

September 30, 2024

The Centers for Youth & Families  
936 Jordan Dr  
Monticello, AR 71655-5728

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:

**The Centers for Youth & Families**  
**Provider Medicaid ID:** [REDACTED]  
Onsite Inspection Date: September 23, 2024  
Onsite Inspection Time: 8:48 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 were promptly greeted at the entrance by The Centers for Youth and Families receptionist in the main lobby. AFMC staff signed the visitor log. AFMC was immediately taken to an office where they were met by the 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 Program Director. Areas toured included the two male units and one female unit that included the client bedrooms which are all single occupancy rooms, group activity rooms, bathroom and shower room. Other areas toured included the medication room, cafeteria, the outdoor courtyard, and the educational classroom unit. The facility environment was clean, well-organized, and appeared to be in good repair. The shower areas were noted to have what appeared to be mildew. The Program Director stated they will be updating the shower rooms soon with epoxy on the walls and floor. There were no immediate health and safety 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 requirement, no deficiencies were noted.

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

There was a total of nine personnel records reviewed, four (31%) professional and five (25%) paraprofessionals. During the review of the personnel records, no deficiencies were noted.

#### Observations:

AFMC staff reviewed the final document request form with the Program Director 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 throughout the facility in the classroom setting on the school unit and moving from the classroom setting to other activities in the education unit. Educational classes and therapeutic group activities were noted to be in session. Clients were engaged in schoolwork and activities. In the cafeteria there was one male client that had been separated from the rest of the clients due to an outburst of behavior. There were two staff members present with the client, one who was standing back to give client space and one staff member who was having a calm one-on-one conversation with client to help de-escalate the situation. 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, count, reconciliation, and handling of controlled substances, and medication discrepancies.

The 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  
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