

Plan of Correction

<b>Program Name:</b> First Step, Inc.	<b>Date Submitted:</b> 8/31/2020	<b>Date Due:</b> 09/30/2020
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Administrative POC-1	
<b>Rule #:</b> ARSD 67:61:05:12	<b>Rule Statement:</b> <b>Office of Inspector General Medicaid exclusion list.</b> Each agency 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.
<b>Area of Noncompliance:</b> In review of the personnel files it was found that the agency is not checking the Medicaid Exclusion list as evidenced by no documentation found within the agency personnel files.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> I have searched and printed the results for all of our current employees and will do so going forward for any new employees.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 09-08-2020
<b>Supporting Evidence:</b> I have attached the results from my search.	<b>Person Responsible:</b> Clinical Supervisor
<b>How Maintained:</b> I have the results in the employee personnel files and will continue to search the website as needed.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/>

Administrative POC-2	
<b>Rule #:</b> ARSD 67:61:10:01	<b>Rule Statement:</b> <b>Safety and sanitation plan.</b> For each setting in which the agency provides services, there shall be a health, safety, sanitation, and disaster plan that ensures the health and safety of the individuals served. The plan shall include: <ul style="list-style-type: none"> <li>(1) Specific procedures for responding to medical emergencies;</li> <li>(2) Procedures for responding to fire and natural disasters, including evacuation plans, training, and regularly scheduled drills;</li> <li>(3) Procedures for responding to communicable diseases; and</li> <li>(4) Procedures to ensure sanitation of all settings in which services are provided</li> </ul>
<b>Area of Noncompliance:</b> The agency's policy and procedure manual did not contain a policy that would adhere to 67:61:10:01. The policy and procedure manual only contained an evacuation plan for a fire.	

<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> I have updated this policy and put it in our Policy and Procedure Manual.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 09-08-2020
<b>Supporting Evidence:</b> I have attached a copy to this email.	<b>Person Responsible:</b> Clinical Supervisor
<b>How Maintained:</b> This will remain in our Policy book and be updated as needed.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/>

Administrative POC-3	
<b>Rule #:</b> ARSD 67:61:07:04	<b>Rule Statement: Closure and storage of case records.</b> The agency shall have written policies and procedures to ensure the closure and storage of case records at the completion or termination of a treatment program including: <ul style="list-style-type: none"> <li>(1) The identification of staff positions or titles responsible for the closure of case records within the agency and the MIS;</li> <li>(2) Procedures for the closure of inactive client records, that are clients who have not received services from an inpatient or residential program in three days or who have not received services from an outpatient program in 30 days; and</li> <li>(3) Procedures for the safe storage of client case records for at least six years from closure.</li> </ul>
<b>Area of Noncompliance:</b> In review of the agency's policies and procedure manual it was found the agency did not have a policy regarding retention of records.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> A policy has been written and will be added to our procedure manual.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 09-09-2020
<b>Supporting Evidence:</b> I have attached the policy to this email.	<b>Person Responsible:</b> Clinical Supervisor
<b>How Maintained:</b> It will be in the FS manual and updated as needed.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/>

Administrative POC-4	
<b>Rule #:</b> ARSD 67:61:04:01	<b>Rule Statement: Policies and procedures manual.</b> Each agency shall have a policy and procedure manual to establish compliance with this article and procedures for reviewing and updating the manual.

<b>Area of Noncompliance:</b> The agency does have a policy and procedure manual however within the policy and procedure manual it should state how the policy/procedure will be reviewed and updated within the agency. The policy manual is also missing supporting documentation for policies that require it.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> We have added a policy to our manual stating that the book will be reviewed and updated annually. We do already have a document with rule 67:61:04:01	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 09-09-2020
<b>Supporting Evidence:</b> I have attached the policy to this email.	<b>Person Responsible:</b> Clinical Supervisor
<b>How Maintained:</b> Every June, staff will review and update the manual.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/>

Administrative POC-5	
<b>Rule #:</b> ARSD 67:61:05:01	<p><b>Rule Statement: Tuberculin screening requirements.</b> Tuberculin screening requirements for employees are as follows:</p> <ol style="list-style-type: none"> <li>(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 a two-step or one TB blood assay test completed within a 12 month period before 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 position reaction to either test;</li> <li>(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;</li> <li>(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 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</li> <li>(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.</li> </ol>
<b>Area of Noncompliance:</b> In review of the personnel files the agency did not have the second step TB test completed for any employee.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> This was a misunderstanding. Going forward all employees, staff, etc. will complete a 2 step TB screening.	<b>Anticipated Date Achieved/Implemented:</b>

	<b>Date</b> 09-08-2020
<b>Supporting Evidence:</b> I am unable to provide evidence, but can with a new hire; it will be in each person's personnel file.	<b>Person Responsible:</b> Clinical Supervisor
<b>How Maintained:</b> It has been added to our new hire packet to follow with each incoming staff.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/>

Administrative POC-6	
<b>Rule #:</b> ARSD 67:61:06:02	<b>Rule Statement: Guaranteed rights.</b> A client has rights guaranteed under the constitution and laws of the United States and the state of South Dakota including: <ul style="list-style-type: none"> <li>(1) The right to refuse extraordinary treatment as provided in SDCL <a href="#">27A-12-3.22</a>;</li> <li>(2) The right to be free of any exploitation or abuse;</li> <li>(3) The right to seek and have access to legal counsel;</li> <li>(4) To have access to an advocate as defined in subdivision 67:61:01:01(4) or an employee of the state's designated protection and advocacy system;</li> <li>(5) The right to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment in accordance with the confidentiality of records requirements of the Substance Abuse and Mental Health Services Administration, 42 U.S.C. §§ 290 dd-2 (January 7, 2011), the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Part 160 and 164 (September 26, 2016); and</li> <li>(6) The right to participate in decision making related to treatment, to the greatest extent possible.</li> </ul>
<b>Area of Noncompliance:</b> The agency does have a client rights form however it does not contain all necessary information. Three of the six guaranteed client rights should be updated to clearly identify all client rights.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> I added 5 extra rights to our client rights form.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 09-08-2020
<b>Supporting Evidence:</b> I have attached the updated client rights form to this email.	<b>Person Responsible:</b> Clinical Supervisor
<b>How Maintained:</b> I will continue to update our forms as needed.	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/>

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Program Director Signature: LouAnn Tiejen, LAC	Date: 9-9-2020
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Send Plan of Correction to:

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