

### Plan of Correction

<b>Program Name:</b> Youth and Family Service, Inc.	<b>Date Due:</b> 10/15/2021
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Administrative POC-1	
<b>Rule #:</b> 67:61:04:01	<b>Rule Statement:</b> Policies and procedures manual. Each agency shall have a policy and procedure manual to establish compliance with this article and procedures for reviewing and updating the manual.
<b>Area of Noncompliance:</b> <i>Youth and Family Services has a policy and procedure manual. Some rules need to be updated with ARSD 67:61. The manual still references outdated rule.</i>	
<b>Corrective Action (policy/procedure, training, environmental changes, etc.):</b> The DADA manual has been updated with current rules (ARS 67:61)	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 11/4/21
<b>Supporting Evidence:</b> Copy of DADA manual content list.	<b>Position Responsible:</b> Program Director
<b>How Maintained:</b> By July 15 of every year, rules will be reviewed to make sure yearly changes have been added.	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-2	
<b>Rule #:</b> 67:61:02:21	<p><b>Rule Statement:</b> 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"> <li>• A written description of the event.</li> <li>• The client's name and date of birth.</li> <li>• Immediate actions taken by the agency.</li> </ul> <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>

<b>Area of Noncompliance:</b> <i>This policy was not found in the policy and procedures manual.</i>	
<b>Corrective Action (policy/procedure, training, environmental changes, etc.):</b> This policy has been placed in the policy and procedures manual and is also noted in the Emergency Preparedness Plan.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 11/4/21
<b>Supporting Evidence:</b> Copy of the policy.	<b>Position Responsible:</b> Program Director
<b>How Maintained:</b> Yearly review	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

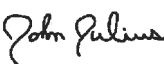

<b>Administrative POC-3</b>	
<b>Rule #:</b> 67:61:11:05	<p>1. <b>Rule Statement: Criteria for determining evidence-based intervention.</b> Evidence-based intervention is defined by inclusion under one or more of three public resources as follows:</p> <ul style="list-style-type: none"> <li>• Federal lists or registries of evidence-based interventions.</li> <li>• Reported positively in peer reviewed journals.</li> <li>• Documented effectiveness based on four guidelines for evidence which are: <ul style="list-style-type: none"> <li>a) The intervention is based on a theory of change that is documented in a clear logic or conceptual model.</li> <li>b) The intervention is similar in content and structure to interventions that appear in registries or the peer reviewed literature or both.</li> <li>c) The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects.</li> <li>d) The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes well-qualified prevention researchers who are experienced in evaluating prevention interventions like those under review.</li> </ul> </li> </ul>
<b>Area of Noncompliance:</b> <i>A-D in this rule needs to be updated in the manual.</i>	
<b>Corrective Action (policy/procedure, training, environmental changes, etc.):</b> This rule has been updated in the manual.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 11/4/21
<b>Supporting Evidence:</b> Copy of the policy.	<b>Position Responsible:</b> Program Director

<b>How Maintained:</b> Yearly review	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>
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<b>Administrative POC-4</b>	
<b>Rule #:</b> 67:61:05:12	<b>Rule Statement:</b> 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.
<b>Area of Noncompliance:</b> <i>In reviewing the personnel files, the Medicaid exclusion list has not been checked since the last review in 2018.</i>	
<b>Corrective Action (policy/procedure, training, environmental changes, etc.):</b> Policy was located in Human Resource documentation. A rule has been entered into the manual, and will be reviewed once per year.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 11/4/21
<b>Supporting Evidence:</b> Documentation from HR record	<b>Position Responsible:</b> HR Coordinator
<b>How Maintained:</b> Each new hire will be checked on the list either before or upon hiring, and once a year Human Resources will check each current Counseling Center employee.	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

<b>Administrative POC-5</b>	
<b>Rule #:</b> 67:61:05:01	<b>Rule Statement:</b> Tuberculin screening requirements. Tuberculin screening requirements for employees are as follows. <ul style="list-style-type: none"> <li>a) 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.</li> <li>b) 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.</li> <li>c) 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 <i>Mycobacterium tuberculosis</i>. If</li> </ul>

	<p>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</p> <p>d) 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.</p>	
<p><b>Area of Noncompliance:</b> <i>This rule needs to be updated in the policy manual. TB tests do not need to be completed annually and requirement b is not correct.</i></p>		
<p><b>Corrective Action (policy/procedure, training, environmental changes, etc.):</b> Policy has been updated</p>		<p><b>Anticipated Date Achieved/Implemented:</b></p> <p>Date 10/25/21</p>
<p><b>Supporting Evidence:</b> Copy of the new policy</p>		<p><b>Position Responsible:</b> Program Director</p>
<p><b>How Maintained:</b> Policy will be re-evaluated yearly by July 15 to incorporate any required changes.</p>		<p><b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

<p>Signature of Agency Director: </p>	<p>Date:  11-10-2021</p>
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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](mailto:DSSLicAccred@state.sd.us)

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

<p>Signature of Licensing Staff: </p>	<p>Date:  11/12/2021</p>
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**Revised October 2021**

**67:61:05:01 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 *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.

**Source:** 43 SDR 80, effective December 5, 2016.

**General Authority:** SDCL 34-20A-27(1)(6).

**Law Implemented:** SDCL 34-20A-27, 34-22-11.

**Reference:** Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. "Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report," December 30, 2005/Vol. 54/No.RR-17.

**NOTES: CC – DSS Requirement – Exclusion List**

YFS must routinely check the Medicaid Exclusion List to ensure that each new hire **as well as any current employee** is not on the excluded list. Documentation in the staff's personnel records must contain evidence the Office of Inspector General Medicaid Exclusion list was checked.[67:61:05:12]

<https://exclusions.oig.hhs.gov/SearchResults.aspx>

**67:61:11:05. Criteria for determining evidence-based intervention.** Evidence-based intervention is defined by inclusion under one or more of three public resources as follows:

- (1) Federal lists or registries of evidence-based interventions;
- (2) Reported positively in peer reviewed journals; or
- (3) Documented effectiveness based on four guidelines for evidence which are:
  - (a) The intervention is based on a theory of change that is documented in a clear logic or conceptual model;
  - (b) The intervention is similar in content and structure to interventions that appear in registries or the peer reviewed literature or both;
  - (c) The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
  - (d) The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review.

Source: 43 SDR 80, effective December 5, 2016.

General Authority: SDCL 34-20A-27.

Law Implemented: SDCL 34-20A-27(1)(4).

**67:61:02:21. 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.

The agency shall submit a follow-up report to the division within 72 hours of any sentinel event and the report shall include:

- (1) A written description of the event;
- (2) The client's name and date of birth; and
- (3) Immediate actions taken by the agency.

Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events.

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.

**Source:** 43 SDR 80, effective December 5, 2016.

**General Authority:** SDCL 34-20A-27.

**Law Implemented:** SDCL 34-20A-27.

## **Serious Injury or Death**

If a Serious Injury or Death occurs, follow these guidelines:

### **YFS "Serious Injury or Death" Guidelines**

#### **SERIOUS INJURY or DEATH**

1. **Call 9-1-1** - and provide information of the situation and location.
2. **Follow** - the emergency responder's instructions. Provide care if able.

#### **AFTER EMERGENCY RESPONDERS HAVE BEEN NOTIFIED**

1. **Remove** children from area.
2. **Notify** – supervisor, nurse and program director of situation.
  - a. **Notify** – immediate family members.
3. **Complete** necessary reports.
  - a. To include Sentinel Event reporting and notifications (for those programs required to do so through accreditation, licensing and funding requirements). **Counseling**



**Center must notify The State of South Dakota within 24 hrs of any sentinel event. A follow up report to the division must be submitted within 72 hours and include the description of the event; the client's name and date of birth; and immediate actions taken by the agency.**

- 4. Contact 342-4789** - the YFS Counseling Center for immediate support for children, families and staff if needed.

After the emergency, the YFS Counseling Center staff will make plans for short and long-term support if needed.

***Staff and families should know:***

- Stay calm; the children will take your lead.
- Only the designated YFS spokesperson should talk to the media.

## DADA Manual Directory

67.61.01 Definitions	11/4/2021 4:18 PM	File folder
67.61.02 Accreditation	11/4/2021 5:44 PM	File folder
67.61.03 Governance	11/4/2021 5:50 PM	File folder
67.61.04 General Management Requirements	11/4/2021 6:27 PM	File folder
67.61.05 Personnel	11/5/2021 10:02 AM	File folder
67.61.06 Clients' Rights	11/4/2021 8:13 PM	File folder
67.61.07 Clinical Processes	11/5/2021 10:10 AM	File folder
67.61.08 Medication Control in Residential Programs	11/4/2021 4:01 PM	File folder
67.61.09 Dietary Services	11/4/2021 4:02 PM	File folder
67.61.10 Environmental Sanitation Safety-Fire Prevention	11/4/2021 8:17 PM	File folder
67.61.11 Prevention Program	11/4/2021 8:35 PM	File folder
67.61.12 Early Intervention Program	11/4/2021 8:41 PM	File folder
67.61.13 Outpatient Treatment Program	11/4/2021 8:47 PM	File folder
67.61.14 Intensive Outpatient Treatment Program	11/4/2021 3:52 PM	File folder
67.61.15 Day Treatment Program	11/4/2021 3:52 PM	File folder
67.61.16 Clinically-Managed Low-Intensity Residential T...	11/4/2021 3:53 PM	File folder
67.61.17 Clinically-Managed Residential Detoxification ...	11/4/2021 3:54 PM	File folder
67.61.18 Medically-Monitored Intensive Inpatient Treat...	11/4/2021 3:54 PM	File folder