
Accreditation Report – The Glory House

Date of Review: March 1-2, 2023

Accreditation Outcome: Three Year Accreditation

REVIEW PROCESS:

The Glory House was reviewed by The Department of Social Services, Office of Licensing and Accreditation for adherence to the Administrative Rules of South Dakota (ARSD) on March 1-2, 2023. This report contains the following:

- Agency Summary
- Interview Results
- Areas of Recommendation
- Stakeholder Feedback
- Prior Areas Addressed in Previous Review

The accreditation results are derived from an administrative score which includes the scoring of policies and procedures, personnel files, the client case record scores, and an overall cumulative score.

AGENCY SUMMARY:

The Glory House is a substance use disorder treatment provider in Sioux Falls, South Dakota. Opened in 1968, The Glory House provides inpatient and outpatient drug and alcohol treatment for men and women. They provide programs such as Intensive Methamphetamine Treatment and Moral Reconciliation Therapy. They also provide drug and alcohol assessments for the community. Additionally, The Glory House provides electronic monitoring for criminal offenders in Sioux Falls.

Nicki Dvorak is the director of The Glory House. The Glory House's mission is "helping people claim their lives with Christian compassion, resources and support". Their focus is "solving problems caused by substance abuse and unhealthy thinking problems". The Glory House is seeking re-accreditation for outpatient substance use disorder services and clinically-managed low intensity residential treatment services.

INTERVIEW RESULTS:

Description: The Department of Social Services, Office of Licensing and Accreditation completes confidential interviews with consenting clients and staff of the agency as part of the accreditation process. The interviews are not a

scored component of the accreditation review. However, the information obtained in the interviews is used for quality improvement of the agency.

The Office of Licensing and Accreditation interviewed four staff. Multiple staff shared that there is excellent communication between leadership and staff, and that supervisors are easy to talk to. Staff feel supported in their positions and feel like part of a team. Staff also appreciate the frequent opportunities for trainings and ongoing education. One staff member noted that The Glory House does an excellent job and finding resources for their clients and working with other providers in the community to set their clients up for success. There is longevity amongst leadership, with many people in leadership roles being at the Glory House for more than 10 years.

The Office of Licensing and Accreditation interviewed one client. The client stated that he has a good relationship with his counselor. His counselor created a treatment plan with him and made it clear what he has to work on. The Glory House tries to be fair to all clients and does their best to meet everyone's needs.

STAKEHOLDER SURVEY:

Description: Stakeholder Survey data is collected once a year for all accredited mental health and substance use disorder agencies. As part of the survey process, accredited agencies are asked to share the survey with at least three stakeholders in their community. In addition, feedback is gathered from the Department of Corrections (DOC), Unified Judicial System (UJS), and Child Protection Services (CPS) regarding the accredited agencies. The surveys are not a scored component of the accreditation review. However, the information obtained in the survey results is used for quality improvement of the agency.

A total of 19 stakeholders responded to the 2022 DSS survey regarding The Glory House. Most stakeholders agreed that staff at The Glory House are well trained. Most stakeholders agreed that clients who receive services at The Glory House experience positive outcomes, and receive quality services. All stakeholders agreed that staff at The Glory House communicate well with stakeholders.

AREAS OF RECOMMENDATION FOR SUBSTANCE USE DISORDER SERVICES:

Description: The following areas are identified as areas that the agency is recommended to review and ensure that the area is corrected. The areas identified met minimum standards which do not require a plan of correction at

this time, however if they continue to be found out of compliance on the next accreditation review, could become future areas of non-compliance requiring a plan of correction.

1. According to ARSD 67:61:05:08, 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, interns, or volunteers. The file includes the following:
 1. The application filed for employment or resume and transcripts or diploma and continuing education;
 2. The position description signed by the staff with a statement of duties and responsibilities and the minimum qualifications and competencies necessary to fulfill these duties;
 3. The completion of appropriate pre-hire screening will be evident for staff that provide direct services to vulnerable populations;
 4. The staff's orientation documentation in accordance with ARSD 67:61:05:05;
 5. Copies of staff's current credentials related to job duties; and
 6. Any staff health clearances, including tuberculin test results, if required, and any clearances from a licensed physician after an infectious or contagious disease requires the staff's absence from the program.

The Glory House met all of the above requirements in most personnel files reviewed, however, some files were missing required documentation that the provider possessed but had not been filed appropriately, making it difficult to find required documentation. The Office of Licensing and Accreditation advises The Glory House to complete a quarterly personnel file review to avoid potential compliance issues in the future.

2. According to ARSD 67:61:07:10, 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.

The Glory House informed the Office of Licensing and Accreditation that when a client is in services for less than 10 days, a discharge letter is completed, but not a discharge summary. A discharge summary must be completed for every client who is discharge, regardless of the length of time the client is in services.

PRIOR AREAS REQUIRING A PLAN OF CORRECTION FOR SUBSTANCE USE DISORDER SERVICES:

Description: The Glory House was last reviewed in February 2020. They did not have any plan of correction items at that time.

SUBSTANCE USE DISORDER ACCREDITATION RESULTS:

x	Three Year Accreditation
	Two Year Accreditation
	Probation