

# Corrective Action Plan

**Facility:** Wellfully

**Reviewer:** Kevin Kanta-Program Specialist

## Licensing Rule:

**67:42:08:08. Emergency safety intervention -- Face-to-face assessment required.** The face-to-face assessment required under the provisions of 42 C.F.R. § 483.358(f), as amended to January 1, 2007, must be provided by a physician, a licensed practitioner, a registered nurse, or a licensed social work associate who has a bachelor's degree and certification as a trainer in a nationally-recognized program of behavior management and personal restraint.

Source: 33 SDR 227, effective July 1, 2007; 39 SDR 220, effective June 27, 2013.

General Authority: SDCL 26-6-16.

Law Implemented: SDCL 26-6-16.

**67:42:08:10. Emergency safety intervention.** A licensed physician, a licensed practitioner, a registered nurse, or a licensed social work associate who has bachelor's degree and certification as a trainer in a nationally-recognized program of behavior management and personal restraint is authorized to order and monitor the use of personal restraint. The facility shall conduct a review on a random sampling of orders to ensure that each licensed social work associate providing an order meets the requirements of this section.

Source: 39 SDR 220, effective June 27, 2013.

General Authority: SDCL 26-6-16.

Law Implemented: SDCL 26-6-16.

## Issue Identified:

Records reviewed during the onsite license renewal and interviews with staff revealed Wellfully is using an LPN to order restraints and conduct face to face assessments. Face to face assessments on records reviewed did not occur within one hour of the initiation of the emergency safety intervention.

Wellfully must submit the following:

- Policies and procedures to ensure compliance of staff allowed to order restraints and conduct face to face assessments.
- A list of staff and qualifications who will order restraints and conduct face to face assessments.

**Date follow up needed:** 10 Days

**Corrective Action Plan (Attach documents if needed)**

Regarding ESI's we implemented a schedule for licensed practitioners (LP)- we have 3 at Wellfully and each will take turns being on-call. We modified our ESI written order form to include the age of the client. We created several lists for staff- What to do in an ESI, what to do if you are the staff initiating an ESI, and what do you need to monitor during an ESI. We created a seclusion monitoring sheet and a Standard Operating Procedure for the use of Wellfully's PRTF seclusion room. This includes when to use it and who should be contacted and who can give permission. We adapted a Safety Watch Standard which includes state regulation on emergency safety regulations, policy on supervision and safety interventions, definitions, how to report injuries/ death or sentinel events, how to document, training, evaluations (debriefings), monitoring, and risk assessments. We held specific trainings on de-escalation, time out vs. seclusion and using SCM (Safe Crisis Management) to seclusion.

**Date Submitted:** 10-19-2020 by Burke Eilers, CEO

**Licensing Rule:**

**67:42:08:05. Treatment plan.** The facility shall develop a written treatment plan for each child in care within 14 days after the date of admission. The development of the treatment plan must involve the child in care; the facility staff working with the child, including members of the treatment team required by 42 C.F.R. § 441.156, effective October 1, 2007; the placement agency; and if appropriate, the parent or guardian. The treatment plan must be signed by each of the individuals involved in development of the plan and, in addition to the requirements contained in 42 C.F.R. § 441.155, must include an assessment of the child's needs and strength; treatment goals for the child and the child's family with an integrated program of therapies, activities, and experiences designed to meet the goals; projected times for achieving the stated goals; the projected length of stay; the conditions under which the child will be discharged; and a discharge plan that meets the requirements of § 67:42:15:12.

Source: 7 SDR 66, 7 SDR 89, effective July 1, 1981; 12 SDR 4, effective July 25, 1985; 27 SDR 121, effective May 28, 2001; 33 SDR 227, effective July 1, 2007; 34 SDR 200, effective January 30, 2008; 35 SDR 187, effective February 11, 2009; 39 SDR 220, effective June 27, 2013

General Authority: SDCL 26-6-16.

Law Implemented: SDCL 26-6-16.

Cross-References: Individual plan of care, 42 C.F.R. § 441.155; Protection of residents -- Emergency safety intervention, 42 C.F.R. § 483.356(b).

**67:42:15:12. Discharge plan.** The treatment team must establish a discharge plan for the child. The discharge plan must include the following information:

- (1) The projected date of discharge;
- (2) The responsibilities of the provider, child, family, and placement agency in the discharge and transition process;
- (3) Transitional services to be provided and by whom;
- (4) Crisis and emergency plans;
- (5) Links with community resources and preparation for how to navigate the adult service system if the child is sixteen years of age or older;
- (6) Aftercare services;
- (7) A list of responsible persons; and
- (8) If the child is Native American, involvement of the child's tribe in aftercare planning.

Source: 32 SDR 33, effective August 31, 2005.

General Authority: SDCL 26-6-16.

Law Implemented: SDCL 26-6-16.

**Issue Identified:**

Treatment plans reviewed did not include evidence of individuals involved in the develop of the plan, projected times for achieving stated goals, projected length of stay, implementation of the reasonable and prudent parent standard, conditions under which the child will be discharged, and discharge plan that meets the requirements of 67:42:15:12.

Wellfully must submit the following:

- Policies and procedures to ensure compliance with the items listed above.
- A copy of the updated treatment plan.

**Date follow up needed:** 30 Days

**Corrective Action Plan (Attach documents if needed):**

We adapted our treatment to reflect new requirements for our PRTF unit. We added on our treatment plans; a spot for our therapist, we added to the individual goals a spot for SCM-individual therapy- discharge plan/parent goals. We added projected length of stay, and a spot for our trauma assessment/ mental evaluation. We created a policy that states this treatment plan will need to get done within 14 days of admit but is a living document through the clients' progress. The client, counselor/case manager, therapist and guardian need to sign it.

The discharge plan was modified to reflect the PRTF. We have a spot for the therapist, recommendations for transition of services and community resources including Native American supports, involvement with BMS and the Intensive Family Support Program, aftercare along with youth responsibilities for aftercare, and a spot for agency responsibilities including independent living. We created a policy specific to setting up clients with resources after they finish our program. An example is attached.

**Date Submitted:** 10-19-2020 by Burke Eilers, CEO

**Date Corrective Action Plan Accepted:** 10/19/20

**Date of Monitoring Activities:** 11/2/20, Review of ESI on new format

**Date Corrective Action Plan Successfully Implemented:** 11/13/20