

February 14, 2025

Youth Home, Incorporated
20400 Colonel Glenn Rd
Little Rock, AR 72210-5323

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:

Youth Home, Incorporated
Provider Medicaid ID: [REDACTED]
Onsite Inspection Date: February 11, 2025
Onsite Inspection Time: 9:00 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 a Youth Home, Incorporated receptionist in the main lobby. AFMC staff signed the visitor log and were given visitor badges. AFMC was immediately taken to a conference room where they were met by the Regulatory Director, Utilization Review Director, Records Compliance Director, and the Training Officer. AFMC staff were 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 a Unit Manager. The facility environment was extremely clean, well-organized, and appeared to be in good repair. In two of the dormitories there were clients on unit restrictions with staff members in attendance. All other clients were in classes in the educational school building. 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 requirements, no deficiencies were noted.

Personnel Records – Licenses, Certifications, Training:

There were thirty-nine personnel records reviewed, eight (28%) professional staff and thirty-one (26%) paraprofessional staff. Upon review of the personnel records, no deficiencies were noted.

Observations:

At the conclusion of the onsite inspection, AFMC staff reviewed the final document request form with the Regulatory Director, Utilization Review Director, Records Compliance Director, and the Training Officer 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:

In two of the dormitories there were clients on unit restrictions with staff members in attendance. All other clients were in classes in the educational school building. Clients were engaged in schoolwork and organized activities. Staff were calmly interacting with clients and providing a therapeutic environment that was conducive for learning and treatment therapies. All areas with clients were noted to be staffed adequately and according to the facility's staffing ratio policy.

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. The tour of medication room was completed with facility staff and a review of facility policies and procedures regarding medication administration, count/reconciliation/handling of controlled substances, and medication errors/discrepancies was completed. There were no discrepancies noted regarding medication storage, cleanliness of the medication room, and policy review.

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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