

Plan of Correction

Program Name: Compass Point	Date Due: 11/13/21
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Client Charts POC-1

Rule #: 67:61:07:10	<p>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.</p> <p>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.</p>
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Area of Noncompliance: Four out of twelve outpatient charts, and four out of six medically monitored intensive inpatient treatment, the discharge summary was not completed within five days working days.

Corrective Action (policy/procedure, training, environmental changes, etc): Will present the administrative rule and agency policy regarding discharge summaries to the clinical staff. Will track discharges via reports.	<p>Anticipated Date Achieved/Implemented:</p> <p>Date-11/15/21</p>
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Supporting Evidence: Will develop a tracking form for counselors to use so they cannot forget, or let discharges go un-noticed.	Position Responsible: Hillary Schwab and AshLee Pray
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How Maintained: Clinical supervisor will have a standing agenda item on staff meeting agendas and/or group supervision meetings, in which a discharge 'active client' report will be ran prior to the meeting. The list will be gone through on a biweekly basis. AshLee will do check-ins with each individual counselor during weekly individual supervision sessions. Issues involving non-compliance will trigger the disciplinary protocol.	<p>Board Notified:</p> <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>
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Client Charts 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>
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- A. 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
- B. 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
- C. 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. The level of care in which the client is receiving treatment is therefore, the least intensive level at which the client's new problems can be addressed effectively.

The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every:

- a. Two calendar days for:
 - i. Clinically managed residential detoxification.
- b. 14 calendar days for:
 - i. Early intervention services.
 - ii. Intensive outpatient services.
 - iii. Day treatment services; and
 - iv. Medically monitored intensive inpatient treatment; and
- c. 30 calendar days for:
 - i. Outpatient treatment program; and
 - ii. Clinically managed low-intensity residential treatment.

Area of Noncompliance: In outpatient chart some of the continued stays would be partially completed. The information would list the client should remain in care but there wasn't the justification or the individualized plan of action. continue. In intensive outpatient files two out of two continued stays were not filled out every 14 days.

Corrective Action (policy/procedure, training, environmental changes, etc): Will provide training during staff meetings and supervision (group and/or individual) on the proper way to document a CSR. Will distribute to staff, the administrative rule and agency policy regarding CSR's.	Anticipated Date Achieved/Implemented: Date- 11/15/21
Supporting Evidence: Will keep track of CSR training sessions, and will have clinical staff sign an in-service/training form indicating that they have been instructed on this.	Position Responsible: Hillary Schwab and AshLee Pray
How Maintained: Clinical supervisor will conduct 'real time' audits on current client charts in order to ensure compliance in this area. She will check in with counselors during individual supervision times and also group supervision times. If staff demonstrate non-compliance then the disciplinary protocol will be initiated.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Signature of Agency Director: Hillary Schwab (electronically signed)	Date: 11/9/21
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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: 11/12/2021
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