

Plan of Correction

Program Name: Dakota Counseling Institute – Substance Use Disorder Services	Date Due:
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Administrative POC-1

Rule #: 67:61:02:21	<p>Rule Statement: Sentinel event notification: 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"> 1. A written description of the event; 2. The client’s name and date of birth; and 3. Immediate actions taken by the agency. <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>
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Area of Noncompliance: *Dakota Counseling Institute has a Sentinel Event Notification policy; however they do not have root cause analysis policy and procedure.*

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

Administrative POC-2

Rule #: 67:61:05:05	<p>Rule Statement: Orientation of Personnel. 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>
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	<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>
<p>Area of Noncompliance: <i>Two out of five reviewed SUD personnel files had evidence of a review of DCI's policies and procedures but were missing all other required components.</i></p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): All staff will be orientated to the above mentioned items withing 10 days.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 6/15/22</p>
<p>Supporting Evidence: Supervisors will complete the attached orientation checklist with new hires.</p>	<p>Position Responsible: Administration</p>
<p>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.</p>	<p>Board Notified: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/></p>

Administrative POC-3	
<p>Rule #: 67:61:05:12</p>	<p>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.</p>
<p>Area of Noncompliance: <i>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.</i></p>	
<p>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.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 6/1/22</p>
<p>Supporting Evidence: Documentation will be kept in the employee file.</p>	<p>Position Responsible: HR Manager</p>
<p>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.</p>	<p>Board Notified: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> n/a <input type="checkbox"/></p>

Signature of Agency Director: 	Date:  6-20-22
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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:  7-5-22
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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.

Updated June 2022

Dakota Counseling Institute
EMPLOYEE ORIENTATION CHECKLIST

Name of Employee _____

Date Employed _____

Position _____

Supervisor _____

Employee
Initials

- | | |
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| 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