

**Program Name: Lifeways**  
**Lifeways, Inc.**  
**Due Date: 12-01-2023**

**Plan of Correction Items**

The following administrative rules were found to be out of compliance. In a State of South Dakota 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.

<b>Administrative POC-1</b>	
<p><b>Rule #:</b> <b>67:61:02:21</b></p>	<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 clients 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, and other critical equipment necessary for operation of the facility for more than 24 hours.</p>
<p><b>Area of Noncompliance:</b> Lifeways did not have a sentinel event policy at the time of the review.</p>	
<p><b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Executive Director created an Event Notification Policy with forms to complete that comply with rule and policy. All staff will be trained on this policy and procedure at Staff Meeting on 12-01-2023.</p>	<p><b>Anticipated Date Achieved/Implemented:</b></p> <p><b>Date</b> 11-27-2023</p>
<p><b>Supporting Evidence:</b> See attached policy and reporting forms</p>	<p><b>Position Responsible:</b> Executive Director</p>
<p><b>How Maintained:</b> Executive Director will review policy and procedure annually with all staff.</p>	<p><b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

**Administrative POC-2**

<b>Rule #:</b> 67:61:06:07	<b>Rule Statement: Discharge Policies.</b> Each agency shall have a written discharge policy. The policy includes the following: <ol style="list-style-type: none"> <li>1. Client behavior that constitutes reason for discharge at staff request;</li> <li>2. The procedure for staff to follow when discharging a client involved in the commission of a crime on the premises of the program or against its staff, consistent with the confidentiality of alcohol and drug abuse patient records, 42 CFR, 2.12©(5) (June 9, 1987) including who shall make the report to the appropriate law enforcement agency;</li> <li>3. The procedure for staff to follow when a client leaves against medical or staff advice, including offering the client discharge planning and continuation of care for substance abuse and any other condition and documentation of what was offered, consistent with the confidentiality of alcohol and drug abuse patient records, and confidentiality of alcohol and drug abuse patient records.</li> <li>4. Prohibition against automatic discharge for any instance of non-prescribed substance use, or for any instance of displaying symptoms of mental or physical illness; and</li> <li>5. The procedure for referrals for clients with symptoms of mental illness or a medical condition and those requesting assistance to manage symptoms.</li> </ol>
<b>Area of Noncompliance:</b> Lifeways did not have a discharge policy at the time of the review.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Executive Director located policy/procedure but it was outdated. Executive Director and Clinical Supervisor updated policy/procedure. All staff will be trained on these updates at Staff Meeting on 12-01-2023.	<b>Anticipated Date Achieved/Implemented:</b> Date 11-27-2023
<b>Supporting Evidence:</b> see attached policy/procedure	<b>Position Responsible:</b> Executive Director
<b>How Maintained:</b> Clinical Supervisor will review policy/procedure with all staff annually.	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

**Administrative POC-3**

<b>Rule #:</b> 67:61:11:04	<b>Rule Statement: Review of Materials.</b> The agency's program director shall review and approve all electronic, written, and printed materials intended for public distribution for validity, relevancy, and appeal. Additionally, an agency that conducts classroom or group educational programs shall use a structured evidence-based curriculum for prevention education.
<b>Area of Noncompliance:</b> While it is clear that Lifeways uses structured, evidence-based curriculum, they do not have a policy for the program director to review all materials intended for public distribution.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Executive Director located policy/procedure but it was outdated. Executive Director updated policy/procedure. All staff will be trained on these updates at Staff Meeting on 12-01-2023.	<b>Anticipated Date Achieved/Implemented:</b> Date 11-27/2023

<b>Supporting Evidence:</b> see attached policy/procedure	<b>Position Responsible:</b> Executive Director
<b>How Maintained:</b> Executive Director will keep a file to document items up for review and status. Executive Director will review policy and procedure annually with all staff.	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Signature of Agency Director: 	Date: 11-27/2023
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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](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: 11-30/23
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## Event Notification Policy

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- **Lifeways shall make a report to the Division of Behavioral Health (DBH) within 24 hours of any;** 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.
  - **Lifeways shall submit a follow-up report to the DBH within 72 hours and must include:**
    - A written Description of the event;
    - The client's name and date of birth; and
    - Immediate actions taken by the agency.

### Root Cause Analysis Policy

When an EVENT as noted above occurs, a *Root Cause Analysis Report* will be completed that includes;

- Name and Date of individual completing the report
  - Problem Statement
  - Root Cause Identification
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- **Lifeways shall report to DBH, as soon as possible,** any fire with structural damage or in which injury or death occurs; any partial or complete evacuation of the agency resulting from natural disaster; any loss of utilities including electricity, natural gas, and phone lines; and any loss of an emergency generator, fire alarms, sprinklers and other critical equipment necessary for operation of the agency for more than twenty-four hours.



**Event Notification Follow-Up Report**  
(must be submitted to DBH within 72 hours of Event)

**1. Description of the Event:**

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**2. Client's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**3. Immediate Actions Taken by Lifeways:**

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**Lifeways Executive Director**

\_\_\_\_\_  
**Date**



## Root Cause Analysis Report

**Individual Completing Report:** \_\_\_\_\_

**Date of Report:** \_\_\_\_\_

### **Problem Statement**

*The problem statement should be clearly defined, concise, and specific. It should relate to the purpose of the Root Cause Analysis request (e.g., significant event, failure to achieve goals, etc.) The problem statement will guide the root cause analysis activities and discussion for identified actions for improvement.*

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### **Root Cause Identification**

**Step 1.** Assemble a team for discussion and completion of root cause analysis exercises. The team should consist of individuals involved in the process where the problem occurred and may include, as appropriate: Executive Director, Clinical Supervisor, Lifeways Counselors and/or other Lifeways staff, clients and/or parent or guardian.

- Consideration should be given to include the “voice of the customer” whenever possible.

**Team:**

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**Step 2.** Complete structured Root Cause Analysis tools; brainstorm potential causes leading to the problem.

- Identify the top *root causes* leading to the problem.

**Top Root Causes:**

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**Step 3.** The team will identify the main cause(s) of the problem that need(s) to be addressed.

- Make a list of the root causes to be addressed.

**Root Causes to be Addressed:**

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## **Discharge Policy**

### **CONDITIONS FOR DISCHARGE OR TRANSFER OF CLIENTS**

1. In cases where the staff requests discharge or transfer of a client due to inappropriate behavior of the client, the counselor shall discuss the nature of the behaviors and the following options with the clinical supervisor.

- Transfer of the client to a different in-house counselor.
- Discharge of the client completely from the program. In cases of discharge, the counselor will utilize all other resources to provide services to the client.
- Reasons for transfer/discharge will be reviewed with the client and parent/guardian and documented in the client's file.
- The referring agency will be notified of the transfer/discharge.

2. In cases where the client has committed a crime on the premises of the program or against its staff the counselor shall discuss the nature of the incident with the clinical supervisor or executive director.

- All crimes shall be reported to local law enforcement. The report shall be made by the staff discovering the crime or the clinical supervisor or executive director.
- The nature of the crime will determine whether or not discharge or transfer is necessary.
- All violent crimes against a staff person or other client will result in immediate discharge from the program.
- The incident and action taken shall be documented in the client's file.
- The referring agency will be notified of the transfer/discharge.

3. In cases where the client leaves the program against medical or staff advice the counselor shall discuss the nature of the circumstances with the clinical supervisor.

- Counselor will document in the client's file incidents leading to the client leaving.
- Counselor will make note in the client's file indicating that the client left against medical and/or staff advice and that measures were taken to encourage the client and parent/guardian to remain in the program.
- Counselor will provide client and parent/guardian with a discharge plan and continuation of care and document that plan in client's file.
- Counselor will notify the referring agency of the client's refusal to continue the program against medical/staff advice.
- Client may be readmitted into the program after re-committing to completing the program.



4. In cases where there is an instance of non-prescribed substance use, or for any instance of displaying symptoms of mental or physical illness, the counselor shall discuss the nature of the instance and with the clinical supervisor.

- Client will not be automatically discharged.
- Instance(s) will be reviewed with client and parent/guardian.
- Counselor will document any instances in the client's file.

5. In cases where there is an instance of client displaying symptoms of mental illness or a medical condition the counselor shall discuss the nature of the instance with the clinical supervisor.

- Counselor will review symptoms with the client and parent/guardian and provide appropriate referral sources for mental or physical health care.
- Counselor will adjust program plan to coordinate with the client's mental or physical healthcare provider.
- Counselor will document any instance and/or referrals in the client's file.

6. Clients may be discharged from the program after meeting ASAM criteria for discharge or transfer.





### **Director Review of Materials Policy**

Lifeways shall use a structured evidence-based curriculum for classroom and group prevention educational programs.

In order to follow state accreditation standards and assure that Lifeways messaging in the community/school is in alignment with our mission, vision, purpose and best practices and principles, Lifeways prevention staff shall seek prior approval via email or in person from the Executive Director before:

1. Full development and release of any of the following:
  - a. Recommendation letters, other letters to parents/guardians and all material included with letter(s)
  - b. new campaign(s)
  - c. bulletin boards
  - d. posters
  - e. brochures
  - f. flyers
  - g. newsletters
  - h. audio and video recordings
  - i. social media
2. Purchase of new educational materials intended for public/youth/parent distribution,
3. Newly created educational components are added to existing evidenced based programs,
4. Media interviews or speaking on behalf of Lifeways to the public, key points will be reviewed prior to interview,

The Executive Director will consider the following key points prior to approval: target population, intended “message”, validity, relevancy, and fidelity to the mission, vision and purpose of Lifeways. The Executive Director may also seek consultation from the Clinical Supervisor and/or the Curriculum Specialist. The prevention staff person will be informed via email or in person of final approval decision.