



Office of Licensing and Accreditation

Accreditation Survey Report for Substance Use Disorder Treatment Providers ARSD 67:61 November 6-8, 2024

Northern Hills Alcohol and Drug Services dba Compass Point
1807 Williams Street
Sturgis, SD 57785
Levels of Care: Outpatient SUD, 3.7

1. <u>Governance</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Governmental agency, federally recognized tribe, business corporation, non-profit corporation or limited liability company (0.5 and 1.0 only) (67:61:03:01)	<u>✓</u>	_____	_____
b. Policy for not denying clients equal access to services (67:61:03:04)	<u>✓</u>	_____	_____
c. Annual, entity-wide, independent financial audit completed (67:61:04:05)	<u>✓</u>	_____	_____
d. Business hours posted in prominent place on premises (67:61:04:09)	<u>✓</u>	_____	_____
e. Board of directors meets at least quarterly and keeps minutes of all meetings (67:61:03:03)	<u>✓</u>	_____	_____
f. Up-to-date policy and procedure manual (67:61:04:01)	<u>✓</u>	_____	_____
g. Up-to-date organizational chart (67:61:05:09)	<u>✓</u>	_____	_____
h. Sentinel event policy (67:61:02:21)	<u>✓</u>	_____	_____
i. Policy for notifying DSS of changes (67:61:02:20)	<u>✓</u>	_____	_____

Comments:

2. <u>Program Services</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Schedule of fees based on client ability to pay (67:61:04:06)	<u>✓</u>	_____	_____
b. Policy prohibiting client abuse, neglect, and exploitation (67:61:06:03)	<u>✓</u>	_____	_____
c. Client rights policy (67:61:06:01; 67:61:06:02)	<u>✓</u>	_____	_____
d. Client grievance policy (67:61:06:04)	<u>✓</u>	_____	_____

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|---|----------|-------|-------|
| e. Submits accurate statistical data (67:61:04:02) | <u>✓</u> | _____ | _____ |
| f. Discharge policy (67:61:06:07) | <u>✓</u> | _____ | _____ |
| g. Client orientation policy and procedure (67:61:04:07) | <u>✓</u> | _____ | _____ |
| h. Policy for responding to medical emergencies (67:61:04:09) | <u>✓</u> | _____ | _____ |
| i. Electronic or written directory with name address, and phone number of support services (67:61:04:10) | <u>✓</u> | _____ | _____ |
| j. In level 3.1, 3.2D, and 3.7 facilities, staff is on duty at all times who is trained to respond to fires and natural disasters (67:61:04:09) | <u>✓</u> | _____ | _____ |

Comments:

3. Personnel	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Orientation completed within 10 days of hire with all required components (64:61:05:05)	<u>✓</u>	_____	_____
b. Office of Inspector General Medicaid exclusion list check (67:61:05:12)	<u>✓</u>	_____	_____
c. In 3.2D facility, all counseling and supervisory staff are trained in emergency first aid, CPR and responding to natural disasters; Documentation in file (67:61:17:06)	_____	_____	<u>✓</u>
d. Policy and procedure for supervising employees, volunteers, and interns (67:61:05:06)	<u>✓</u>	_____	_____
e. Two-step TB test or blood assay test within 2 weeks of hire or 12 months before hire (67:61:05:01)	_____	<u>✓</u>	_____

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|---|-----------|------|------|
| f. Employee TB policies and procedures
(67:61:05:01) | ✓
____ | ____ | ____ |
| g. Complete employee records; policies
to maintain those records (67:61:05:08) | ✓
____ | ____ | ____ |

Comments: Compass Point's Tuberculin testing policy for staff is correct, however new Compass Point employees are only completing the first step of the two step tuberculin skin test. All new employees must complete both steps within fourteen days of hire.

4. <u>Case Record Management</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|---|-----------|-----------|------|
| a. Procedures for closing inactive client records
for inpatient programs within 3 days and
outpatient programs for 30 days [67:61:07:04(1-2)] | ____ | ✓
____ | ____ |
| b. Policy for case records to be retained for at least
6 years [67:61:07:04(3)] | ✓
____ | ____ | ____ |
| c. Established ongoing compliance review process
(67:61:04:03) | ✓
____ | ____ | ____ |

Comments: Compass Pont's case record closure policy states that inpatient clients not provided services for three months will be closed and outpatient clients not provided services for three months will be closed. Compass Point must correct their policy and procedure to reflect administrative rule.

5. <u>Environmental/Sanitation/Safety/Fire Prevention</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|---|-----------|------|------|
| a. Health, safety, sanitation, and disaster plan
(67:61:10:01) | ✓
____ | ____ | ____ |
|---|-----------|------|------|

Comments:

6. <u>Dietary Services</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|--|-----------|------|------|
| a. Written plan for meeting basic nutritional needs
as well as special dietetic needs, including 3 meals
per day with snacks (67:61:09:01) | ✓
____ | ____ | ____ |
|--|-----------|------|------|

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|---|----------|-------|-------|
| b. Sanitation and safety standards are met for food service (44:02:07); completed sanitation inspection by the Department of Health (67:61:09:02) | <u>✓</u> | _____ | _____ |
|---|----------|-------|-------|

Comments:

7. Medication	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Policies and procedures on control, accountability, administration, and storage of client medication (67:61:08:02)	<u>✓</u>	_____	_____
b. Maintains a separate log book to record the receipt and disposition of all schedule II drugs; client case record must include receipt and administration of schedule II, III, and IV drugs (67:61:08:04)	<u>✓</u>	_____	_____
c. Policy and procedure for destruction and disposal of medication (67:61:08:05)	<u>✓</u>	_____	_____
d. Policy regarding only RNs, LPNs or UAPs administering and recording medication (67:61:08:08)	<u>✓</u>	_____	_____
e. Policy and procedure regarding medication errors (67:61:08:08)	<u>✓</u>	_____	_____
f. If 3.7 is not employing RNs, LPNs, or UAPs, medications are made available to clients for self-administration, with instructions from a physician and under the supervision of staff (67:61:08:10)	_____	_____	<u>✓</u>
g. In 3.1 that allows clients to possess and self-administer medication, a list is developed for the client, in consultation with a physician, which is reviewed at least annually (67:61:08:10)	_____	_____	<u>✓</u>

Comments:

8. <u>Emergency Kit</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Emergency kit is stored in a sealed emergency box and maintains a complete inventory every six months [67:61:08:03(1-2)]	_____	_____	<u>✓</u>
b. No more than five different controlled drugs, no more than five doses of an injectable schedule II, III, or IV drug, and no more than twelve doses of an oral schedule III or IV drug stored at one time [67:61:08:03(3)]	_____	_____	<u>✓</u>
c. After use of the emergency kit, standing and verbal orders are verified in writing by the physician within 72 hours [67:61:08:03(03)]	_____	_____	<u>✓</u>

Comments:

9. <u>Assessment (67:61:07:05)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Strengths of the client and client's family if appropriate; identification of resources within the family	<u>✓</u>	_____	_____
b. Presenting problems or issues	<u>✓</u>	_____	_____
c. Identification of readiness for change in problem areas	<u>✓</u>	_____	_____
d. Current substance use and relevant treatment history, including mental health history and treatment, gambling treatment, psychiatric hospital admissions, medications, relapse history, potential for relapse, physical illness, and hospitalization	<u>✓</u>	_____	_____
e. Relevant family history, including family	<u>✓</u>	_____	_____

relationship dynamics and family psychiatric and substance use history

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|--|----------|-----|-----|
| f. Family and relationship issues along with social needs | <u>✓</u> | ___ | ___ |
| g. Educational history and needs | <u>✓</u> | ___ | ___ |
| h. Legal issues | <u>✓</u> | ___ | ___ |
| i. Living environment or housing | <u>✓</u> | ___ | ___ |
| j. Safety needs and risks with regard to physical acting out, health conditions, acute intoxication, or risk of withdrawal | <u>✓</u> | ___ | ___ |
| k. Past or current indications of trauma, domestic violence, or both if applicable | <u>✓</u> | ___ | ___ |
| l. Vocational and financial history and needs | <u>✓</u> | ___ | ___ |
| m. Behavioral observations or mental status | <u>✓</u> | ___ | ___ |
| n. Formulation of a diagnosis | <u>✓</u> | ___ | ___ |
| o. Eligibility determination | <u>✓</u> | ___ | ___ |
| p. Clinician's signature, credentials, and date | <u>✓</u> | ___ | ___ |
| q. Clinical supervisor's signature, credentials, and date | <u>✓</u> | ___ | ___ |
| r. Completed within 30 days of intake for 1.0; 10 Days for 2.1. | <u>✓</u> | ___ | ___ |

Comments:

10. <u>Treatment Plan (67:61:07:06)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|--|----------|-----|-----|
| a. Statement of specific client problems to be addressed during treatment, with supporting | <u>✓</u> | ___ | ___ |
|--|----------|-----|-----|

evidence

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|---|----------|----------|-----|
| b. Diagnostic statement and statement of short and long-term goals | <u>✓</u> | ___ | ___ |
| c. Measurable objective or methods leading to the completion of short-term goals including time frames for the anticipated dates of completion of each objective; include interventions that match the client's readiness to change | <u>✓</u> | ___ | ___ |
| d. Statement identifying staff member responsible for facilitating treatment methods | <u>✓</u> | ___ | ___ |
| e. Signed and dated by addiction counselor or addiction counselor trainee, and credentials | <u>✓</u> | ___ | ___ |
| f. Evidence of the client's meaningful involvement in formulating the plan | <u>✓</u> | ___ | ___ |
| g. Completed within: | | | |
| i. Ten calendar days (2.1, 2.5, 3.1, 3.7) | ___ | <u>✓</u> | ___ |
| ii. Thirty calendar days (1.0) | ___ | <u>✓</u> | ___ |

Comments: Three of nine reviewed outpatient treatment files were missing treatment plans, and an additional file contained a treatment plan that was completed late.

11. Progress Notes (67:61:07:08)

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|---|------------|-----------|------------|
| a. Minimum of one progress note weekly which substantiates all services provided and summarizes significant events occurring throughout the treatment process | <u>✓</u> | ___ | ___ |
| b. Information identifying the client receiving services – name, unique ID number, service activity code, title describing the service, or both, | <u>✓</u> | ___ | ___ |

date, time met, units of service, and length of session

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|---|----------|-------|-------|
| c. Brief assessment of the client's functioning | <u>✓</u> | _____ | _____ |
| d. Description of what occurred during the session, including action taken or plan to address unresolved issues | <u>✓</u> | _____ | _____ |
| e. Brief description of what client and provider plan to work on during the next session | <u>✓</u> | _____ | _____ |
| f. Signature and credentials of staff providing the services | <u>✓</u> | _____ | _____ |

Comments:

12. <u>Continued Service Criteria (67:61:07:07)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|--|----------|-------|----------|
| a. Client meets continued service criteria, and is documented every: | | | |
| i. Two calendar days (3.2D) | _____ | _____ | <u>✓</u> |
| ii. Fourteen calendar days (0.5, 2.1, 2.5, 3.7) | <u>✓</u> | _____ | _____ |
| iii. Thirty calendar days (1.0, 3.1) | <u>✓</u> | _____ | _____ |
| b. Progress and reasons for retaining the client at the present level of care | <u>✓</u> | _____ | _____ |
| c. An individualized plan of action that addresses the reasons for retaining the individual in the present level of care | <u>✓</u> | _____ | _____ |

Comments:

13. <u>Transfer or Discharge Summary (67:61:07:10)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|---|----------|-------|-------|
| a. Completed by an addiction counselor or addiction counselor trainee within five working | <u>✓</u> | _____ | _____ |
|---|----------|-------|-------|

days after discharge, regardless of the reason for discharge

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|---|----------|----------|-------|
| b. Summary of the client’s problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan | <u>✓</u> | _____ | _____ |
| c. When a client prematurely discontinues services, reasonable attempts are made and documented by the agency to re-engage the client into services, if appropriate | _____ | <u>✓</u> | _____ |

Comments: Four reviewed outpatient treatment files showed clients prematurely discontinued services but did not contain documentation to re-engage the client in services.

14. Tuberculin Screening Requirement (67:61:07:12)	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|---|----------|-------|-------|
| a. A tuberculin screening for the absence or presence of symptoms shall be conducted for each new client within 24 hours of onset of services | <u>✓</u> | _____ | _____ |
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Comments:

15. Intensity of Services	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|---|----------|-------|----------|
| a. The outpatient program provides less than 9 hours per week of counseling services for adults and less than 6 hours for adolescents. (67:61:13:03) | <u>✓</u> | _____ | _____ |
| b. The intensive outpatient program provides counseling at least two times per week. Each adult should be provided with at least 9 hours of services. Adolescents shall be provided at least 6 hours of services. | <u>✓</u> | _____ | _____ |
| c. The day treatment program shall provide at least 15 hours per week of services for adults and adolescents. For adults, the program shall provide an additional 5 hours on specialized topics. | _____ | _____ | <u>✓</u> |
| d. The clinically-managed low-intensity residential treatment program shall provide at least 5 hours of services. | _____ | _____ | <u>✓</u> |

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|---|----------|-------|----------|
| e. The clinically-managed residential detoxification program shall provide at least 30 minutes of services per day within 48 hours of admission, and an additional 30 minutes for each subsequent 24 hour period. | _____ | _____ | <u>✓</u> |
| f. The medically-monitored intensive inpatient program shall provide at least 21 hours of services per week. The program shall also provide at least 9 hours of additional services on specialized topics. | <u>✓</u> | _____ | _____ |

Comments:

16. <u>Medical Requirements</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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| a. Medically-Monitored Intensive Inpatient Treatment | | | |
| i. At minimum, the program shall complete the following:
(67:61:18:02) | | | |
| a) Blood pressure, pulse, and respiration at the time of admission | <u>✓</u> | _____ | _____ |
| b) Within 8 hours of admission a medical evaluation conducted by an RN or LPN including a second reading of blood pressure, pulse and respiration, mental and emotional status, presence of bruises, cuts, or lacerations, current medication use, and history of diabetes, seizure disorders, or convulsive therapies. | <u>✓</u> | _____ | _____ |
| c) Within 72 hours of admission a complete blood count and urinalysis | <u>✓</u> | _____ | _____ |
| d) A complete physical examination by a licensed physician | <u>✓</u> | _____ | _____ |

Comments:

17. Signatures

X	Three Year Accreditation (100%-90%)
	Two Year Accreditation (89.9% - 70%)
	Probation (69.9% and below)
	One Year Provisional Accreditation (70% and above)

Chris Kenyon

Program Specialist

12/3/2024

Date

November 6-8, 2024

Date of Site Visit

Muriel Nelson

Program Manager

12/3/2024

Date