

September 30, 2024

Delta Family Health and Fitness Center for Children
815 E Saint Louis St
Hamburg, AR 71646-2766

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:

Delta Family Health and Fitness Center for Children

Provider Medicaid ID: [REDACTED]

Onsite Inspection Date: September 23, 2024

Onsite Inspection Time: 11:10 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 Delta Family and Fitness – Center for Children facility staff member in the main lobby. AFMC staff signed the visitor log. AFMC was immediately taken to a conference room where they were met by the Administrator. 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 Administrator. Areas toured included the three client units which are all double occupancy rooms with a bathroom that includes a toilet and sink, day room, and shower room. Currently one unit is being utilized for all the female clients, one unit is being utilized for all the male clients, and one unit is not being utilized due to low census. Other areas toured included the cafeteria, the time out rooms, the outdoor courtyard, the educational classroom unit, and the nurses' station including the medication room. The facility environment was clean, well-organized, and appeared to be in decent 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 requirement, no deficiencies were noted.

Personnel Records – Licenses, Certifications, Training:

There was a total of nine personnel records reviewed, three (27%) professional and six (27%) paraprofessional. During the review of the personnel records, no deficiencies were noted.

Observations:

AFMC staff reviewed the final document request form with the Administration 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 in their rooms on the units. 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 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 Administrator. The Administrator reported back to AFMC staff that they talked with the Director of Nursing who stated the staff nurse had already reported the opened, unlabeled vial and had removed it from the medication room refrigerator. 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.

Respectfully,

Inspection of Care Team
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