Plan of Correction

Program Name: Project Recovery

Date Due: 3/2/2022

Client Chart POC-1

Rule #: 67:61:07:05

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:

1. Strengths of the client and the client’s family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable;
2. Presenting problems or issues that indicate a need for services;
3. Identification of readiness for change for problem areas, including motivation and supports for making such changes;
4. Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and period of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization;
5. Relevant family history, including family relationship dynamics and family psychiatric and substance use history;
6. Family and relationship issues along with social needs;
7. Educational history and needs;
8. Legal issues;
9. Living environment or housing;
10. Safety needs and risks with regards to physical acting out, health conditions, acute intoxication, or risk of withdrawal;
11. Past or current indications of trauma, domestic violence, or both if applicable;
12. Vocational and financial history and needs;
13. Behavioral observations or mental status, for example, a description of whether affect or mood are congruent or whether any hallucinations or delusions are present;
14. Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening;
15. Eligibility determination, including level of care determination for substance use services, or SMI or SED for mental health services, or both if applicable;
16. Clinician’s signature, credentials, and date; and
17. Clinical supervisor’s signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.

Any information related to the integrated assessment shall be verified through collateral

Updated 2/24/2016
contact, if possible, and recorded in the client’s case record.

**Area of Noncompliance:** Four out of seven applicable reviewed files did not have integrated assessments completed.

Additionally, in the three files in which integrated assessments were completed, there was no documentation of past or current indications of trauma or domestic violence.

**Project Recovery will send assessments of all clients who start SUD services between 1/12/22 and 3/31/22 to the Office of Licensing and Accreditation, once the assessments are completed.**

<table>
<thead>
<tr>
<th>Corrective Action (policy/procedure, training, environmental changes, etc):</th>
<th>Anticipated Date Achieved/Implemented:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment checklists have been updated to State required order of documentation.</td>
<td>Date 3/31/2022</td>
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</table>

**Supporting Evidence:**

<table>
<thead>
<tr>
<th>How Maintained:</th>
<th>Position Responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>All completed assessments have been sent to state.</td>
<td>Board Notified:</td>
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</tbody>
</table>

**Client Chart POC-2**

<table>
<thead>
<tr>
<th>Rule #:</th>
<th>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:</th>
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<tr>
<td>67:61:07:07</td>
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</table>

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 safety 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.

The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every 30 calendar days for outpatient treatment programs.
### Client Chart POC-3

<table>
<thead>
<tr>
<th>Rule#:</th>
<th>Rule Statement: Transfer or discharge summary. 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</th>
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<td>67:61:07:10</td>
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**Area of Noncompliance:** In the only applicable reviewed client file, Project Recovery did not have reasonable attempts at re-engagement documented.

**Project Recovery will send all documented attempts at re-engagement for clients who start SUD services between 1/12/22 and 3/31/22 to the Office of Licensing and Accreditation.**

<table>
<thead>
<tr>
<th>Corrective Action (policy/procedure, training, environmental changes, etc):</th>
<th>Anticipated Date Achieved/Implemented:</th>
</tr>
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<tbody>
<tr>
<td>All clients will have attempted contact a minimum of three times. All phone calls and emails will be added to client chart.</td>
<td>Date 3/31/2022</td>
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</tbody>
</table>

**Supporting Evidence:** Communications with client Rs about continuing services were sent in for review. All phone contacts have been documented.

**How Maintained:** All documented attempts are placed in order with progress notes.

**Board Notified:**
- Y □
- N □
- n/a □

### Client Chart POC-4

<table>
<thead>
<tr>
<th>Rule #:</th>
<th>Rule Statement: Tuberculin screening requirements. A designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment, intensive outpatient, day treatment, clinically-managed low intensity residential treatment, clinically-managed detoxification, and intensive outpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months:</th>
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<td>67:61:07:12</td>
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</table>
1. Productive cough for a two or three week duration;
2. Unexplained night sweats;
3. Unexplained fevers; or
4. Unexplained weight loss.

Any client determined to have one or more of the above symptoms within the last three months shall be immediately referred to a licensed physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis shall be excluded from services until the client is determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out shall provide written statement from the evaluating physician before being allowed entry for services.

Area of Noncompliance: All five applicable reviewed client files were missing tuberculosis screenings.

Project Recovery will send all tuberculosis screenings for clients who start SUD services between 1/12/22 and 3/31/22 to the Office of Licensing and Accreditation.

<table>
<thead>
<tr>
<th>Corrective Action (policy/procedure, training, environmental changes, etc):</th>
<th>TB Forms added to Intake Checklist.</th>
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<tbody>
<tr>
<td>Supporting Evidence:</td>
<td>All new clients have filled out the TB screening form</td>
</tr>
<tr>
<td>How Maintained:</td>
<td>TB forms are kept in the client intake forms portion of the chart</td>
</tr>
</tbody>
</table>

Anticipated Date Achieved/Implemented:
Date 3/31/2022
Position Responsible: A C T
Board Notified: Y N n/a

Signature of Agency Director: [signature]
Date: 2-24-22

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.