

**South Dakota Department of Social Services
CERTIFICATE OF LICENSE**

**as a
CHILD WELFARE AGENCY**

This is to certify that Wellfully is hereby granted this license to conduct and maintain a Residential Treatment Center located at 22 Waterloo St., Rapid City, SD 57701 to provide care for a maximum of 8 female youth ages 12 to 17 years, for the period from October 1, 2020 to September 30, 2021.

This facility satisfactorily complies with requirements of the South Dakota Compiled Laws of 1967, Sections 26-6-1 through 26-6-27 and the Child Care Standards as established by the South Dakota Department of Social Services. This license is subject to revocation for reasonable cause as cited in SDCL 1967; Section 26-6-23.
Issued this 8th day of October, 2020.



License Number R 28831

Virginia Wiselober
CPS Division Director

Department of Social Services
Child Protection Services
700 Governors Drive
Pierre, S.D. 57501-2291
605-773-3227

**LICENSING RENEWAL STUDY
RESIDENTIAL TREATMENT CENTERS
ARSD 67:42:01, 67:42:08**

NAME: Wellfully (R28831)

DIRECTOR: Burke Eilers

1. Licensing Requirements – 67:42:07:11.01, 67:42:08:01.01, SDCL 26-6-11, 42 CFR 441 Subpart D

A. The following have been submitted to the Department:	<u>YES</u>	<u>NO</u>
1. Application materials for license.	✓	_____
2. Documentation of need as per SDCL 26-6-11.	NA	_____
3. A copy of the building plans (approved by the Fire Marshal and Department of Health).	✓	_____
4. Documentation to verify the agency/facility is currently accredited by CARF, COA or Joint Commission or making progress in pursuit of accreditation.	See	Comments
5. The facility has completed an annual attestation statement and/or been surveyed by DOH to verify they meet the requirements as a Psychiatric Residential Treatment Facility.	✓	_____
B. A statement of compliance with the Civil Rights Act of 1964 is included in the agency's policies or is a part of the purchase of service contract with the Department.	✓	_____

Comments:

An application for license renewal dated September 29, 2020 is on file in the licensing record. It contains a signed statement of compliance with the Civil Rights Act of 1964, which is also a part of the agency agreement with the Department of Social Services.

The agency is seeking accreditation from Joint Commission. They were informed they need to provide services to a minimum of two kids for three-month period before they can conduct an on-site review of the program. Joint Commission will conduct a survey November 30th, 2020 through December 2nd, 2020. **Please provide updates on progress toward accreditation and results.**

A copy of an Attestation Statement stating the facility complies with all of the requirements set out in 42 CFR 483 Subpart G and 42 CFR 431.610. which is signed by the Executive Director Burke Eilers and dated September 29th, 2020 was included in the application materials and can be found in the licensing record.

	<u>YES</u>	<u>NO</u>
2. <u>Agency Responsibilities</u> – SDCL 26-6-11		
A. The building and equipment needs of the organization are adequately met.	✓	_____
B. The agency has sufficient funds to meet the needs of the community.	✓	_____

Comments:

The reviewers found Wellfully to be adequately furnished and maintained to provide for the needs of the residents. Financial reports provided indicate the availability of sufficient funds to provide for the needs of the program.

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| 3. <u>Insurance</u> - 67:42:01:35 | <u>YES</u> | <u>NO</u> |
| A. Vehicles used to transport clients have appropriate passenger liability insurance. | ✓
_____ | _____
_____ |
| B. The agency carries public liability insurance. | _____
_____ | _____
_____ |

Comments:

A Certificate of Liability Insurance for Commercial General Liability and Automobile Liability (Policy # PHK2051720) and Umbrella Liability Occurrence and Retention (Policy # PHUB697719) with Philadelphia Insurance Company through November 1, 2021 was provided with the application materials and is on file in the licensing record.

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| 4. <u>Accounting Systems</u> - 67:42:01:34 | <u>YES</u> | <u>NO</u> |
| A. An audit of the accounts has been done in the last year by a CPA. | ✓
_____ | _____
_____ |

Comments:

An audit of financial statement of Wellfully , Inc. which compromises the statement of financial position as of June 30, 2020 and 2019 was completed by Ketel Thorstenson, LLP, CPA in October 2020.

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| 5. <u>Staff Qualifications</u> - 67:42:08:02, 67:42:07:07 | <u>YES</u> | <u>NO</u> |
| A. Program Director | | |
| 1. Masters Degree in an accredited behavioral or social science area plus two years relevant alternative child care experience; or | ✓
_____ | _____
_____ |
| 2. Bachelor of Arts/Bachelor of Science in an accredited behavioral or social science area plus four year's relevant alternative child care experience. | ✓
_____ | _____
_____ |

Comments:

Burke Eilers will serve as the director of the program. Burke has a Master of Science in Psychology and Counseling and a Bachelor of Science in Business Management. He was previously the director of the Youth and Family Services Counseling Center in Rapid City since 2002.

B. Other Staff	<u>YES</u>	<u>NO</u>
1. At least eighteen years of age.	✓	_____
2. If under age twenty-one, is under direct supervision of an experienced child care staff; and 3 years older than any children supervised.	✓	_____

Comments:

All records reviewed were for staff who are over the age of twenty-one and the reviewers were informed the facility does not employ individuals under the age of twenty-one.

	<u>YES</u>	<u>NO</u>
6. <u>Staff/Child Ratio</u> - 67:42:08:03		
A. 1:6 during waking hours.	✓	_____
B. 1:12 in the building during sleeping hours.	✓	_____
C. One staff member present in each separate sleeping unit during sleeping hours.	✓	_____
D. Arrangements made for substitute staff during vacations, illness, or off-duty time of regular staff.	✓	_____
E. Certified special ed teachers are employed (when appropriate).	✓	_____
F. Provisions are made for auxiliary staff members, i.e., mental health professionals, physical therapist, and/or occupational therapist (when appropriate).	✓	_____
G. A minimum of two adults are on the grounds at all times when children are present.	✓	_____
H. The facility has a written plan to ensure that staff, law enforcement, or appropriate emergency responders are available at the center within a reasonable time in the event of an emergency.	✓	_____

Comments:

A copy of the month of October 2020 staff schedule was provided with the application materials. The schedule includes day, evening, and night shifts for the group care unit for youth care workers, float staff, team leads, and nurses.

7. Personnel Records – 67:42:07:04.01, 67:42:07:07, 67:42:07:08, 67:42:07:09;
SDCL 26-6-14.11

A. Personnel records are maintained and contain the following:	<u>YES</u>	<u>NO</u>
1. Resume or application that includes educational background, personal, and employment history.	✓	_____

2. Job description.	✓	
3. Annual performance appraisal.	✓	
4. Verification of contact with at least three former employers or professional references if former employers not available.	✓	
5. Verification of screening for substantiated reports of child abuse or neglect.	✓	
6. Verification of submission of fingerprints to the DCI.	✓	
7. Verification of sex offender registry checks.	✓	
8. Verification of current certification in basic 1 st Aid and CPR.	✓	
9. At least one official onsite designated to authorize the Reasonable and Prudent parent Standard.	✓	

Comments:

Six personnel records were reviewed for staff. Each record reviewed contained documentation to verify compliance with the above requirements.

8. <u>In-service Training</u> – 67:42:07:04, 67:42:08:04, 42 CFR 483.376	<u>YES</u>	<u>NO</u>
A. There is a written plan for orientation and training for staff and volunteers.	✓	
B. Each employee has a documented record of an initial orientation to the center during their first month of employment that includes the facility's functions, services, community resources and specific job functions.	✓	
C. Each employee has a documented record of a minimum of forty hours annual in-service training.	See	Comments
D. Each employee receives in-service training during the first year of employment that includes all of the areas required in 67:42:07:04.	✓	
E. Training for all employees after the first year of employment is determined by an annual evaluation and is competency based.	✓	

Comments:

Documents were found in files to support the above requirements, except files reviewed for staff employed more than a year did not contain a list of trainings attended in the last year. Trainings were documented on sign in sheets during the trainings making it difficult to compile the training each staff completed. **Please ensure each file for staff employed more than a year contains documentation of training attended in the last year.**

9. <u>Reporting Suspected Child Abuse or Neglect, Changes in Circumstances and Serious Occurrences</u> - 67:42:01:12, 67:42:07:15, 67:42:07:16, 42 CFR 483.374	<u>YES</u>	<u>NO</u>
A. The facility has a written procedure for handling and reporting suspected in-house CA/N. It includes:		
1. A definition of what constitutes CA/N;	✓	_____
2. Immediate reporting to DSS or law enforcement;	✓	_____
3. A procedure for assuring the incident will not recur pending the investigation;	✓	_____
4. A procedure for evaluating the continued employability of any staff member involved in an incident of CA/N.	✓	_____
B. Each employee has signed a statement acknowledging and understanding the reporting procedure.	✓	_____
C. The facility is aware of its need to report any changes of circumstances that may affect its licensed status.	✓	_____
D. The facility has written procedures for reporting serious occurrences to DSS and Disability Rights of South Dakota and to the parent or legal guardian within 24 hours after the serious occurrence.	✓	_____
1. The death of a resident is reported to CMS by the close of business the day after the death.	NA	_____
2. A copy of the report of a serious occurrence is retained in the resident's record.	✓	_____

Comments:

Wellfully written procedures for reporting suspected incidents of child abuse or neglect, change circumstances and serious occurrences relate to the above requirements. Each personnel record reviewed contained a signed statement defining child abuse and neglect and outlined agency reporting procedures.

10. <u>Treatment</u> - 67:42:01:01(7), 67:42:07:04.01, 67:42:08:01, 67:42:08:01.01, 67:42:08:05, 67:42:08:07, 67:42:07:10, 67:42:01:21, 42 CRF 441 Subpart D	<u>YES</u>	<u>NO</u>
A. There are written procedures relating to:		
1. Intake.	✓	_____
2. Treatment.	✓	_____
3. Discharge.	✓	_____
4. Discipline.	✓	_____
5. Confidentiality.	✓	_____
6. Health care of children.	✓	_____
7. Emergency procedures in case a child is injured.	✓	_____

- | | | |
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| 8. The child's parent or guardian has signed and dated a statement that lists the specific policies covered as verification that the facility provided the required information. | ✓ | |
| 9. Reasonable and prudent parent standard | ✓ | |

Comments:

Wellfully has written procedures relating to the above required areas that appear to be in compliance with licensing rules.

- | | | |
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| B. Children attend an on grounds school. | ✓ | |
|--|---|--|

Comments:

The agency employs a teacher to provide for the education needs of the residents. The facility has a classroom to meet the teacher's needs.

- C. Case records are maintained and include the following:

- | | | |
|---|------------|-----------------|
| 1. Face sheet/application form with identifying information. | ✓ | |
| 2. Documentation to verify the child meets PRTF eligibility. | ✓ | |
| 3. Treatment plans developed and signed by the treatment team that includes the child, parent or guardian if appropriate, facility staff working with the child, placing agency staff and those required by 42 CFR 441.156. | See | Comments |
| 4. Treatment plans are established within fourteen days of placement. | ✓ | |
| 5. Treatment plans are based on assessment of the child's medical, psychological, social, behavioral and developmental needs and strengths, projected length of stay, conditions for discharge with discharge plans to ensure continuity of care and reflect the need for care at the PRTF level. | ✓ | |
| 6. Treatment plans contain treatment goals and objectives for the child and their family with an integrated program of therapies, activities and experiences designed to meet the goals. | See | Comments |
| 7. Treatment plans include conditions for discharge, and discharge plan that includes: | | |
| a. Projected date of discharge; | See | Comments |
| b. Responsibilities of provider, child, family and placing agency. | ✓ | |
| c. Transitional services to be provided and by whom; | ✓ | |
| d. Crisis and emergency plans. | ✓ | |
| e. Links with resources and preparation to navigate | | |

adult system if 16 or older.	✓	
f. Aftercare services	✓	
g. List of responsible persons; and	✓	
h. Involvement of Tribe in aftercare planning if Native American.	✓	
8. Treatment plan is reviewed at least every 30 days and a progress report sent to placement agency.	✓	
9. Treatment plan is updated every three months to include progress toward achieving goals and amendments to the plan and sent to the placement agency (meets requirement for progress report).	✓	
10. Evidence of application of the Reasonable and Prudent Parent Standard.	See	Comments
11. Physical exam (twelve months prior to or thirty days following admission).		
12. Current immunization record.	✓	
13. A signed authorization for medical care at the time of placement.	✓	
14. On-going records of medical/dental/eye/hearing care.	✓	
D. Records are kept in a locked file.	✓	
E. The interstate compact administrator has been contacted before acceptance of an out-of-state child.	NA	

Comments:

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. **See attached Corrective Action Plan.**

11. Medications - 67:42:07:19, 67:42:07:20, 67:42:07:22, 67:42:07:23

A. The facility has written procedures relating to the storage and administration of medication which include:	<u>YES</u>	<u>NO</u>
1. Conditions under which medications may be given.	✓	
2. Procedures for documenting the administration of medication.	✓	
3. Procedures for immediately notifying the facility's nurse in cases of medication errors or drug reactions. The nurse assesses the situation and determines whether there is a need to report the incident to the attending physician.	✓	

4. Procedures for evaluating and recording each child's reactions to prescribed medication.	✓	
B. A licensed nurse is responsible for administration of medications.	✓	
C. Psychotropic drugs are prescribed by a MD, CNP or PA with ongoing quarterly follow-up.	✓	
D. Medicine is kept in a locked cabinet.	✓	
E. A medication record is kept on each child.	✓	

Comments:

Wellfully written procedures for storage and administration of medications are in compliance with licensing rules. A fulltime nurse registered nurse is responsible for oversight of the administration of medications. Two of the records reviewed were for youth who are prescribed psychotropic medications and each contained documentation to verify at least quarterly review by the prescribing practitioner of the continual need for medications.

12. <u>Emergency Safety Interventions (ESI)</u> - 67:42:07:24, 67:42:07:25, 67:42:07:26, 67:42:08:05, 42 CFR 483 Subpart G	<u>YES</u>	<u>NO</u>
A. The facility has a written procedure relating to the use of ESI's that allows for use only to ensure safety of the child or others and by order of a physician or other licensed practitioner.	✓	
B. Use of ESI's is incorporated into the treatment plan.	✓	
C. Placement agency/parent/guardian are informed of policies, give written approval for use of ESI's at the time of admission and are notified of use of ESI's as soon as possible.	✓	
D. Only qualified staff give and receive orders and monitor and provide assessments following ESI's.	See	Comments
E. Trained clinical staff continually monitors children while involved in ESI's.	✓	
F. ESI's do not exceed times allowed in orders.	✓	
G. Required reports are completed following ESI's.	✓	
H. Staff involved in an ESI meets with the child involved to discuss the ESI, and with administrative staff, within 24 hours after use of the ESI.	See	Comments
I. Medical treatment is provided for a resident injured during an ESI.	NA	
J. Seclusion rooms meet the physical specifications of 67:42:07:25.	✓	

Comments:

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. **See attached Corrective Action Plan.**

13. <u>Volunteers</u> - 67:42:07:14	<u>YES</u>	<u>NO</u>
A. Have a written job description with specific responsibilities.	N/A	
B. Supervised and evaluated by an experienced staff member.	N/A	
C. Three documented unrelated references.	N/A	
D. Documented orientation.	N/A	
E. Documented in-service training as per 67:42:07:04 if volunteer works thirty plus hours per week.	N/A	
F. Informed of obligation to report suspected CA/N.	N/A	
G. Verification of screening for substantiated reports of child abuse or neglect.	N/A	
H. Verification of submission of fingerprints to the DCI.	N/A	
I. Verification of sex offender registry checks.	N/A	

Comments:

Wellfully has written procedures relating to the above required areas that appear to be in compliance with licensing rules. They did not use volunteers in the last year.

14. <u>Physical Facility</u> - 67:42:07:11, 67:42:07:12	<u>YES</u>	<u>NO</u>
A. There is a current fire inspection.	See	Comments
B. There is a current health inspection.	See	Comments
C. A fire escape plan is posted.	✓	
D. A minimum of four fire drills are held annually.	✓	
E. Children of opposite genders over the age of six have separate sleeping facilities.	NA	
F. Sleeping children are monitored.	✓	
G. Each child has his own bed with linens, blankets and pillows.	✓	

Comments:

The fire/health inspection was not completed prior to the on-site visit. **Please submit a copy of the inspection when available.**

15. <u>Nutrition</u> - 67:42:07:13	<u>YES</u>	<u>NO</u>
A. Meals are of sufficient quantity to meet children's nutritional needs.	✓	
B. Arrangements are made for children with a special prescribed diet.	✓	

Comments:

Staff and residents interviewed reported getting enough food and the meals being good.

16. Recommendations

Wellfully is found to be in substantial compliance with licensing rules for Residential Treatment Centers. Please refer to the body of this licensing study for comments and recommendations relating to Licensing Requirements, In-Service Training, Treatment, and Emergency Safety Interventions.

It is recommended that a satisfactory license be issued to Wellfully, Inc. to operate a Residential Treatment Center at 22 Waterloo Street, Rapid City, SD to provide care for a maximum of eight female youth age twelve to seventeen years.

Completed By: Kevin Kanta 09/30/20
Kevin Kanta, Program Specialist Date

Date of On-Site Visit: 9/17/20

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 practioners (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