



The Department of Social Services, Office of Licensing & Accreditation is requiring the implementation of a Corrective Action Plan (CAP). The CAP is established to ensure changes are made to achieve and maintain compliance with the identified Administrative Rule(s) of South Dakota (ARSD).

Agency:

Wellfully Residential Treatment

ARSD – Out of Compliance

Wellfully Group Care was found to be out of compliance with the underlined portion of the following Administrative Rules of South Dakota:

67:42:07:05. Treatment plan. The facility shall develop a written treatment plan for each child in care within one month after admission. The development of the treatment plan must involve the child in care, the facility staff working with the child, the placement agency, and if appropriate, the parent or guardian. The treatment plan must contain the following:

- (1) An assessment of the child's needs and strengths, including implementation of the reasonable and prudent parent standard;
- (2) Treatment goals for the child and family, including a description of how family and aftercare services will be provided, and projected times for achieving goals; and
- (3) A discharge plan that includes the projected length of stay and the conditions under which the child will be discharged.

A shelter care facility that does not provide short-term assessment services is exempt from the requirement for establishing a written case treatment plan.

Non-Compliance Finding:

Treatment plans reviewed did not contain projected times for achieving goals or a discharge plan.

Action Needed:

Update Treatment Plan.

Submit plan by: October 2, 2023

Corrective Action Plan (Attach documents if needed):

Wellfully Clinical Director updated treatment plans on 10/17/23 to include projected times for achieving goals and discharge planning. On 10/25/2023, the Clinical Director conducted training to clinical staff on these changes. This training was documented by the Clinical Director and follow-up training for those unable to attend the training will be conducted and documented by the Clinical Director within 7 days. The Clinical Director will audit clinical staff treatment plans weekly for 4 weeks, monthly for 2 months, then quarterly. The Clinical Director will report findings to the Quality Assurance Committee.

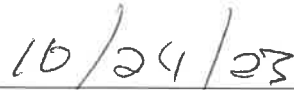
Date Corrective Action Plan Implemented: 10/17/23

Date of Expected Completion: 10/27/23

Your signature below certifies you have read and understand the non-compliance findings and submitted a plan to comply with the identified portions of ARSD to the Department of Social Services, Office of Licensing and Accreditation.



Signature of Agency Director



Date

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

Kevin Kanta

Signature of Licensing Staff

11/1/2023

Date