

### Plan of Correction

<b>Program Name:</b> Dakota Counseling Institute – Mental Health Services	<b>Date Due:</b>
---	------------------

#### Administrative POC-1

<b>Rule #:</b> 67:62:02:19	<p><b>Rule Statement: Sentinel event notification:</b> Each accredited agency shall make a report to the Division within 24 hours of any sentinel event including: death not primarily related to the natural course of the client’s illness or underlying condition, permanent harm, or severe temporary harm, and intervention required to sustain life.</p> <p>The agency shall submit a follow-up report to the division within 72 hours of any sentinel event and the report shall include:</p> <ol style="list-style-type: none"> <li>1. A written description of the event;</li> <li>2. The client’s name and date of birth; and</li> <li>3. Immediate actions taken by the agency.</li> </ol> <p>Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events.</p> <p>Each agency shall also report to the division as soon as possible: any fire with structural damage or where injury or death occurs, any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, or other critical equipment necessary for operation of the facility for more than 24 hours.</p>
-------------------------------	--

**Area of Noncompliance:** *Dakota Counseling Institute has a Sentinel Event Notification policy; however they do not have root cause analysis policy and procedure.*

<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> The root cause analysis procedure has been added to the Sentinel Policy.	<b>Anticipated Date Achieved/Implemented:</b>  Date June 1, 2022
<b>Supporting Evidence:</b> Policy Attached.	<b>Position Responsible:</b> Executive Director
<b>How Maintained:</b> Administration will ensure this is followed if there is an event.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/>

#### Administrative POC-2

<b>Rule #:</b> 67:62:06:04	<p><b>Rule Statement: Orientation of Personnel.</b> The center shall provide orientation for all employees, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation shall be documented and shall include at least the following items:</p> <p>(1) Fire prevention and safety, including the location of all fire extinguishers in the center,</p>
-------------------------------	---

	<p>instruction in the operation and use of each type of extinguisher, and an explanation of the fire evacuation plan and the center's smoking policy;</p> <p>(2) The confidentiality of all information about clients, including a review of requirements in this article and 45 C.F.R. Parts 160 and 164 (October 7, 2009);</p> <p>(3) The proper maintenance and handling of client case records;</p> <p>(4) The center's philosophical approach to treatment and the center'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 center's policies and procedures are maintained in accordance with 67:61:05:01; and</p> <p>(8) The center'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:** *Four out of five reviewed mental health personnel files had evidence of a review of DCI's policies and procedures but were missing all other required components.*

**Corrective Action (policy/procedure, training, environmental changes, etc):** All staff will be orientated to the above mentioned items withing 10 days.

**Anticipated Date Achieved/Implemented:**

Date 6/15/22

**Supporting Evidence:** Supervisors will complete the attached orientation checklist with new hires.

**Position Responsible:**  
Administration

**How Maintained:** Human Resources will ensure that the orientation checklist is in the new employee file. A checklist for all items needed in the employee file will be complete for each employee. Please see attached.

**Board Notified:**  
Y  N  n/a

**Administrative POC-3**

**Rule #:**  
67:62:06:10

**Rule Statement:** **Office of Inspector General Medicaid Exclusion List.** Each facility 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:** *The Inspector General's Medicaid Exclusion List was checked for all employees in January 2022, but there was no evidence that the list was checked upon hire for each new employee.*

**Corrective Action (policy/procedure, training, environmental changes, etc):** Potential new professional staff will be checked with the Office of Inspector General's List of Excluded Individuals and Entities upon hire and annually on or about Oct 1.

**Anticipated Date Achieved/Implemented:**

Date 6/1/22

**Supporting Evidence:** Documentation will be kept in the employee file.

**Position Responsible:**  
HR Manager

**How Maintained:** Human Resources will ensure that the OIG results are in the employee file. A checklist for all items needed for the employee file will be complete for each employee. Please see attached.

**Board Notified:**  
Y  N  n/a

**Client Chart POC-1**

<b>Rule #:</b> <b>67:62:08:05</b> <b>(3)</b>	<b>Rule Statement: Integrated Assessment.</b> A mental health staff member shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. For children under 18 years of age, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment. The assessment includes the following component:  (3) Identification of readiness for change for problem areas, including motivation and supports for making such changes.	
<b>Area of Noncompliance:</b> <i>Six out of seven applicable reviewed CYF assessments, three out of five applicable reviewed outpatient mental health assessments, and two out of two applicable reviewed CARE assessments were missing identification of readiness for change.</i>		
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> All clinical staff and casemanagers will receive updated training in the use of stages of change.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 6/21/22	
<b>Supporting Evidence:</b> Staff will sign a training verification.	<b>Position Responsible:</b> Clinical Director	
<b>How Maintained:</b> Stage of Change is part o the Comprehensive Assessment in the new electronic health record (EHR).	<b>Board Notified:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/>	

**Client Chart POC-2**

<b>Rule #:</b> <b>67:62:08:05(1</b> <b>5)</b>	<b>Rule Statement: Integrated Assessment.</b> A mental health staff member shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. For children under 18 years of age, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment. The assessment includes the following component:  (15) Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable.	
<b>Area of Noncompliance:</b> <i>Four out of seven applicable reviewed CYF assessments and three out of five applicable reviewed outpatient mental health assessments were missing eligibility determination for SMI or SED.</i>		
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> All clinical staff will be reminded to complete SMI/SED determination in EHR on all clients entering our services.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 6/21/22	

<b>Supporting Evidence:</b> Staff will sign a training verification.	<b>Position Responsible:</b> Clinical Director
<b>How Maintained:</b> SED/SMI determination is part of the new EHR.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-3	
<b>Rule #:</b> 67:62:08:07(3)	<p><b>Rule Statement: Treatment Plan.</b> The initial treatment plan shall be completed within 30 days of intake and shall include the mental health staff's signature, credentials, and the date of signature, and the clinical supervisor's signature and credentials if the mental health staff does not meet the criteria of a clinical supervisor as defined in subdivision 67:61:01:01(8). Evidence of the client's or the client's parent or guardian's participation and involvement in formulating the plan shall be documented in the file. This may include their signature on the plan or other methods of documentation. The treatment plan shall:</p> <p>(3) Include interventions that match the client's readiness for change for identified issues.</p>
<p><b>Area of Noncompliance:</b> Six out of seven applicable reviewed CYF treatment plans, three out of five applicable reviewed outpatient mental health treatment plans, and two out of two applicable reviewed CARE treatment plans were missing interventions that match the client's readiness for change.</p> <p><i>This is likely related to Client Chart POC-1, as interventions cannot match the client's readiness for change if readiness for change is not identified.</i></p>	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> All clinical staff and casemanagers will participate in updated training regarding matching interventions to stages of change.	<p><b>Anticipated Date Achieved/Implemented:</b></p> <p>Date 6/21/22</p>
<b>Supporting Evidence:</b> Staff will sign a training verification.	<b>Position Responsible:</b> Clinical Director
<b>How Maintained:</b> Ongoing supervision and discussion regarding interventions matching stage of change.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-4	
<b>Rule #:</b> 67:62:08:09	<p><b>Rule Statement: Supervisory Reviews.</b> Staff meeting clinical supervisory criteria as defined in subdivision 67:62:01:01(8), shall conduct one treatment plan review at least annually. The review shall include documentation of:</p> <p>(1) Progress made toward treatment goals or objectives;  (2) Significant changes to the treatment goals or objectives;  (3) Justification for the continued need for mental health services; and  (4) Assessment of the need for additional services or changes in services, if applicable.</p> <p>This review qualifies as a six month review pursuant to ARSD 67:62:08:08. The annual supervisory review shall include the clinical supervisor's signature, credentials, and date.</p>

<p><b>Area of Noncompliance:</b> <i>Five out of seven applicable reviewed CARE files did not have documentation of progress toward treatment goals or objectives included in supervisory reviews.</i></p> <p><i>The supervisory reviews were completed, but it appeared that the supervisor generated a new treatment plan document in the EHR, rather than a review document. New treatment plan documents in DCI's EHR do not allow for documentation of progress, so progress was unable to be documented.</i></p>	
<p><b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Training regarding correct use of treatment plans in EHR for all clinical staff and casemangers.</p>	<p><b>Anticipated Date Achieved/Implemented:</b></p> <p>Date 7/26/22</p>
<p><b>Supporting Evidence:</b> Staff will sign a training verification.</p>	<p><b>Position Responsible:</b> Clinical Director</p>
<p><b>How Maintained:</b> Ongoing supervision regarding correct use of treatment plans.</p>	<p><b>Board Notified:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/></p>

Client Chart POC-5	
<p><b>Rule #:</b> 67:62:08:14</p>	<p><b>Rule Statement: Transfer or Discharge Summary.</b> A transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days. A transfer or discharge summary of the of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan shall be 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>If a client prematurely discontinues services, reasonable attempts shall be made and documented by the center to re-engage the client into services if appropriate.</p>
<p><b>Area of Noncompliance:</b> <i>Two out of three applicable reviewed CYF discharge summaries and two out of two applicable reviewed outpatient mental health discharge summaries did not contain course of treatment or progress toward planned goals and objectives.</i></p>	
<p><b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> All clinical staff and casemangers will participate in training on discharge summaries, emphasizing need to review each goal and objective.</p>	<p><b>Anticipated Date Achieved/Implemented:</b></p> <p>Date 7/26/22</p>
<p><b>Supporting Evidence:</b> Staff will sign a training verification.</p>	<p><b>Position Responsible:</b> Clinical Director</p>
<p><b>How Maintained:</b> Ongoing supervision regarding discharge summaries.</p>	<p><b>Board Notified:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/></p>

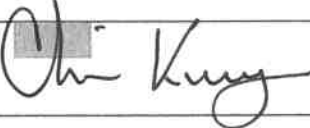

Signature of Agency Director: 	Date:  6-20-22
---	--

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](mailto: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:  7-5-22
---	---

## **Dakota Counseling Institute Sentinel Event Procedures**

The definition of a sentinel event is an incident that includes but is not limited to: death not primarily related to the natural course of the client's illness or underlying condition, permanent harm, or severe temporary harm, and intervention required to sustain life.

If a sentinel event occurs, the Executive Director will notify the Division of Behavioral Health within 24 hours.

If there is a fire with structural damage or where injury or death occurs, any partial or complete evacuation due to natural disaster, or any loss of utilities or critical equipment necessary for operation for more than 24 hours, the Executive Director will notify the Division as soon as possible.

Within 72 hours of the event a follow-up written report will be submitted to the Division including:

1. Written description of the event;
2. Client's name and date of birth; and
3. Immediate actions taken by the agency.

The Executive Director will designate a team to complete a root cause analysis and report back to Administration. Changes to agency procedures will be considered based on the analysis.

# Dakota Counseling Institute

## EMPLOYEE ORIENTATION CHECKLIST

Name of Employee \_\_\_\_\_

Date Employed \_\_\_\_\_

Position \_\_\_\_\_

Supervisor \_\_\_\_\_

Employee  
Initials

- |  |       |
|--|-------|
| 1) Fire Prevention and Safety  | _____ |
| 2) The confidentiality of client information including 45 C.F.R. Parts 160 and 164                                   | _____ |
| 3) The proper maintenance and handling of client files   | _____ |
| 4) Job Duties/Responsibilities (supervisor)  | _____ |
| 5) Agency's philosophical approach to treatment and goals  | _____ |
| 6) Procedures for a medical emergency or a natural disaster  | _____ |
| 7) Policy and procedures are maintained according to 67:61:05:01   | _____ |
| 8) The agency's procedures of reporting suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8 | _____ |

This is to certify that I have received, read and understand the Orientation Checklist for Dakota Counseling Institute.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**Staff:**

**Department:**

**All:**

- \_\_\_\_\_ Application
- \_\_\_\_\_ Transcript (professional)
- \_\_\_\_\_ References
- \_\_\_\_\_ OIG Results
- \_\_\_\_\_ W-4
- \_\_\_\_\_ I-9
- \_\_\_\_\_ Driver's License & Social Security
- \_\_\_\_\_ Auto Ins Verification
- \_\_\_\_\_ Job Descript
- \_\_\_\_\_ LOA
- \_\_\_\_\_ Personnel Policy Acknowledgement
- \_\_\_\_\_ Certification of Training/License (professional)
- \_\_\_\_\_ DCI Orientation (within 10 days)
- \_\_\_\_\_ Residential Orientation
- \_\_\_\_\_ Operation Manual Signature Page
- \_\_\_\_\_ Hazardous Material Form

**Full-Time (30 hours+):**

- \_\_\_\_\_ Health Form
- \_\_\_\_\_ Retirement Form
- \_\_\_\_\_ AFLAC Form
- \_\_\_\_\_ Life Insurance
- \_\_\_\_\_ Dental Insurance
- \_\_\_\_\_ Vision Insurance