Plan of Correction

| Program Name: Rosebud Sioux Tribe Meth Treatment Program | Date Due: April 1, 2022 |

**Administrative POC-1**

| Rule #: 67:61:05:05 | Rule Statement: Orientation of Personnel. The agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items:

1. Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency’s smoking policy;

2. The confidentiality of all information about clients, including a review of 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. Parts 160 and 164 (April 17, 2003);

3. The proper maintenance and handling of client case records;

4. The agency’s philosophical approach to treatment and the agency’s goals;

5. The procedures to follow in the event of a medical emergency or a natural disaster;

6. The specific job descriptions and responsibilities of employees;

7. The agency’s policies and procedure manual maintained in accordance with ARSD 67:61:04:01; and

8. The agency’s procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3. |

**Area of Noncompliance:** Rosebud Sioux Tribe Meth Treatment Program did not have proof of orientation containing the above requirements in any of the reviewed personnel files.

**Corrective Action (policy/procedure, training, environmental changes, etc):** Skyla was given the Meth Rehab Program in April, 2021 and has been doing her best to get several areas up to standards. We appreciate your guidance in this process.

**Supporting Evidence:** We will work with Human Resources when hiring any new employees to do orientation.

**How Maintained:** This process will become our standard of care

| Anticipated Date Achieved/Implemented: |
| Date | May 31, 2022 |
| Position Responsible: | Skyla Fast Horse |
| Board Notified: | Y X N □ n/a □ |

Updated 2/24/2016
Administrative POC-2

Rule #: 67:61:05:12

Rule Statement: Office of Inspector General Medicaid exclusion list. 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.

Area of Noncompliance: Rosebud Sioux Tribe Meth Treatment Program did not have documentation of Medicaid exclusion list checks in any of the reviewed personnel files.

Additionally, the Meth Treatment Program must check the list for all current employees at least annually to be considered compliant with administrative rule.

Corrective Action (policy/procedure, training, environmental changes, etc): Was Skyla informed of the Medicaid exclusion list? If so, we will make sure it becomes a standard practice for the Meth Program employees

Anticipated Date
Achieved/Implemented:

Date May 31, 2022

Position Responsible:
Skyla Fast Horse

Supporting Evidence: We will work with your office in receipt of the Medicaid exclusion list in each employee’s personal file.

How Maintained: This document will become a standard in the maintenance of personal files

Board Notified:
Y ❌ N  n/a  □

Administrative POC-3

Rule #: 67:61:05:01

Rule Statement: Tuberculin Screening Requirements. Tuberculin screening requirements for employees are as follows:

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 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous positive reaction to either test;

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;

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

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.

**Area of Noncompliance:** Rosebud Sioux Tribe Meth Treatment program did not have documentation of the two-step tuberculin skin test or TB blood assay test in any of the reviewed personnel files.

**Corrective Action (policy/procedure, training, environmental changes, etc):** We have had our current staff do their TB tests, we will have any new staff provide their results to the Health Administration Director.

**Anticipated Date Achieved/Implemented:**

| Date       | May 31, 2022 |

**Supporting Evidence:** Each current employee or new employee will provide a hard copy of their results to the Health Administration Director

**Position Responsible:**

- Skyla Fast Horse
- Denise Casillas

**How Maintained:** This will become part of the supplemental application for the Rosebud Sioux Tribe.

**Board Notified:**

- Y ☒
- N  
- n/a □

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### Administrative POC-4

**Rule #:**

| 67:61:07:04 |

**Rule Statement:** Closure and Storage of case records. 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:

1. The identification of staff positions or titles responsible for the closure of case records within the agency and MIS;

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 clients who have not received services from an outpatient program in 30 days; and

3. Procedures for the safe storage of client case records for at least six years from closure.

**Area of Noncompliance:** Rosebud Sioux Tribe Meth Treatment Program did not have policies or procedures for the closure and storage of case records meeting the criteria listed in Administrative Rule.

Additionally, the Rosebud Sioux Tribe Meth Treatment Program has not correctly entered or closed clients in the MIS (STARS).

**Corrective Action (policy/procedure, training, environmental changes, etc):** Our staff received one STARS training on February 18, 2022. We will need another training due to the new employees being hired.

**Anticipated Date Achieved/Implemented:**

| Date       | May 31, 2022 |

**Supporting Evidence:** The program has not identified one person to entering the information into STARS. The confusion of several employees doing the entering has become detrimental to the program.

**Position Responsible:**

- Denise Casillas
**Administrative POC-5**

<table>
<thead>
<tr>
<th>Rule #:</th>
<th>Rule Statement: Control, accountability, and storage of medications and drugs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>67:61:08:02(4)</td>
<td>4. All controlled drugs shall be stored in a separate locked box or drawer in the medication storage area.</td>
</tr>
</tbody>
</table>

**Area of Noncompliance:** Rosebud Sioux Tribe Meth Treatment Program did not have a separate locked box for controlled substances.

**Corrective Action (policy/procedure, training, environmental changes, etc):** We now have a locked cabinet in our locked file room. Only the staff have access to the file room.

**Supporting Evidence:** I emailed a picture to Chris Kenyon.

**How Maintained:** This locked cabinet will be a standard of care and remains locked when not in use.

**Anticipated Date Achieved/Implemented:**
- **Date:** February 11, 2022
- **Position Responsible:** Denise Casillas

**Board Notified:**
- Y ☐ N ☐ n/a ☒

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**Administrative POC-6**

<table>
<thead>
<tr>
<th>Rule #:</th>
<th>Rule Statement: Control, accountability, and storage of medications and drugs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>67:61:08:02 (14)</td>
<td>14. The telephone number of the regional poison control center, the local hospitals, medical director, and the agency administrator shall be posted in all drug storage and preparation areas.</td>
</tr>
</tbody>
</table>

**Area of Noncompliance:** Rosebud Sioux Tribe Meth Treatment Program did not have the phone numbers of the regional poison control center, hospital, medical director or agency administrator posted in their medication storage area.

**Corrective Action (policy/procedure, training, environmental changes, etc):** After our site review we created a list of the phone numbers.

**Supporting Evidence:** I have sent a picture along with this document in the email.

**How Maintained:** We have the numbers posted in our front office and in my office.

**Anticipated Date Achieved/Implemented:**
- **Date:** February 14, 2022
- **Position Responsible:** Denise Casillas

**Board Notified:**
- Y ☐ N ☐ n/a ☒
### Administrative POC-7

**Rule #:** 67:61:08:04  
**Rule Statement:** Records of receipt, administration, and disposition of scheduled drugs. Each residential program shall maintain a separate log book to record the receipt and disposition of all Schedule II drugs. A residential program shall maintain a record of the receipt and administration of Schedule II, III, and IV drugs in a client’s case records.

**Area of Noncompliance:** Rosebud Sioux Tribe Meth Treatment Program did not have a separate log book for receipt and disposition of Schedule II drugs.

**Corrective Action (policy/procedure, training, environmental changes, etc):** We are developing a separate log book for the clients Schedule II drugs.

**Anticipated Date**

**Achieved/Implemented:**

**Date** May 31, 2022

**Position Responsible:** Denise Casillas

**Supporting Evidence:** I will send a picture when completed

**How Maintained:** The new Schedule II log book will be in the locked file room with the other log book and medication cabinet.

### Client Chart POC-1

**Rule #:** 67:61:07:05(1)  
**Rule Statement:** Integrated Assessment.  
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.

**Area of Noncompliance:** All 11 integrated assessments reviewed were missing strengths of the client and periods of success.

**Corrective Action (policy/procedure, training, environmental changes, etc):** We will work with the software company we utilize, AccuCare, to add these specific areas to the assessment template. Until the template is changed, we will insure the counselors include this section in their assessments.

**Supporting Evidence:** Once the software has been updated we will send a demo assessment to show our progress.

**How Maintained:** This section will become a standard of care for our program.

**Anticipated Date**

**Achieved/Implemented:**

**Date** May 31, 2022

**Position Responsible:** Denise Casillas

**Board Notified:**

Y ☐ N ☐ n/a ☒

### Client Chart POC-2

**Rule #:** 67:61:07:12  
**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 inpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months:
1. Productive cough for a two to 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 a written statement from the evaluating physician before being allowed entry for services.

**Area of Noncompliance:** Neither of the two applicable reviewed files had evidence of a tuberculin screening.

**Corrective Action (policy/procedure, training, environmental changes, etc):** We will collaborate with the Indian Health Service’s Director of Nursing to develop a screening protocol for every new client.

**Anticipated Date Achieved/Implemented:**

- **Date:** May 31, 2022

**Supporting Evidence:** Once we have established screening protocol developed I will send you the document.

**Position Responsible:**
- Denise Casillas
- Skyla Fast Horse

**How Maintained:** This will become a standard practice in our program.

**Board Notified:**
- Y [ ]
- N [ ]
- n/a [x]

Signature of Agency Director: Skyla Fast Horse

Date: March 31, 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: [signature]

Date: 4/1/22