

Program Name:
Three Rivers Mental Health & Chemical Dependency Center

Recommendations

The following administrative rules were found to be out of compliance in low numbers, or were in compliance, but the Office of License and Accreditation saw potential for future noncompliance and is recommending changes to procedure. In some cases, if recommendations are not corrected, they may become plans of corrections in the future.

Recommendation-1	
<p>Rule #: 67:61:07:12</p>	<p>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 treatment, day treatment, clinically-managed low-intensity residential treatment, clinically-managed detoxification, or intensive inpatient treatment, within twenty-four hours of admission, to determine if the client has had any of the following symptoms within the previous three months:</p> <ol style="list-style-type: none"> 1. Productive cough for a duration of two to three weeks; 2. Unexplained night sweats; 3. Unexplained fevers; or 4. Unexplained weight loss. <p>Any client determined to have had one or more of the listed symptoms within the last three months must be immediately referred to a licensed physician for a medical evaluation to determine the absence or presence of active tuberculosis. A physician, physician assistant, nurse practitioner, or clinical nurse specialist may request that a Mantoux skin test be conducted. Any client confirmed or suspected to have infectious tuberculosis may not be admitted for services until the client is determined to no longer be infectious by the physician. If infectious tuberculosis is ruled out, the evaluating physician must provide a written statement confirming the client does not have tuberculosis before the client may be readmitted for services.</p>
<p>Area of Recommendation: Three Rivers Mental Health and Chemical Dependency Center completed their tuberculin screening questions in the integrated assessment document. Although this is considered compliant, it resulted in a few files missing the questions. Additionally, if a client answers yes to any of the tuberculosis screening questions, the assessment must be stopped immediately. For this reason, it may be beneficial to Three Rivers and the client for the tuberculosis screening questions to be asked before the assessment and documented on a separate form.</p>	

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	
Rule #: 67:61:11:08	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: <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>
Area of Noncompliance: Three Rivers Mental Health & Chemical Dependency Center does not send out satisfaction surveys. Three Rivers must indicate how they will send satisfaction surveys and how they will be included in their annual quality assurance evaluation.	
Corrective Action (policy/procedure, training, environmental changes, etc): Jason Lillich <p>Safe Communities will send out annual satisfaction surveys to the administration of each school that is provided evidence-based programming as part of the annual quality assurance evaluation. Additionally, annual survey will be sent to community stakeholders who have participated or have participated in prevention services or prevention specific community events. These surveys will be reviewed by the Safe Communities board of directors to determine any potential additions, changes or corrections, in an effort to get meaningful feedback from stakeholders in an effort to identify and understand community needs.</p>	Anticipated Date Achieved/Implemented: Date August 2024
Supporting Evidence: N/A	Position Responsible: Prevention Coordinator
How Maintained: Surveys will be on-file at the Safe Communities office in a designated folder.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Signature of Agency Director: Jason Lillich	Date: 06/12/2024
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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.

Signature of Licensing Staff: 

Date: 6/17/24