South Dakota Department of Social Services

Department of Social Services
Office of Licensing and Accreditation
3900 W Technology Circle, Suite 1
Sioux Falls, SD 57106

Program Name:
ROADS Outpatient Treatment
Due Date: 11/22/24

Plan of Correction Items

The following administrative rules were found to be out of compliance. In a State accreditation review, Administrative Rule requires a plan by the agency to bring these items into compliance in order for accreditation to be renewed. Failure to provide a plan could result in suspension or revocation of accreditation.

Plan of Correction 1	
Rule #: 67:61:02:20	**Rule Statement:** An accredited agency shall notify the department before a change in the agency director, a reduction in services provided by the agency, or the impending closure of the agency. Upon receiving a notification under this section, the department must make a determination on the agency's continued accreditation. An accredited agency shall give the department thirty days written notice of closure. The agency shall provide the department with written documentation outlining the manner in which safe storage of financial records will be provided, for at least six years form the date of closure, and safe storage of client case records will be provided, for at least six years from the date of closure, as required by 42 C.F.R. 2.19, in effect on October 1, 1999.
Area of Noncompliance: ROADS Outpatient Treatment does not have a policy for notifying the department of these changes.	
Corrective Action (policy/procedure, training, environmental changes, etc): ROADS has updated our Policies & Procedures Manual to include our Policy on Change Notification	**Anticipated Date Achieved/Implemented:** **Date** 10/30/2024
Supporting Evidence: see attached	**Position Responsible:** Office Manager
How Maintained: ROADS will review that this Policy is up-to-date annually when we review our Policy & Procedures Manual.	**Board Notified:** Y ☒ N ☐ n/a ☐

Plan of Correction 2	
Rule #: 67:61:02:21	**Rule Statement:** 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 the 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 procedure 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.

Area of Noncompliance: ROADS Outpatient Treatment does not have an event notification policy nor a root cause analysis policy.

Corrective Action (policy/procedure, training, environmental changes, etc): ROADS has updated our Policies & Procedures Manual to include our Policy on sentinel events.	**Anticipated Date Achieved/Implemented:** **Date** 11/06/2024
Supporting Evidence: See attached	**Position Responsible:** Office Manager
How Maintained: Reviewed annually	**Board Notified:** Y ☒ N ☐ n/a ☐

Plan of Correction 3	
Rule #: **67:61:05:12**	**Rule Statement:** Each agency shall routinely check the List of Excluded Individuals and Entities, maintained by the U.S. Department of Health and Human Services Office of Inspector General, to ensure that each new hire, as well as any current employee, is not on the list. No payment to the agency may be provided for services furnished by an excluded individual. Documentation that the check has been completed must be placed in the employee's personnel file.

Area of Noncompliance: All personnel files have proof of List of Excluded Individual Checks upon hire. However, the employees who have been with the agency for longer than a year do not have proof of any additional checks. To meet the "routinely" requirement, the Office of Licensing and Accreditation recommends checking the list at least annually for all employees.

A searchable database can be found at https://exclusions.oig.hhs.gov/?_gl=1*djihqd*_ga*MTMyMjY3NTAxMC4xNzI5MDkzMzUy*_ga_W5DCJS81Y5*MTcyOTA5MzM1Mi4xLjEuMTcyOTA5MzM1Ni4wLjAuMA.

Corrective Action (policy/procedure, training, environmental changes, etc): ROADS completed a check on every employee and will recheck on the 15th of October each year.	**Anticipated Date Achieved/Implemented:** **Date** 10/14/2024
Supporting Evidence: attached	**Position Responsible:** Office Manager

How Maintained: Added to our yearly calendar reminders.	Board Notified: Y ☒ N ☐ n/a ☐

Plan of Correction 4	
Rule #: 67:61:06:04	**Rule Statement:** Each agency shall establish a policy and procedures for receiving, considering, and responding to client grievances. The agency shall provide, to the client and the client's parent or guardian if the client is under the age of eighteen, a copy of the policy and procedures, in writing or in an accessible format, during intake services. The grievance policy and procedures must be posted in a place accessible to a client and a copy must be made available in locations where it can be accessed by a client without making a request to agency staff. The policy and procedures must be available to a former client upon request. The policy and procedures must include the ability to appeal the agency's decision regarding ineligibility or the termination to the department, as provided in ARSD 67:61:06:05, and must include the telephone number and address of the department.
Area of Noncompliance: ROADS Outpatient Treatment has a grievance policy and procedure. However, the procedure is not available to clients without needing to make a request to staff. Additionally, the grievance policy does not state how grievances can be submitted without asking staff. ROADS must post their grievance policy and procedure in a place accessible to the clients, and update their policy to reflect such change.	
Corrective Action (policy/procedure, training, environmental changes, etc): ROADS developed a grievance form and made it available at the front desk with instructions on how to complete with or without including their identity.	**Anticipated Date Achieved/Implemented:** **Date** 10/14/2024
Supporting Evidence: none	**Position Responsible:** Office Manager
How Maintained: ROADS will review any grievance forms as they are received.	**Board Notified:** Y ☒ N ☐ n/a ☐

Plan of Correction 5	
Rule #: 67:61:07:07	**Rule Statement:** 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 of at which the clients' 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: 1. Fourteen calendar days for intensive outpatient services; 2. Thirty calendar days for outpatient treatment programs.

Area of Noncompliance: ROADS outpatient treatment utilizes a single document for progress notes and continued service reviews. ROADS meets the criteria for progress notes on this combined form, but does not complete the "individualized plan of action to address the reason for retaining the individual at the present level of care" on this document. ROADS completes a "brief description of what the client and clinician plan to work on during the next session" required for progress notes, but that documentation is not sufficient for continued service reviews.	
Corrective Action (policy/procedure, training, environmental changes, etc): ROADS staff was informed on 10/14/24 of the need to further document continued stay reviews. All counselor notes are being reviewed to ensure compliance.	**Anticipated Date Achieved/Implemented:** **Date** 10/14/2024
Supporting Evidence: none	**Position Responsible:** Office Manager
How Maintained: Counselor notes will be routinely reviewed by the Office Manager or Clinical Director.	**Board Notified:** Y ☒ N ☐ n/a ☐

Signature of Agency Director: [redacted] Peter M. Swirsky Med LPC, LAC	Date: 11/6/2024

Please email or send Plan of Correction to:

Department of Social Services
Office of Licensing and Accreditation
3900 West Technology Circle, Suite 1
Sioux Falls, SD 57106

Email Address: DSSLicAccred@state.sd.us

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

Signature of Licensing Staff: [redacted]	Date: 11/8/24