



Office of Licensing and Accreditation

Accreditation Survey Report for Substance Use Disorder Treatment Providers ARSD 67:61 January 25, 2024

iRecover.US
103 S Main Street
Howard, SD 57349
3.2D

1. Governance	Yes	No	N/A
a. Governmental agency, federally recognized tribe, business corporation, non-profit corporation or limited liability company (0.5 and 1.0 only) (67:61:03:01)	<u>✓</u>	_____	_____
b. Policy for not denying clients equal access to services (67:61:03:04)	<u>✓</u>	_____	_____
c. Annual, entity-wide, independent financial audit completed (67:61:04:05)	<u>✓</u>	_____	_____
d. Business hours posted in prominent place on premises (67:61:04:09)	<u>✓</u>	_____	_____
e. Board of directors meets at least quarterly and keeps minutes of all meetings (67:61:03:03)	_____	_____	<u>✓</u>
f. Up-to-date policy and procedure manual (67:61:04:01)	<u>✓</u>	_____	_____
g. Up-to-date organizational chart (67:61:05:09)	<u>✓</u>	_____	_____
h. Sentinel event policy (67:61:02:21)	<u>✓</u>	_____	_____
i. Policy for notifying DSS of changes (67:61:02:20)	<u>✓</u>	_____	_____

Comments:

2. Program Services	Yes	No	N/A
a. Schedule of fees based on client ability to pay (67:61:04:06)	<u>✓</u>	_____	_____
b. Policy prohibiting client abuse, neglect, and exploitation (67:61:06:03)	<u>✓</u>	_____	_____
c. Client rights policy (67:61:06:01; 67:61:06:02)	<u>✓</u>	_____	_____

d. Client grievance policy (67:61:06:04)	<u>✓</u>	___	___
e. Submits accurate statistical data (67:61:04:02)	<u>✓</u>	___	___
f. Discharge policy (67:61:06:07)	<u>✓</u>	___	___
g. Client orientation policy and procedure (67:61:04:07)	<u>✓</u>	___	___
h. Policy for responding to medical emergencies (67:61:04:09)	<u>✓</u>	___	___
i. Electronic or written directory with name address, and phone number of support services (67:61:04:10)	<u>✓</u>	___	___
j. In level 3.1, 3.2D, and 3.7 facilities, staff is on duty at all times who is trained to respond to fires and natural disasters (67:61:04:09)	<u>✓</u>	___	___

Comments:

3. Personnel	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Orientation completed within 10 days of hire with all required components (64:61:05:05)	<u>✓</u>	___	___
b. Office of Inspector General Medicaid exclusion list check (67:61:05:12)	___	<u>✓</u>	___
c. In 3.2D facility, all counseling and supervisory staff are trained in emergency first aid, CPR and responding to natural disasters; Documentation in file (67:61:17:06)	<u>✓</u>	___	___
d. Policy and procedure for supervising employees, volunteers, and interns (67:61:05:06)	<u>✓</u>	___	___

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|---|---------------|---------------|---------------|
| e. Two-step TB test or blood assay test within 2 weeks of hire or 12 months before hire (67:61:05:01) | <u> </u> | <u> ✓ </u> | <u> </u> |
| f. Employee TB policies and procedures (67:61:05:01) | <u> ✓ </u> | <u> </u> | <u> </u> |
| g. Complete employee records; policies to maintain those records (67:61:05:08) | <u> ✓ </u> | <u> </u> | <u> </u> |

Comments: Both reviewed personnel files did not have evidence of a check of the Inspector General’s Medicaid Exclusion List upon hire.

Both reviewed personnel files contained only the first step of the two-step TB test requirement.

4. <u>Case Record Management</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|---|--------------|---------------|---------------|
| a. Procedures for closing inactive client records for inpatient programs within 3 days and outpatient programs for 30 days [67:61:07:04(1-2)] | <u> ✓ </u> | <u> </u> | <u> </u> |
| b. Policy for case records to be retained for at least 6 years [67:61:07:04(3)] | <u> ✓ </u> | <u> </u> | <u> </u> |
| c. Established ongoing compliance review process (67:61:04:03) | <u> ✓ </u> | <u> </u> | <u> </u> |

Comments:

5. <u>Environmental/Sanitation/Safety/Fire Prevention</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|--|--------------|---------------|---------------|
| a. Health, safety, sanitation, and disaster plan (67:61:10:01) | <u> ✓ </u> | <u> </u> | <u> </u> |
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Comments:

6. <u>Dietary Services</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|---|----------|-------------|-------------|
| a. Written plan for meeting basic nutritional needs as well as special dietetic needs, including 3 meals per day with snacks (67:61:09:01) | <u>✓</u> | <u> </u> | <u> </u> |
| b. Sanitation and safety standards are met for food service (44:02:07); completed sanitation inspection by the Department of Health (67:61:09:02) | <u>✓</u> | <u> </u> | <u> </u> |

Comments:

7. <u>Medication</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|---|-------------|-------------|-------------|
| a. Policies and procedures on control, accountability, administration, and storage of client medication (67:61:08:02) | <u>✓</u> | <u> </u> | <u> </u> |
| b. Maintains a separate log book to record the receipt and disposition of all schedule II drugs; client case record must include receipt and administration of schedule II, III, and IV drugs (67:61:08:04) | <u>✓</u> | <u> </u> | <u> </u> |
| c. Policy and procedure for destruction and disposal of medication (67:61:08:05) | <u>✓</u> | <u> </u> | <u> </u> |
| d. Policy regarding only RNs, LPNs or UAPs administering and recording medication (67:61:08:08) | <u>✓</u> | <u> </u> | <u> </u> |
| e. Policy and procedure regarding medication errors (67:61:08:08) | <u>✓</u> | <u> </u> | <u> </u> |
| f. If 3.7 is not employing RNs, LPNs, or UAPs, medications are made available to clients for self-administration, with instructions from a | <u> </u> | <u> </u> | <u>✓</u> |

physician and under the supervision of staff
(67:61:08:10)

- | | | | |
|---|-------|-------|------------|
| g. In 3.1 that allows clients to possess and self-administer medication, a list is developed for the client, in consultation with a physician, which is reviewed at least annually
(67:61:08:10) | _____ | _____ | ✓
_____ |
|---|-------|-------|------------|

Comments

8. Initial Assessment & Planning (Detox only)(67:61:17:07) Yes No N/A

- | | | | |
|---|------------|-------|-------|
| a. The client's current problems and needs | ✓
_____ | _____ | _____ |
| b. The client's emotional and physical state including screening for the presence of cognitive disability, mental illness, medical disorders, collateral information, and prescribed medications | ✓
_____ | _____ | _____ |
| c. The client's drug and alcohol use including types of substances used including prescribed or over the counter medications, age of first use, amount used, frequency of use, date of last use, duration of use, and criteria met for diagnosis of use disorder for each substance | ✓
_____ | _____ | _____ |
| d. A statement of intended course of action | ✓
_____ | _____ | _____ |
| e. Refer client to alcohol and drug abuse services pursuant to the initial assessment and the requirements of 42 USC and 45 CFR | ✓
_____ | _____ | _____ |
| f. Referral to and coordination with community programs that offer educational, vocational, social, mental health, employment, and legal services to persons who abuse alcohol and other drugs and their families | ✓
_____ | _____ | _____ |
| g. Completed within 48 hours of admission | ✓
_____ | _____ | _____ |

Comments:

9. <u>Progress Notes (67:61:07:08)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Minimum of one progress note weekly which substantiates all services provided and summarizes significant events occurring throughout the treatment process	<u>✓</u>	_____	_____
b. Information identifying the client receiving services – name, unique ID number, service activity code, title describing the service, or both, date, time met, units of service, and length of session	<u>✓</u>	_____	_____
c. Brief assessment of the client’s functioning	<u>✓</u>	_____	_____
d. Description of what occurred during the session, including action taken or plan to address unresolved issues	<u>✓</u>	_____	_____
e. Brief description of what client and provider plan to work on during the next session	<u>✓</u>	_____	_____
f. Signature and credentials of staff providing the services	<u>✓</u>	_____	_____

Comments:

10. <u>Continued Service Criteria (67:61:07:07)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
a. Client meets continued service criteria, and is documented every:			
i. Two calendar days (3.2D)	<u>✓</u>	_____	_____
ii. Fourteen calendar days (0.5, 2.1, 2.5, 3.7)	_____	_____	<u>✓</u>
iii. Thirty calendar days (1.0, 3.1)	_____	_____	<u>✓</u>

- | | | | |
|--|-----------|------|------|
| b. Progress and reasons for retaining the client at the present level of care | ✓
____ | ____ | ____ |
| c. An individualized plan of action that addresses the reasons for retaining the individual in the present level of care | ✓
____ | ____ | ____ |

Comments: iRecover did not complete continued service reviews correctly for their first five clients, but corrected the problems themselves and continued service reviews were done correctly for the three most recent clients.

11. <u>Transfer or Discharge Summary (67:61:07:10)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|---|-----------|------|------|
| a. Completed by an addiction counselor or addiction counselor trainee within five working days after discharge, regardless of the reason for discharge | ✓
____ | ____ | ____ |
| b. Summary of the client’s problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan | ✓
____ | ____ | ____ |
| c. When a client prematurely discontinues services, reasonable attempts are made and documented by the agency to re-engage the client into services, if appropriate | ✓
____ | ____ | ____ |

Comments:

12. <u>Tuberculin Screening Requirement (67:61:07:12)</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
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|---|-----------|------|------|
| a. A tuberculin screening for the absence or presence of symptoms shall be conducted for each new client within 24 hours of onset of services | ✓
____ | ____ | ____ |
|---|-----------|------|------|

Comments:

13. Intensity of Services**Yes No N/A**

- | | | | |
|---|------------|-------|------------|
| a. The outpatient program provides less than 9 hours per week of counseling services for adults and less than 6 hours for adolescents. (67:61:13:03) | _____ | _____ | ✓
_____ |
| b. The intensive outpatient program provides counseling at least two times per week. Each adult should be provided with at least 9 hours of services. Adolescents shall be provided at least 6 hours of services. | _____ | _____ | ✓
_____ |
| c. The day treatment program shall provide at least 15 hours per week of services for adults and adolescents. For adults, the program shall provide an additional 5 hours on specialized topics. | _____ | _____ | ✓
_____ |
| d. The clinically-managed low-intensity residential treatment program shall provide at least 5 hours of services. | _____ | _____ | ✓
_____ |
| e. The clinically-managed residential detoxification program shall provide at least 30 minutes of services per day within 48 hours of admission, and an additional 30 minutes for each subsequent 24 hour period. | ✓
_____ | _____ | _____ |
| f. The medically-monitored intensive inpatient program shall provide at least 21 hours of services per week. The program shall also provide at least 9 hours of additional services on specialized topics. | _____ | _____ | ✓
_____ |

Comments:

14. Medical Requirements**Yes No N/A**

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|--|------------|-------|-------|
| a. Clinically-Managed Residential Detoxification Program | | | |
| i. The agency shall obtain the following information at the time of admission: (67:61:17:02) | | | |
| a) Blood pressure, pulse and respiration. | ✓
_____ | _____ | _____ |

	b) Presence of bruises, lacerations, cuts, or wounds	<u>✓</u>	___	___
	c) Medications the client is currently taking	<u>✓</u>	___	___
	d) History of diabetes, seizure disorders, convulsive therapies, and exposure to TB	<u>✓</u>	___	___
	e) History of medical, psychological, or psychiatric treatment	<u>✓</u>	___	___
	f) Any symptoms of mental illness currently present	<u>✓</u>	___	___
i.	Written agreement to provide emergency, inpatient, and ambulatory medical services with a licensed hospital serving the area where the program is located. (67:61:17:03)	<u>✓</u>	___	___
ii.	Written agreement with a licensed physician, physician assistant, or certified nurse practitioner to serve as medical director or employ a licensed physician who is primarily responsible for providing medical care to clients. (67:61:17:04)	<u>✓</u>	___	___
iii.	Policy and procedure concerning the steps staff shall take when assessing and monitoring a client's physical condition and responding to medical complications throughout the detoxification process (67:61:17:05)	<u>✓</u>	___	___
	a) Blood pressure, pulse, and respiration a minimum of two additional times in the first 8 hours after admission and at least once every 8 hours thereafter.	<u>✓</u>	___	___
	b) Physical, mental and emotional state	<u>✓</u>	___	___

c) Type and amount of fluid Intake ✓

Comments:

15. Signatures

	Three Year Accreditation (100%-90%)
	Two Year Accreditation (89.9% - 70%)
	Probation (69.9% and below)
X	One Year Provisional Accreditation (70% and above)

Chris Kenyon
Chris Kenyon, Program Specialist

February 9, 2024
Date

January 25, 2024
Date of Site Visit

Muriel Nelson
Muriel Nelson, Program Manager

February 9, 2024
Date