

Plan of Correction

Program Name: Catholic Social Services	Date Submitted: 06/29/2020	Date Due: 07/29/2020
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Administrative POC-1

Rule #: 67:61:02:21	<p>Rule Statement: Sentinel event notification. Each accredited agency shall make a report to the division within 24 hours of any sentinel event including; death not primarily related to the natural course of the client's illness or underlying condition, permanent harm, or severe temporary harm, and intervention required to sustain life.</p> <p>The agency shall submit a follow-up report to the division within 72 hours of any sentinel event and the report shall include:</p> <ul style="list-style-type: none"> (1) A written description of the event; (2) The client's name and date of birth; and (3) Immediate actions taken by the agency. <p>Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events.</p> <p>Each agency shall also report to the division as soon as possible: any fire with structural damage or where injury or death occurs, any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours.</p>
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Area of Noncompliance: The agency needs to develop a sentinel event policy in accordance with the rule.

Corrective Action (policy/procedure, training, environmental changes, etc): Catholic Social Services will develop a policy in accordance with the rule	Anticipated Date Achieved/Implemented: Date 12/31/2020
Supporting Evidence: We will forward a copy of the policy for your review.	Person Responsible: Jim Kinyon
How Maintained: It will become part of CSS general policies which are reviewed by the Board of Directors periodically.	Board Notified: Y <input type="checkbox"/> X <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-2

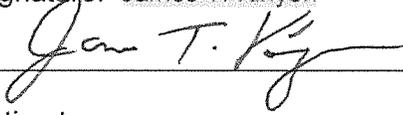
Rule #: 67:61:11:08	<p>Rule Statement: Quality assurance and evaluation. An agency shall conduct a quality assurance review of its prevention programming to monitor, protect, and enhance the quality and appropriateness of its programming and to identify qualitative problems and recommend plans for correcting each problem. The agency shall conduct the following:</p> <ul style="list-style-type: none"> (1) Annual satisfaction surveys of all individuals or stakeholders who requested and
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	<p>participated in prevention services;</p> <p>(2) Participant evaluations after each prevention presentation the agency provides; and</p> <p>(3) Pre- and post-tests for all evidence based curricula presented to individuals.</p> <p>A summary of these reports shall be made available to the board of directors or agency staff annually, and to the division and community members upon request.</p>
<p>Area of Noncompliance: The agency needs a QA completed of the prevention program.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): We do complete evaluations on many if not most of the workshops we offer. As you were not able to do an person audit this year the hard copies we have on file were not able to be reviewed by you unless we would have scanned hundreds and hundreds of copies and even then trying to email these documents to you would have likely have been more than could have been forwarded to you. When we participate in other schools, organizations or groups events as a presenter they often have their own evaluations and don't always forward to us the results of the workshops we offer.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 1/31/2021</p>
<p>Supporting Evidence: Documents are available for your review upon request. We do have some of the data compiled that we share with our Program Committee annually. I will ask one of our data entry persons to forward for you review what summary reports after the end of the year.</p>	<p>Person Responsible: Tina Dockter</p>
<p>How Maintained: Physical copies available in three ring binders. Summary reports could be forwarded.</p>	<p>Board Notified:</p> <p>Y <input checked="" type="checkbox"/> X <input type="checkbox"/> N <input type="checkbox"/> n/a</p> <p style="text-align: center;"><input type="checkbox"/></p>

Administrative POC-3	
<p>Rule #: 67:61:05:04</p>	<p>Rule Statement. Qualifications of staff providing prevention services. Agency staff providing prevention programming shall complete the Substance Abuse Prevention Skills Training (SAPST) or Foundations of Prevention within one year of hire. Evidence of completion shall be placed in the staff member's personnel file.</p>
<p>Area of Noncompliance: Two out of two personnel files reviewed were missing evidence of the training.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): First off this is a rule we were unaware of and given the turnover we have experienced in our prevention staff and mental health staff in the past it is an will be a challenge for us to keep up. As we have no one position that is dedicated fulltime as prevention staff I am not certain which two personnel files were reviewed. Given that for the first time will receive any compensation (and this is \$5,000) from the state to offer programs we are doing our best to maintain program and services as it is. This July we had four staff complete 45 hours of Substance Abuse Prevention Skills Training offered by the state. These individuals were Dominique Charlson, Megan Snyder, Nora Boesem and Charlie Hartpence in July 28, 2020. Three of them have masters in counseling and social work. I will ask Tina Dockter to forward you copies of their certificates of the three that are still employed at CSS.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date September 30th, 2020</p>
<p>Supporting Evidence: We will send you copies of the certificates.</p>	<p>Person Responsible: Tina Dockter</p>
<p>How Maintained: In employee records</p>	<p>Board Notified:</p> <p>Y <input checked="" type="checkbox"/> X <input type="checkbox"/> N <input type="checkbox"/> n/a</p> <p style="text-align: center;"><input type="checkbox"/></p>

Program Director Signature: James T. Kinyon

Date: 8/29/2020



Send Plan of Correction to:

Accreditation Program
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Division of Behavioral Health
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