South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
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PIERRE, SD 57501
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Plan of Correction

Date Issued March 04, 2025 Status In Process

Provider Name	USD Student Counseling Center
Provider Type	Accreditation
Accreditation #	1279572316
Provider Address	414 E Clark, Cook House - University of South Dakota, Vermillion, SD 57069
Provider Contact	Debra Robertson
Board Notified	N/A

This is the Plan of Correction for Substance Use Disorder Treatment Services. The following administrative rules have been found to be out of compliance. A plan of correction is required to bring the provider into compliance. Continued non-compliance could lead to suspension or revocation of your accreditation.

POC Action #1

Administrative Rule:

67:61:02:21

Each accredited agency shall make a report to the department within twenty-four hours of any: death not primarily related to the natural course of the client's illness or underlying condition, permanent harm to a client, or severe temporary harm to a client, and any intervention required to sustain life to a client.The agency shall submit a follow-up report to the department within seventy-two hours and must 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 a root cause analysis policy and procedures to utilize in response to any event requiring notification. Each agency shall report to the department, as soon as possible, any fire with structural damage or in which injury or death occurs; any partial or complete evacuation of the agency resulting from natural disaster; any loss of utilities, including electricity, natural gas, and phone lines; and any loss of an emergency generator, fire alarms, sprinklers, and other critical equipment necessary for operation of the agency for more than twenty-four hours.

Summary of Non-Compliance Finding:

USD Student Counseling Center does not have an event notification policy or root cause analysis policy.

Corrective Action:

The USD SCC will create a policy/procedure regarding reporting to DSS any death of a client that falls under the policy

guidelines as well as developing a follow-up report including the necessary documentation. Secondly, the policy will include the notification to DSS regarding any damage to the agency or emergencies that required the agency to be offline for more than 24 hours. Thirdly, the policy will also include a root cause analysis policy which will include collaboration with the university legal counsel resulting in a report sent to DSS.

Supporting Evidence:

USD SCC Director shall make a report to the department within twenty-four hours of any: death not primarily related to the natural course of the client's illness or underlying condition, permanent harm to a client, or severe temporary harm to a client, and any intervention required to sustain life to a client. The SCC Director shall submit a follow-up report to the department within seventy-two hours and must including: (1) A written description of the event; (2) The client's name and date of birth; and (3) Immediate actions taken by the agency .

The USD SCC will initiate a root cause analysis in response to any event requiring notification. This will be conducted by the Directors/Assistant Directors, assigned counselor and University legal counsel. and AVP-Dean of Students.

The USD SCC will report to the department, as soon as possible, any fire with structural damage or in which injury or death occurs; any partial or complete evacuation of the agency resulting from natural disaster; any loss of utilities, including electricity, natural gas, and phone lines; and any loss of an emergency generator, fire alarms, sprinklers, and other critical equipment necessary for operation of the agency for more than twenty-four hours.

How Maintained:

Polices are reviewed each year by the Director/Assistant Directors during the months of June-August

Position Responsible:	Expected Completion Date:	Date Completed:
Director/Assistant Directors	April 11, 2025	

POC Action #2

Administrative Rule:

67:61:06:03

Each agency shall establish a policy to prohibit abuse, neglect, and exploitation of a client. The policy must contain: (1) Definitions of abuse, neglect, and exploitation, pursuant to SDCL 22-46-1; (2) A requirement to report to the department any incidents of abuse, neglect, or exploitation; (3) A requirement to report to the department, pursuant to SDCL 26-8A-3 and 26-8A-8; (4) A procedure for disciplinary action to be taken, if staff engages in abusive, neglectful, or exploitative behavior; (5) A requirement to make immediate efforts to inform the guardian, or the parent if the client is under the age of eighteen, of an alleged incident or allegation of abuse, neglect, or exploitation; and (6) A requirement to document the actions to be implemented, upon substantiation of an incident or allegation, to reduce the likelihood of, or to prevent repeated incidents of abuse, neglect, or exploitation.

Summary of Non-Compliance Finding:

USD Student Counseling Center does not have a policy on abuse, neglect, and exploitation of clients. The policy must include:

1. Definitions of abuse, neglect, and exploitation pursuant to SDCL 22-46-1;

2. A requirement to report to the Department of Social Services any incidents of abuse, neglect, or exploitation;
3. A procedure for disciplinary action to be taken if staff engages in abusive, neglectful, or exploitative behavior;
4. A procedure to make immediate efforts to inform the guardian of the alleged incident if the client is under 18 years of age;
5. Upon substantiation, a requirement to document the actions to be implemented to reduce the likelihood of, or prevention of, repeated incidents of abuse, neglect, or exploitation.

Corrective Action:

The USD SCC, along with the university legal counsel, will develop a policy on abuse, neglect, and exploitation of clients including the requirements of definitions, reporting, procedures for disciplinary action, processes for informing any necessary parties, and proper documentation procedures.

Supporting Evidence:

The following is a draft of such policy: It shall be the policy of the USD SCC that any form of patient abuse, neglect or exploitation
shall not be tolerated.
Purpose:
·To ensure that clients at the USD SCC are protected from abuse, neglect or exploitation.
·To comply with state and federal law.
·To identify a process that shall address allegations of abuse, neglect or exploitation.
Responsible Parties:
·Director
·AVP/Dean of Students
·Title IX Officer
·USD SCC Counselors/Staff
·All Employees
Definitions:
Abuse Types:
Verbal Abuse - use of oral, written, or gesture language that is disparaging and derogatory to patient such as, but not limited to, name calling; non-constructive criticism, belittling, or demeaning remarks, teasing, taunting/humiliation.
Sexual Abuse - includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault, such as inappropriate comments or inappropriate touch of a sexual nature or any other form of inappropriate sexual conduct.
Physical Abuse - includes, but is not limited to, hitting, slapping, pinching, kicking, and any form of excess force. May include controlling a person's behavior through bodily punishment such as unnecessary physical restraints.
Some signs of physical abuse include, but are not limited to:
• Bruises in clusters or regular patterns or appearing over several planes of the body.
• Bilateral or parallel injuries, which suggest control marks or forceful restraining.
• Rope burns on the extremities, neck or torso; injuries shaped like an object.
• Sprains or dislocation.

• Unusual hair loss, redness or swelling of the scalp, or hemorrhaging below the scalp line.

Emotional Abuse - includes, but is not limited to, humiliation, threats of punishment or deprivation such as purposeful withdrawal of food, water, or toileting or any other type of care. Unnecessary limitation of social contact of a patient from others when not indicated as a therapeutic intervention as determined by the treatment plan and treatment team.

Neglect - the absence of reasonable accommodation of individual needs; failure to provide adequate food, clothing, shelter, or medical care.

Exploitation - the wrongful use of, taking/borrowing or exercising control over the patient's property. Such exploitation may include intent to defraud him or her such as misuse of money or unauthorized sale of property for another person's monetary or personal gain.

Procedure:

Reporting:

Any alleged violations involving patient abuse, neglect, mistreatment, or exploitation that are witnessed by staff or made by a patient, family member, or visitor shall be immediately reported to the SCC Director, Assistant Directors, or Dean of Students.

·The person receiving the information shall contact the Director/Assistant Director immediately if outside normal office hours.

·The SCC Director/Assistant Directors shall contact necessary parties including, but not limited to, Director of Human Resources, VP/Dean of Students, Director of Title IX..

For allegations against staff:

·The Director/Assistant Director or designated staff will notify AVP/Dean of Students and Director of Human Resources where allegation occurred.

·After hours, notification will be made to Director/Assistant Director or Dean of Students.

·The SCC Director/Assistant Directors shall contact necessary parties including, but not limited to, Director of Human Resources, VP/Dean of Students, Director of Title IX..

·In consultation with Administration and HR, a plan for addressing the employee will be created and followed based on BOR policies.

How Maintained:

Policy to be reviewed by Director/Assistant Directors on an annual basis during the months of June-August.

Position Responsible:	Expected Completion Date:	Date Completed:
Director/Assistant Directors	April 11, 2025	

POC Action #3

Administrative Rule:

67:61:07:07

The program staff or direct care provider shall document, for each client, the progress and reasons for retaining the client at the present level of care and create an individualized plan of action to address the reasons for retaining the client at the present level of care. This document must be maintained in the client case record. It is appropriate to retain the client at the present level of care if: (1) The client is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care must be assessed, as

necessary, to permit the client to continue working toward his or her treatment goals; or (2) The client is not yet making progress, but has the capacity to resolve his or her problems. The client is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care must be assessed, as necessary, to permit the client to continue working toward his or her treatment goals; or (3) A new problem or priority that is appropriately treated at the present level of care has been identified. The new problem or priority requires services, the frequency and intensity of which can only be delivered safely by continuing to stay at the current level of care. The client's level of care must be the least intensive level at which the client's new problem or priority can be addressed effectively. The individualized plan of action to address the reasons for retaining the individual at the present level of care must be documented every: (3a) Two calendar days for clinically-managed, residential detoxification; (3b) Fourteen calendar days for early intervention services; intensive outpatient services; day treatment services; and medically-monitored, intensive inpatient treatment; and (3c) Thirty calendar days for outpatient treatment programs and clinically-managed, low-intensity residential treatment.

Summary of Non-Compliance Finding:

USD Student Counseling Center does not complete continued service reviews for early intervention clients. Continued service reviews must be completed for early intervention clients at least every 14 days.

Additionally, USD Student Counseling Center completes continued service reviews on their progress note document. Because of this, there are times when their progress and reasons for retaining the client at the present level of care is not as detailed as it should be. To remedy this, the Office of Licensing and Accreditation recommends completing continued service reviews on a separate document.

Corrective Action:

The USD SCC will complete continued service reviews for early intervention clients every 14 days as well as develop a process for calendar reminders to complete such reviews.

Supporting Evidence:

The USD SCC will complete continued service reviews on all early intervention clients every 14 days. This form will be separate from the progress note and allow for indication of progress as well as dialogue regarding justification. Reminders for reviews will be established within the scheduling software to ensure they are completed in a timely manner.

How Maintained:

At minimum, quality care reviews will be completed quarterly for any clients having received services for that quarter to ensure proper continued service forms and justifications are in place.

Position Responsible:	Expected Completion Date:	Date Completed:
Director	June 01, 2025	

POC Action #4

Administrative Rule:

67:61:11:08

An agency shall conduct a quality assurance review of its prevention programming to monitor, protect, and enhance the quality and appropriateness of its programming and to identify qualitative problems and recommend plans for correcting each problem. The agency shall conduct: (1) Annual satisfaction surveys of all individuals or stakeholders who requested and participated in prevention services; (2) Participant evaluations, after each prevention presentation the agency provides; and (3) Pre- and post-tests for all evidence-based curricula presented to individuals.A summary of the quality assurance review must be made available to the board of directors or agency staff annually, and to the department and community members, upon request.

Summary of Non-Compliance Finding:

Although USD Student Counseling Center collects and compiles all of the required data for their prevention program, they do not document a quality assurance and evaluation summary.

Corrective Action:

A quality assurance and evaluation summary shall be included within the SCC end of the year report due June 1 of each year.

Supporting Evidence:

The USD SCC shall document quality assurance and evaluative findings of the programs within the end of the year repost to insure there is clear understanding of the programs provided including, but not limited to participation, pre and post-test outcomes, and relative learning outcomes.

How Maintained:

The SCC will include this information within the end of the year report due June 1. This report is shared with the VP/dean of students, SCC Advisory Board, and Clery Report (which is made public).

Position Responsible:	Expected Completion Date:	Date Completed:
Direcotr	June 01, 2025	

SIGNATURES

Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.

Debra Robertson

Printed Name of Provider/Agency Contact



April 03, 2025

Signature of Provider/Agency Contact | Date

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

Chris Kenyon

Printed Name of DSS Staff



4/4/2025, 9:25:08 AM

April 04, 2025

Signature of DSS Staff: | Date

COMPLETION DETAILS

COMPLETION DATE:

The Department of Social Services, Office of Licensing and Accreditation has reviewed the actions taken by the agency to resolve the above items and has accepted the above plan as completed.

Printed Name of DSS Staff

Signature of DSS Staff: | Date