

Program Name: Avera St. Luke's Addiction Care Center (3.7)

Recommendations

The following administrative rules were found to be out of compliance in low numbers, or were in compliance, but the Office of License and Accreditation saw potential for future noncompliance and is recommending changes to procedure. In some cases, if recommendations are not corrected, they may become plans of corrections in the future.

Clinical Recommendation-1	
Rule #: 67:61:07:06	<p>Rule Statement: Treatment Plan. An addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically-managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file. The treatment plan shall be recorded in the client's case record.</p> <p>The individualized treatment plan shall be developed within ten calendar days of the client's admission for an intensive outpatient treatment program, day treatment program, clinically-managed low-intensity residential treatment program, or medically-monitored intensive inpatient treatment program.</p>
<p>Area of Noncompliance: Two out of five reviewed medically-monitored intensive inpatient treatment plans were not completed within ten calendar days of admission.</p>	

Plan of Correction Items

The following administrative rules were found to be out of compliance. In a State accreditation review, Administrative Rule requires a plan by the agency to bring these items into compliance in order for accreditation to be renewed. Failure to provide a plan could result in suspension or revocation of accreditation.

Administrative Plan of Correction-1	
Rule #: 67:61:05:05	<p>Rule Statement: Orientation of Personnel. The agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items:</p> <ol style="list-style-type: none"> (1) Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy; (2) The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and

	<p>the security and privacy of HIPAA, 45 C.F.R. Parts 160 and 164 (April 17, 2003);</p> <p>(3) The proper maintenance and handling of client case records;</p> <p>(4) The agency's philosophical approach to treatment and the agency's goals;</p> <p>(5) The procedures to follow in the event of a medical emergency or a natural disaster;</p> <p>(6) The specific job descriptions and responsibilities of employees;</p> <p>(7) The agency's policies and procedure manual maintained in accordance with ARSD 67:61:04:01; and</p> <p>(8) The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.</p>
--	--

Area of Noncompliance: The required orientation items were completed in all personnel files reviewed, but not within ten days.

<p>Corrective Action (policy/procedure, training, environmental changes, etc): Change to current policy to include specific completion timeline for required categories. Change to employee orientation checklist.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date Immediate</p>
<p>Supporting Evidence: Policy attached policy and orientation checklist. Dates of completion will be noted on the employee's orientation list.</p>	<p>Position Responsible: Nurse Manager/Director and/or Clinical Supervisor</p>
<p>How Maintained: This will be recorded on the new employee's orientation checklist and then filed in their personnel file</p>	<p>Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

<p>Signature of Agency Director:</p> <p><i>Jessi Pappas RN</i></p>	<p>Date: </p> <p>8/26/2022</p>
--	---

Please email or send Plan of Correction to:

Department of Social Services
Office of Licensing and Accreditation
3900 West Technology Circle, Suite 1
Sioux Falls, SD 57106

Email Address: DSSLicAccred@state.sd.us

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

<p>Signature of Licensing Staff: </p> <p><i>Chris Kurya</i></p>	<p>Date: </p> <p>8/29/22</p>
--	---