



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

Program Name:
Behavior Management Services
Due Date: August 20, 2023

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 POC-1	
Rule #: 67:61:08:02(6)	Rule Statement: Medication Control in Residential Program. Biologicals and medications requiring refrigeration or other storage requirements as identified by the manufacturer's labeling shall be stored separately including refrigeration, freezing, and protection from the light in an area that is inaccessible to clients and visitors. If these medications are stored in a refrigerator containing items other than medications, the medications shall be kept in a separate secured compartment.
Area of Noncompliance: There was a can of Pepsi and a bottle of Gatorade in the refrigerator designated for medication storage. There was no separate, secured compartment available for medication within the refrigerator.	
Corrective Action (policy/procedure, training, environmental changes, etc): Non-medication items were removed out of the refrigerator used to store medications. Policy 7.13c on medication storage protocols has been reviewed by staff. A sign is located on the refrigerator indicating no items than other medications can be stored inside.	Anticipated Date Achieved/Implemented: Date 08/10/23
Supporting Evidence: The staff meeting agenda including review of policy is attached. Supporting policy 7.13c is included, along with signage that is located on the refrigerator.	Position Responsible: Director of Full Circle, clinical staff, tech staff.
How Maintained: When staff are checking refrigerator temps, they will also double check to make sure no non-medication items are being stored here. This will be checked off on the task sheet located in the medication room. The director will also do a weekly check of the medication room to ensure compliance.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Clinical POC-1

Rule #:
67:61:07:06

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 and includes:

1. A statement of specific client problems, such as co-occurring disorders, to be addressed during treatment with supporting evidence;
2. A diagnostic statement and a statement of short and long term treatment goals that relate to the problems identified;
3. Measurable objectives or methods leading to the completion of short term goals including:
 - a. Time frames for the anticipated dates of achievement or completion of each objective, or reviewing progress towards objectives;
 - b. Specification and description of the indicators to be used to assess progress;
 - c. Referrals for needed services that are not provided directly by the agency; and
 - d. Include interventions that match the client's readiness for change for identified issues;

and
4. A statement identifying the staff member responsible for facilitating the methods or treatment procedures.

The individualized treatment plan shall be developed within 30 calendar days of the client's admission for a counseling services program.

All treatment plans shall be reviewed, signed, and dated by the addiction counselor or counselor trainee. The signature must be followed by the counselor's credentials.

Area of Noncompliance: Three out of four applicable outpatient treatment files did not have case plans completed. In this specific circumstance, clients had transferred from inpatient treatment to outpatient treatment for aftercare services. The treatment modality being used during outpatient services was Moral Reconciliation Therapy (MRT). The staff providing services listed MRT as the level of care rather than outpatient treatment.

All outpatient files must have treatment plans completed within 30 days, regardless of the treatment modality being used.

Corrective Action (policy/procedure, training, environmental changes, etc): Clinical staff discussed during staff meeting the importance of treatment plan timelines. Timeline completion for treatment planning will be added to the standard operating procedure 9.02. Appropriate levels of care were discussed with the staff members to ensure they are selecting 1.0 and not MRT.

Anticipated Date Achieved/Implemented:

Date 08/10/23

Supporting Evidence: The standard operating procedure was reviewed along with timelines during the clinical staff meeting on 8/10/23. A copy of updated SOP for treatment planning is attached.

Position Responsible:
Director of Full Circle and clinical staff

How Maintained: This will be maintained by quality audits of clinical files and spot checks monthly by the Director of Full Circle.

Board Notified:

Y N n/a

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Clinical POC-2

Rule #: 67:61:07:07	<p>Rule Statement: Continued Service Criteria. The program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. It is appropriate to retain the client at the present level of care if:</p> <ol style="list-style-type: none"> 1. The client is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or 2. The client is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or 3. New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. <p>The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every:</p> <ol style="list-style-type: none"> a. Two calendar days for clinically-managed residential detoxification; b. 14 calendar days for early intervention services, intensive outpatient services, day treatment services, and medically-monitored intensive inpatient treatment; and c. 30 calendar days for an outpatient treatment program and clinically-managed low-intensity residential treatment.
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Area of Noncompliance: Three out of four applicable outpatient treatment files did not have continued service reviews completed.

Corrective Action (policy/procedure, training, environmental changes, etc): Continued Services plans were reviewed with staff during staff meeting. Timeline completion for continued service plans were added in standard operating procedure 9.03.	Anticipated Date Achieved/Implemented: Date 08/10/23
Supporting Evidence: The standard operating procedure was reviewed along with timelines during the clinical staff meeting on 8/10/23. A copy of the standard operating procedure for 9.03 has been attached.	Position Responsible: Director of Full Circle and clinical staff
How Maintained: This will be maintained by quality audits of clinical files and spot checks monthly by the Director of Full Circle.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Signature of Agency Director: 	Date: 
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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.

Signature of Licensing Staff: 	Date: 
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