

Plan of Correction

Program Name: Native Healing Program	Date Due: 5/5/2022
---	---------------------------

Administrative POC-1

Rule #: 67:61:03:04	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.
-------------------------------	--

Area of Noncompliance: Native Healing Program’s non-discrimination policy states “The program will accept tribally enrolled members residing in the Rapid City area according to terms between Indian Health Services and the Oglala Sioux Tribe. In compliance with Oglala Sioux Tribe regulation and State regulation for tribally enrolled members, the Native Healing Program will assist only those people eligible for I.H.S. services. Eligibility is specified as tribal people who are experiencing alcohol/drug addiction, abuse or related problems and in need of outpatient treatment”

Native Healing Program must provide services to all people, regardless of their tribal membership or lack thereof. Native Healing Program may not require tribal enrollment or proof of Indian blood to provide services to clients. Native Healing Program must draft policy to reflect this non-discrimination procedure.

Corrective Action (policy/procedure, training, environmental changes, etc): Native Healing Program has modified this noncompliance by offering services to all people. Native Healing program does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.	Anticipated Date Achieved/Implemented: Date 4/21/2022
---	--

Supporting Evidence: Supporting evidence will be maintained in NHP Policies and Procedure manual and overseen daily by Compliance Officer.	Position Responsible: NHP Compliance Officer
---	--

How Maintained: NHP Policies and Procedures manual	Board Notified: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>
---	--

Administrative POC-2

Rule #: 67:61:06:07	Rule Statement: Discharge Policies. Each agency shall have a written discharge policy. The policy includes the following:
-------------------------------	--

	<ol style="list-style-type: none"> 1. Client behavior that constitutes reason for discharge at staff request; 2. The procedure for the 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 C.F.R. § 2.12(c)(5) (June 9, 1987) including who shall make the report to the appropriate law enforcement agency; 3. The procedure for the 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, 42 C.F.R., Part 2 (June 9, 1987), confidentiality of alcohol and drug abuse patient records; 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 5. The procedure for referrals for clients with symptoms of mental illness or a medical condition and those requesting assistance to manage symptoms.
<p>Area of Noncompliance: Native Healing Program’s policy and procedure manual correctly prohibits automatic discharge for non-prescribed substance use, however their client rule policy that clients are required to sign upon admission states that alcohol or illegal drug use will warrant immediate discharge. Native Healing Program needs to amend their client rule policy form to match their policy and procedure manual.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): ██████ Talked to Chris Kenyon today in regard to this finding. Correct client rule policy sent to him via email today.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 4/22/2022</p>
<p>Supporting Evidence: ██████ NHP Policies and Procedure manual</p>	<p>Position Responsible: Compliance Officer</p>
<p>How Maintained: ██████ NHP Policies and Procedure manual.</p>	<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

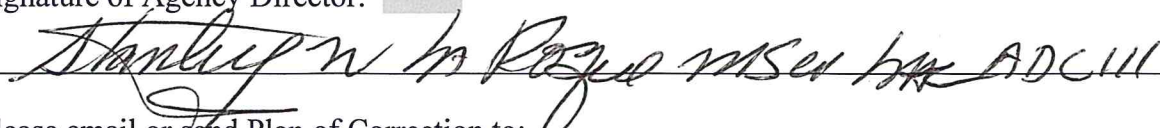
Administrative POC-3	
<p>Rule #: 67:61:05:01</p>	<p>Rule Statement: Tuberculin screening requirements. Tuberculin screening requirements for employees are as follows:</p> <ol style="list-style-type: none"> 1. Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or 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 on 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 positive reaction to either test;

<p>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;</p> <p>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 Mycobacterium tuberculosis. 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</p> <p>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.</p>	
<p>Area of Noncompliance: None of the personnel files reviewed had documentation of a two-step TB test completed within 14 days of employment or 12 months prior to employment.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): █ Native Healing program has remedied this noncompliance by implementing the two-step method of tuberculin skin test for each new staff member, intern, and volunteer within 14 days of employment.</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 4/26/22</p>
<p>Supporting Evidence: █ Supporting evidence of compliance will be compliance inspection of all new hires by the Compliance Officer.</p>	<p>Position Responsible: Compliance Officer</p>
<p>How Maintained: █ NHP administrative policies and procedures.</p>	<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> X</p>

Client Chart POC-1	
<p>Rule #: 67:61:07:05(3) (15)</p>	<p>Rule Statement: Integrated Assessment. An addiction counselor or counselor trainee shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. The assessment shall establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence and shall assess the client's treatment needs. The assessment shall be recorded in the client's case record and includes the following components:</p> <p>3. Identification of readiness for change for problem areas, including motivation and supports for making such changes;</p> <p>15. Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable.</p>
<p>Area of Noncompliance: Three out of three integrated assessments for early intervention clients were missing both identification of readiness for change, as well as eligibility determination. Overall, the three early intervention assessments were missing all required ASAM criteria.</p>	

Corrective Action (policy/procedure, training, environmental changes, etc): Required ASAM criteria will be used in early intervention program for all NHP client assessments.	Anticipated Date Achieved/Implemented: Date 4/26/22
Supporting Evidence: Supporting evidence of compliance will be weekly inspection by the Clinical supervisor.	Position Responsible: Clinical supervisor
How Maintained: NHP Policies and Procedures manual.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a X

Client Chart POC-2	
Rule #: 67:61:07:10	Rule Statement: Transfer or Discharge summary. 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 objective identified in the treatment plan is maintained in the client case records. A process shall be in place to ensure that the transfer or discharge is completed in the MIS. When a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate.
Area of Noncompliance: None of the four reviewed files of clients who discontinued services prematurely had evidence of reasonable attempts to re-engage those clients.	
Corrective Action (policy/procedure, training, environmental changes, etc): Every client that prematurely discontinues services at NHP will be contacted three times - Two attempts by phone and one attempt by mail. This will be documented in the NHP MIS.	Anticipated Date Achieved/Implemented: Date 5/2/22
Supporting Evidence: Supporting evidence of compliance will be inspection by the Clinical supervisor of E.H.R. weekly reports.	Position Responsible: Clinical supervisor
How Maintained: Policies and procedure manual	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a X <input type="checkbox"/>

Signature of Agency Director: 	Date: 05-03-2022
---	------------------

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: 
---	---