

Plan of Correction

Program Name: South Dakota Urban Indian Health	Date Submitted: 11/21/2019	Date Due: 12/21/2019
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Administrative POC-1

Rule #: ARSD 67:61:02:21	<p>Rule Statement: Sentinel event notification. 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 client's 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> <ul style="list-style-type: none"> (1) A written description of the event; (2) The client's name and date of birth; and (3) Immediate actions taken by the agency. <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>
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Area of Noncompliance: This policy was not found in the review of the policy and procedures manual.

Corrective Action (policy/procedure, training, environmental changes, etc): There is language in a current policy regarding death or serious injury. Policy 04.05. We will modify to include notifying the division within 24 hours of such event, and follow up report within 72 hours. Executive Team will approve during a meeting in January 2020.	Anticipated Date Achieved/Implemented: Date 01/23/2020
Supporting Evidence: Policy 04.05	Person Responsible: Reid Wendel/Stacia Nissen
How Maintained: Reviewed Annually.	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/>

Administrative POC-2

Rule #:
Contract
Attachment 1

Contract Attachment:

Populations to be Served

It is the intent of the Division of Behavioral Health to fund services in South Dakota for residents living in South Dakota. It is the Division's expectation that state funds be targeted to those citizens of South Dakota in need of substance use disorder and gambling treatment services.

Priority Populations:

Target populations to be served under the contract, in order of priority for State and Federal funds paid to the agency, and in accordance with 45 CFR 96.124 and 45 CFR 96.131, are as follows:

- 1) **Pregnant Women**
 - a) Agencies must ensure that each pregnant woman in the state who seeks or is referred for and would benefit from treatment is given preference in admissions to treatment facilities receiving block grant funds.
 - b) The agency shall publicize by public service announcement or street outreach programs the availability to such women of these treatment services designed for pregnant women and women with dependent children.
 - c) Services for pregnant women/women with dependent children must comply with the provisions set forth in 45 CFR Sec. 96.124.
 - d) Pregnant Women who are also Intravenous Drug Users are the highest priority for services.
- 2) **Intravenous Drug Users**
 - a) The agency shall develop and implement a program of outreach services to identify individuals in need of treatment for their intravenous drug use and to encourage the individual to undergo treatment for such use.
 - b) The agency shall maintain a record of outreach services provided to intravenous drug users.
 - c) Services for intravenous drug users must comply with the provisions set forth in 45 CFR 96.124 and 45 CFR 96.131.
 - d) The agency shall develop and implement a policy to ensure that they will not distribute sterile needles or distribute bleach for the purpose of cleaning needles and shall develop and implement a policy to ensure they will not carry out any testing for the acquired immune deficiency syndrome without appropriate pre- and post-test counseling.
- 3) **Adolescents**

Area of Noncompliance: A policy referencing the contract attachment was not found in review of policy and procedures manual.

Corrective Action (policy/procedure, training, environmental changes, etc): Develop a policy regarding priority treatment of pregnant women, women with dependent children, IV Drug users, and adolescents.

Anticipated Date Achieved/Implemented:
Date February 2020

Supporting Evidence: New Policy – to be drafted and presented to Executive Team in January 2020, and approved by the Board of Directors February 2020

Person Responsible:
Stacia Nissen

How Maintained: Reviewed Annually after approved.

Board Notified:
Y N n/a

Administrative POC-4

Rule #:
ARSD
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 the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position 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 *Myobacterium 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: A personal file was missing a TB test within 14 days of hire.

Corrective Action (policy/procedure, training, environmental changes, etc): Continue to make sure within policy guidelines with new hire. Review current policy to reflect updated TB testing protocol and develop a plan with employee wellness to ensure this is being completed.

Anticipated Date Achieved/Implemented:

Date February 2020


Supporting Evidence: Update TB Policy.

Person Responsible:
Stacia Nissen/Barb Pearson

How Maintained: Update will be approved by Executive Committee, then policy will be reviewed annually.

Board Notified:
Y N n/a

Program Director Signature:  for Don Lee

Date: 
12/17/19

Please email or send Plan of Correction to:

Accreditation Program
Department of Social Services
Division of Behavioral Health
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