

Program Name:
Southeastern Behavioral Health Substance Use Disorder Services
Due Date:

Plan of Correction Items

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

Plan of Correction 1

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| Rule #: 67:61:11:08 | <p>Rule Statement: Quality Assurance and evaluation. An agency shall conduct a quality assurance review of its prevention programming to monitor, protect, and enhance the quality and appropriateness of its programming and to identify qualitative problems and recommend plans for correcting each problem. The agency shall conduct:</p> <ol style="list-style-type: none"> 1. Annual satisfaction surveys of all individuals or stakeholders who requested and participated in prevention services; 2. Participant evaluations, after each prevention presentation the agency provides; and 3. Pre- and post-tests for all evidence-based curricula presented to individuals. <p>A summary of the quality assurance review must be made available to the board of directors or agency staff annually, and to the department and community members, upon request.</p> | |
| <p>Area of Noncompliance: Southeastern Behavioral Healthcare completes pre- and post-tests for each presentation and annual satisfaction surveys, but does not complete participant evaluations.</p> | | |
| Corrective Action (policy/procedure, training, environmental changes, etc): | <ol style="list-style-type: none"> 1. Southeastern will provide training to Recovery Team employees on the administration of participant evaluations. 2. The supervisor will make sure that participant evaluations are provided and administered after each prevention presentation the agency provides. | <p>Anticipated Date Implemented:</p> <p>Date: 1/15/2024</p> |
| Supporting Evidence: | <ol style="list-style-type: none"> 1. Participant Evaluation form | <p>Position Responsible: Debbie Faini</p> |
| How Maintained: | <p>The supervisor will make sure that participant evaluations are provided and administered after each prevention presentation the agency provides.</p> | <p>Board Notified: Yes – on 1/24/2024</p> |

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| Signature of Agency Director: <i>Trust J. Brahan</i> | Date: 1/11/2024 |
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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

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

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| Signature of Licensing Staff: <i>Chi Kuyun</i> | Date: 1/11/2024 1/16/24 |
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