

Program Name: Brookings Behavioral Health and Wellness

Plan of Correction Items for Mental Health Services

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	
<p>Rule #: 67:62:06:04</p>	<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 CFR Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 CFR Parts 160 and 164 (April 17, 2003). 3. The proper maintenance and handling of client case records; 4. The agency's philosophical approach to treatment and the agency's goals; 5. The procedures to follow in the event of a medical emergency or a natural disaster; 6. The specific job descriptions and responsibilities of employees; 7. The agency's policies and procedure manual maintained in accordance with ARSD 67:62:05:01; and 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: All reviewed personnel files had the required components completed in orientation, but none of the files had the orientation items completed within 10 working days.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): This agency has an existing policy and procedure related to orientation and training requirements. This policy has been reviewed with relevant staff and adherence to this policy will be reviewed on an individual basis by the Executive Director for compliance.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 01/01/2023</p>

Supporting Evidence: Administrative Policy -	Position Responsible: Associate Director reporting to Executive Director
How Maintained: Orientation checklist to be completed and signed by staff and Associate Director reviewed by Executive Director.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-2	
Rule #: 67:62:06:10	Rule Statement: Office of Inspector General Medicaid Exclusion List. Each agency shall routinely check the Office of Inspector General's List of Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee's personnel file.
Area of Noncompliance: None of the reviewed personnel files had evidence of checks of the Inspector General's Medicaid Exclusion List. To meet the "routinely" requirement, the Office of Licensing and Accreditation recommends completing the checks at least annually.	
Corrective Action (policy/procedure, training, environmental changes, etc): The Agencies New Hire Checklist and associated policy shall be updated to include routine checks of the Inspector General's Medicaid Exclusion List upon hire and annually there after.	Anticipated Date Achieved/Implemented: Date 01/01/2023
Supporting Evidence: Administrative Policy -	Position Responsible: Associate Director
How Maintained: Documentation of the check on exclusion list shall be printed and placed in the employee files.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Clinical POC -1	
Rule #: 67:62:08:14	Rule Statement: Discharge Summary. An addiction counselor or counselor trainee shall complete a transfer or discharge summary for any client within five working days after the client is discharged regardless of the reason for discharge. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan is maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS. When a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate.
Area of Noncompliance: Seven out of eight reviewed files in which clients prematurely discontinued services did not have documentation of reasonable attempts at re-engagement.	
Corrective Action (policy/procedure, training, environmental changes, etc): Policy and procedure regarding documentation for SUD services will be reviewed for compliance with administrative rule and all staff will be trained on this requirement.	Anticipated Date Achieved/Implemented: Date 10/01/2023

Supporting Evidence: Clinical Policy and Procedure -	Position Responsible: SUD Program Manager reporting to Clinical Director
How Maintained: Documentation of reasonable attempts to re-engage clients which prematurely discontinued services shall be kept in the medical record of each client. These attempts shall be made and documented by both administrative and clinical staff through phone and letter correspondence . This shall be reviewed further by quarterly quality reviews.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>


Signature of Agency Director: Mary E. Fishback	Date: 01/09/2023
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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: 1/25/23
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