

October 9, 2024

United Methodist Children's Home  
211 Church St  
Bono, AR 72416-9578

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: October 03, 2024  
Onsite Inspection Time: 9:23 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 staff signed the visitor log. AFMC was immediately taken to a conference room where they were met by the Compliance Director and the Corporate Compliance Specialist. 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 Compliance Director. Areas toured included the client's living unit including client bedrooms and community bathrooms with showers, the seclusion room, gymnasium, outdoor courtyard, education classroom unit, medication room, and cafeteria. The facility environment was extremely clean, well-organized, and appeared to be in good repair. 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 eight personnel records reviewed, two (25%) professional and six (25%) paraprofessionals. There were no deficiencies noted during the personnel record review.

### Observations:

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:

All the clients were observed in two separate educational classrooms on the second floor of the facility. Staff and clients were calmly interacting and engaged in classroom learning. Classrooms were staffed adequately and according to staffing ratio policy. Staff were providing a therapeutic environment conducive to learning.

### Medication Pass:

No active FFS Medicaid clients received medications during the Inspections of Care while AFMC staff was onsite. The AFMC RN visited with the facility medication nurse who was able to show the AFMC RN the facility's 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. A tour of the medication room was completed, and no discrepancies were noted with medication storage, cleanliness of the 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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Improving health care. Improving lives.

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