Survey</b>
Regulation	<b>Medicaid IP Sec. 2; CFR 42 482.130, 483.376</b>
Instances	<b>0</b>
Corrective Action	
Person Responsible	
Completion Date	

**Deficiencies**

**DEF-0116560**

Status	<b>Accepted</b>
Related To	<b>SURVEY-0008036</b>
Regulation	<b>Medicaid IP Sec. 2: 221.801; 42 CFR: 483.374</b>
Deficiency Statement	<b>The facility has not submitted to Arkansas Medicaid a Letter of Attestation that the facility is in compliance with CMS standards regarding the use of Restraint and Seclusion.</b>
Service Details	<b>The attestation letter provided by the provider was submitted via fax on July 25, 2024. The standard indicates that if July 21st falls on a weekend or holiday, the attestation letter is due by the next business day.</b>

**DEF-0117240**

Status	<b>Overtured</b>
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Related To **SURVEY-0008036**  
 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 records lacked evidence 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-0117227**

Status **Overtured**  
 Related To **SR018054**  
 Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**  
 Deficiency Statement **Failed Validation**  
 Service Details **Expired: Expired April 11, 2024.**

**DEF-0117239**

Status **Overtured**  
 Related To **SR018068**  
 Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**  
 Deficiency Statement **Failed Validation**  
 Service Details **Expired: Expired April 09, 2024.**

**DEF-0117241**

Status **Overtured**  
 Related To **SURVEY-0008036**  
 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 records lacked evidence 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.**

**CAP History**

**11/5/2024 8:20 AM**

User [REDACTED]  
 Action **Changed Submitted Date to 11/5/2024. Changed Submitted By to [REDACTED] Changed Next Step:. Changed Record Type from Recon Reviewed to Submitted. Changed Status from Recon Reviewed to Submitted.**

**10/22/2024 11:09 AM**

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 10/22/2024 11:09 AM. Changed Recon Reviewed By to [REDACTED] Changed Status from Recon Requested to Recon Reviewed.**

**10/17/2024 8:39 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 10/17/2024 8:39 AM. Changed Reconned from false to true. Changed Status from Requested to Recon Requested.**

**10/16/2024 8:53 AM**

User [REDACTED]  
 Action **Changed Next Step:. Changed Record Type from New to Requested. Changed Date Requested to 10/16/2024. Changed Status from New to Requested.**

**10/16/2024 8:51 AM**

User [REDACTED]

Action **Created.**

**Files**

**IOC Report - 135301725 Habilitation Center, LLC -  
Fordyce 9 16 24 REVISED**

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Last Modified **10/22/2024 11:09 AM**

Created By **Service Account**

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## CAP-0008347

### Corrective Action Plan Details

CAP Number	CAP-0008347	Provider Response Due
Inspection	DPSQA-0008347	AFMC Response Due
Status	Approved	Due Date Override
Cancellation Reason		
Date Requested	10/16/2024	

### CAP Approval Process

Submitted Date	11/5/2024	Submitted By	
CAP Returned Date/Time			
Approved Date	11/7/2024	Approved By	

### Request for Reconsideration

Recon Submitted Date	10/17/2024 8:39 AM	Recon Submitted By	
Recon Reviewed Date/Time	10/22/2024 11:09 AM	Recon Reviewed By	
Revised Report Sent	10/22/2024	Recon Review Results	Of the 4 requests for reconsideration submitted: 0 were upheld. 4 were overturned.

### 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</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] 10/16/2024 8:51 AM

Last Modified By [REDACTED] 11/7/2024 4:24 PM

**Deficiency Areas****Inspection Elements**

Origin	Survey
Regulation	Medicaid IP Sec. 2: 221.801; 42 CFR: 483.374
Instances	1
Corrective Action	<p><b>1. Immediate Submission Confirmation and Record Keeping:</b> The facility has confirmed that Arkansas Medicaid received the letter submitted on July 25, 2024, and documented it in our compliance records. All required attestations will be submitted on or before July 21st or the next business day.</p> <p><b>2. Policy Update on Attestation Submissions:</b> The facility's compliance policy will be updated to include specific procedures for handling submission deadlines that fall on weekends or holidays, ensuring that required documents are submitted on the immediate next business day. This policy update will be communicated to all team members involved in compliance activities, including those in administrative and compliance roles.</p> <p><b>3. Compliance Calendar and Reminder System Implementation:</b> We will establish a detailed compliance calendar with reminders and deadlines for all CMS, Medicaid, and regulatory submissions. This calendar will:</p> <ul style="list-style-type: none"> <li>o Provide an automatic alert to designated team members at least two weeks before each required submission.</li> <li>o Include specific details on submission methods (e.g., electronic, fax) and follow-up verification steps.</li> <li>o Be overseen by our Compliance Officer, who will verify submission completion before each deadline.</li> </ul>
Person Responsible	Compliance Officer
Completion Date	11/8/2024

**Inspection Elements**

Origin	Survey
Regulation	Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376
Instances	0
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	0
Corrective Action	
Person Responsible	
Completion Date	

**Inspection Elements**

Origin	Survey
Regulation	Medicaid IP Sec. 2; CFR 42 482.130, 483.376
Instances	0
Corrective Action	
Person Responsible	
Completion Date	

**Deficiencies****DEF-0116560**

Status	Accepted
Related To	SURVEY-0008036
Regulation	Medicaid IP Sec. 2: 221.801; 42 CFR: 483.374

Deficiency Statement **The facility has not submitted to Arkansas Medicaid a Letter of Attestation that the facility is in compliance with CMS standards regarding the use of Restraint and Seclusion.**

Service Details **The attestation letter provided by the provider was submitted via fax on July 25, 2024. The standard indicates that if July 21st falls on a weekend or holiday, the attestation letter is due by the next business day.**

**DEF-0117240**

Status **Overtured**

Related To **SURVEY-0008036**

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 records lacked evidence 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-0117227**

Status **Overtured**

Related To **SR018054**

Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**

Deficiency Statement **Failed Validation**

Service Details **Expired: Expired April 11, 2024.**

**DEF-0117239**

Status **Overtured**

Related To **SR018068**

Regulation **Medicaid IP Sec. 2: 221.804; 42 CFR 482.130, 483.376**

Deficiency Statement **Failed Validation**

Service Details **Expired: Expired April 09, 2024.**

**DEF-0117241**

Status **Overtured**

Related To **SURVEY-0008036**

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 records lacked evidence 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.**

**CAP History**

**11/7/2024 4:24 PM**

User [REDACTED]

Action **Changed Next Step:. Changed Record Type from Submitted to Completed. Changed CAP Response Notes. Changed Approved Date to 11/7/2024. Changed Approved By to [REDACTED] Changed Status from Submitted to Approved.**

**11/5/2024 8:20 AM**

User [REDACTED]

Action **Changed Submitted Date to 11/5/2024. Changed Submitted By to [REDACTED] Changed Next Step:. Changed Record Type from Recon Reviewed to Submitted. Changed Status from Recon Reviewed to Submitted.**

**10/22/2024 11:09 AM**

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 10/22/2024 11:09 AM. Changed Recon Reviewed By to [REDACTED] Changed Status from Recon Requested to Recon Reviewed.**

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**10/17/2024 8:39 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 10/17/2024 8:39 AM. Changed Reconned from false to true. Changed Status from Requested to Recon Requested.**

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**10/16/2024 8:53 AM**

User [REDACTED]  
Action **Changed Next Step: Changed Record Type from New to Requested. Changed Date Requested to 10/16/2024. Changed Status from New to Requested.**

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**10/16/2024 8:51 AM**

User [REDACTED]  
Action **Created.**

**Files**

**IOC Report - 135301725 Habilitation Center, LLC -  
Fordyce 9 16 24 REVISED**

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Last Modified **10/22/2024 11:09 AM**  
Created By **Service Account**

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