

Plan of Correction

Program Name: Sisseton-Wahpeton Oyate Dakota Pride Center	Date Due: 11-07-2022
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Recommendations

The following administrative rules were found to be out of compliance in low numbers, or were in compliance, but the Office of License and Accreditation saw potential for future noncompliance and is recommending changes to procedure. In some cases, if recommendations are not corrected, they may become plans of corrections in the future.

Administrative Recommendation-1

Rule #: 67:61:04:01	Rule Statement: Policies and Procedures Manual. Each agency shall have a policy and procedure manual to establish compliance with this article and procedures for reviewing and updating the manual.
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Area of Noncompliance: Dakota Pride Center has two policy and procedure manuals, one with new and updated information, and another with old information that references old rule. Neither manual is comprehensive, but when put together makes a full manual. Dakota Pride Center must update the newer manual to include all policies and procedures and reference new rule.

Administrative Recommendation-2

Rule #: 67:61:05:08 (3)	Rule Statement: Personnel Policies and Records. The agency shall maintain written personnel policies and records for all staff including provisions for equal employment opportunities. Each agency shall maintain a personnel file or record or both for each staff member including contracted staff, intern, or volunteer. The file includes: 3. The completion of appropriate pre-hire screening will be evident for staff that provide direct services to vulnerable populations.
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Area of Noncompliance: Pre-hire screenings for all new employees are completed directly by the Sisseton-Wahpeton Sioux Tribe. Dakota Pride only receives results from the tribal office if results come back positive. Dakota Pride Center otherwise does not have access to pre-hire screenings of employees. Results of pre-hire screenings must be placed in all personnel files. If Dakota Pride Center is unable to place results in personnel files, The Office of Licensing and Accreditation needs access to those pre-hire screenings for reviews and upon request.

Plan of Correction Items

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

Rule #: 67:61:02:21	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.
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	<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. 3. Immediate actions taken by the agency. <p>Each agency shall develop a root cause analysis policy 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, and other critical equipment necessary for operation of the facility for more than 24 hours.</p>
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Area of Noncompliance: Dakotah Pride Center does not have a sentinel event policy or a root cause analysis policy.

<p>Corrective Action (policy/procedure, training, environmental changes, etc): Dakotah Pride Center will update the Policies and Procedures Manual to include: A written description of the event; the client's name and date of birth; and any immediate action taken by this Agency. The root cause analysis to include: To discover the root cause of the problem or event; To fully understand how to fix, compensate, or learn from any underlying issues within the root cause. To apply what we have learned from the analysis to prevent future issues and incidences.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 11-07-2022</p>
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<p>Supporting Evidence: Update to the SWO Dakotah Pride Center Policies and Procedures Manual.</p>	<p>Position Responsible: Dakotah Pride Center Director</p>
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<p>How Maintained: Dakotah Pride Center Policies and Procedures Manual will be updated annually.</p>	<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>
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Administrative POC-2

<p>Rule #: 67:61:03:04</p>	<p>Rule Statement: Discrimination in Services Prohibited. No agency may deny any person equal access to its facilities or services on the basis of race, color, religion, gender, ancestry, national origin, mental or physical illness, or disability unless such illness or disability makes treatment offered by the agency non-beneficial or hazardous. Each agency shall ensure that they comply with the Americans with Disabilities Act, 42 U.S.C. 12101 et seq. (September 25, 2008) and the nondiscrimination on the basis of disability by public accommodations and in commercial facilities, 28 C.F.R. Part 36 (March 11, 2011). The agency shall provide referral services to individuals not admitted to treatment.</p>
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Area of Noncompliance: Dakotah Pride Center does not have a non-discrimination policy.

<p>Corrective Action (policy/procedure, training, environmental changes, etc): Dakotah Pride Center will provide an update to their Policies & Procedures Manual to include: SWO Dakotah Pride Center will not deny</p>	<p>Anticipated Date Achieved/Implemented:</p>
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services or access to its facilities on the basis of race, color, religion, gender, ancestry, national origin, mental or physical illness unless such illness or disability makes treatment offered by Dakota Pride non-beneficial or hazardous. Dakota Pride Center will comply with the Americans with Disabilities Act and the Nondiscrimination on the basis of disability by public accommodations and in commercial facilities.	Date 11-06-2022
Supporting Evidence: Updated in the SWO Dakota Pride Center Policies and Procedures Manual.	Position Responsible: Dakota Pride Center Director
How Maintained: Dakota Pride Center Policies and Procedures Manual will be updated annually.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-3

Rule #: 67:61:05:01	<p>Rule Statement: Tuberculin screening requirements. Tuberculin screening requirements for employees are as follows:</p> <ol style="list-style-type: none"> 1. Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing, completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous positive reaction to either test; 2. A new staff member, intern or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease; 3. Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of <i>Mycobacterium tuberculosis</i>. If this evaluation results in the suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and 4. Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.
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Area of Noncompliance: Both reviewed personnel files only had one step of the TB test completed. Dakota Pride Center must ensure new employees are completing both steps within 14 days of hire, and both are being documented in the file.

Corrective Action (policy/procedure, training, environmental changes, etc): Dakota Pride Center will work closely with the Indian Health Services Clinic Department and the SWO Tribal Health Clinic to help understand the importance and health & safety of clients to have DPC Staff comply with the	Anticipated Date Achieved/Implemented: Date 11-07-2022
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<p>TB screening requirements. Newly hired Staff will be instructed on the importance to get the TB screen test and to return to have the test read by the medical staff and documented in their clinical files.</p>	
<p>Supporting Evidence: Newly hired employees will receive the two-step method of TB Test screening with 14 days of employment.</p>	<p>Position Responsible: Dakotah Pride Center Director and appropriate Health Staff.</p>
<p>How Maintained: Dakotah Pride Center Director and Health Staff will monitor all new staff to insure these screening requirements are adhered and followed and documentation is received from the employee for verification.</p>	<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Clinical POC-1	
<p>Rule #: 67:61:07:07</p>	<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> <ol style="list-style-type: none"> 1. 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 2. 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 3. 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. <p>The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every 14 calendar days for medically monitored intensive inpatient treatment.</p>
<p>Area of Noncompliance: All eight reviewed client files had continued service criteria completed every 14 days. All eight files also had progress documented by utilizing “poor”, “fair”, “good”, and “excellent” check boxes for each dimension. However, four out of the eight reviewed files did not have individualized reasons for retaining the client at the current level of care. Dakotah Pride must ensure they are completing these individualized plans on each continue service criteria document for every client.</p>	

<p>Corrective Action (policy/procedure, training, environmental changes, etc): Dakotah Pride Center Clinical Staff will receive in service training on the elements of clinical documents for Continued Treatment Stay which will include the reason to maintain the clients at the current level of care and the Status and Plans to continue in treatment and/or other problems that have been identifies and still need to be addressed in the current treatment episode.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 01-05-2023</p>
<p>Supporting Evidence: Clinical Staff will be provided with training and this be documented in their personal file maintain by Dakotah Pride Center.</p>	<p>Position Responsible: Dakotah Pride Center Director and Treatment Coordinator.</p>
<p>How Maintained: Clinical Staff client files Continued Stay Criteria will be reviewed to insure they are completing the individual plans on each service criteria document for every client.</p>	<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

<p><i>Signature of Agency Director: Richard F. Bird, MS, LAC</i></p>	<p>Date: 10-24-2022</p>
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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.

<p>Signature of Licensing Staff: </p>	<p>Date: 10/28/22</p>
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