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:
Northern State University Community Coalition
Due Date: January 6, 2024

Plan of Correction Items

The following administrative rules were found to be out of compliance. In a State of South Dakota 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.

Administrative POC-1	
Rule #: 67:61:02:21	**Rule Statement: Event Notification.** 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 action 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 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: Northern State University did not have an event notification policy at the time of the review.	
Corrective Action (policy/procedure, training, environmental changes, etc): This is listed on page 13 of the Policies and Procedures Manual	**Anticipated Date Achieved/Implemented:** **Date** Immediately
Supporting Evidence: In the event of a death, the Dean of Students will be contacted immediately after calling 911. A report will be submitted to the Department of Social Services within 24 hours of any event including, death not related to natural causes, permanent harm, or severe harm or intervention required to sustain life. A report will be submitted within 72 hours of any sentinel event, including a written description of the event, the client's name and date of birth, the	**Position Responsible:** Dir of Counseling and Health Services and Dean of Students

immediate action taken by NSU. Any fire with structural damage or where injury has occurred, partial or complete evacuation of the facility resulting from natural disaster, loss of utilities, telephone, fire alarm, sprinklers, or other critical equipment necessary for operation for more than a 24-hour time period, will be submitted to the Department of Social Services.	
How Maintained: The Director of Health and Counseling Services, along with the Dean of Students, will ensure that notifications are made.	**Board Notified:** Y ☐ N ☐ n/a ☐

Administrative POC-2	
Rule #: 67:61:03:02 and 67:61:03:03	**Rule Statement: Board of Directors Policies and Meetings.** An agency operating as a nonprofit corporation must have a board of directors. The board of directors shall establish policies that govern the overall management of the agency and reflect community concerns and interests. The board of directors of each agency shall meet at least quarterly. The agency must keep the minutes of all board meetings. The minutes must contain: 1. The date of the meeting; 2. The names of board members in attendance; 3. The topics discussed; 4. The actions taken; 5. A summary of the agency director's report; 6. Any fiscal reports. The agency shall make the minutes available for review by the department.
Area of Noncompliance: Northern State University did not have a board of directors at the time of the review, nor did they have any board meeting minutes available.	
Corrective Action (policy/procedure, training, environmental changes, etc): Coordinator for Student Wellness & Prevention will facilitate quarterly meetings and take meeting notes. This will include date of meeting, members attending, topics discussed, actions taken, summary of agency's director's report, fiscal report and quality care reports.	**Anticipated Date Achieved/Implemented:** **Date** Jan 2024
Supporting Evidence: Meeting minutes will be given to each member and a copy will be kept on the "h" drive.	**Position Responsible:** Coordinator for Student Wellness & Prevention
How Maintained: There will be at least a quarterly coalition meeting and there will be an established note keeper to provide each member with coalition minutes and a copy for our records.	**Board Notified:** Y ☐ N ☐ n/a ☐

Administrative POC-3

Rule #: 67:61:04:01	**Rule Statement: Policy and procedures manual.** Each agency shall establish a manual that sets forth policy and procedures to ensure compliance with this article. Each agency shall review and update the manual.

Area of Noncompliance: Northern State University's policies and procedures manual was not updated at the time of the review, and they did not have procedures for updating the manual.

Corrective Action (policy/procedure, training, environmental changes, etc): The Policies and Procedures Manual is updated.	**Anticipated Date Achieved/Implemented:** **Date** Immediately
Supporting Evidence: See attached	**Position Responsible:** The Director of Counseling and Health Services, along with the Coordinator for Student Wellness and Prevention
How Maintained: The Director of Counseling and Health Services, along with the Coordinator for Student Wellness and Prevention, will review annually each May.	**Board Notified:** Y ☐ N ☐ n/a ☐

Administrative POC-4	
Rule #: 67:61:02:20	**Rule Statement: Changes requiring notification.** 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 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 from 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. The department may assist in arranging for the continuation of services to clients by another accredited agency before the closing.

Area of Noncompliance: Northern State University did not have a policy regarding notifying the Department of Social Services of changes at the time of the review.

Corrective Action (policy/procedure, training, environmental changes, etc): This has been added to Section 11 of Policies and Procedures Manual.	**Anticipated Date Achieved/Implemented:** **Date** Immediately
Supporting Evidence: The Director of Counseling and Health Services and/or the Dean of Students will notify the Department of Social Services before a change in director, a reduction in services provided, or the impending closure of the agency. This includes 30-days written notice of closure and will include written documentation outlining the manner in which safe storage of financial records will be provided for at least six (6) years from the date of closure as well as safe storage of clinical records for six (6) years.	**Position Responsible:** The Director of Counseling and Health Services, along with the Coordinator for Student Wellness and Prevention

How Maintained: The Director of Counseling and Health Services, along with the Coordinator for Student Wellness and Prevention, will oversee proper storage of records.	**Board Notified:** Y ☐ N ☐ n/a ☐

Administrative POC-5	
Rule #: 67:61:11:07	**Rule Statement: Record of activities.** An agency conducting prevention services shall maintain a record of all prevention activities provided in accordance with the described program content. Each record must include: 1. A list of presenters; 2. A list of participants involved using non-identifiable information; 3. Demographic characterizes of participants, including: a. Age; b. Race or ethnicity; c. Gender; d. Type of prevention populations, such as universal, selective, or indicated; and e. Any other information as requested by the department. 4. A description of all program activities; and 5. A copy of the programmatic materials.
Area of Noncompliance: Northern State University did not have records of their activities at the time of the review. Northern State University must outline their plan to collect this information.	
Corrective Action (policy/procedure, training, environmental changes, etc): Coordinator for Student Wellness & Prevention will keep said information for a period of 6 years.	**Anticipated Date Achieved/Implemented:** **Date**
Supporting Evidence: 1. Prevention Services staff providing services will maintain a record of all prevention activities through contact sheets. 2. Daily logs which specify group name, program, description, location, length of service, number of participants, and demographic characteristics will be completed and entered into MOSAIX IMPACT by noon on the first working day of each month. 3. Evaluations of all presentations, training workshops, and classroom/group educational programs will be conducted and kept on file. (Please see copies in Insight Appendix.) 4. Records of presentations should include date, town/location, topic (lesson or activities), copies of sign in sheets or type of group, number of participants, and name of presenters. 5. Sign-in sheets, agendas and/or record of minutes for meetings conducted/attended by Prevention Services staff will be gathered and kept on file. 6. Information on services will be entered into MOSAIX IMPACT for DSS - Prevention Program billing monthly.	**Position Responsible:** Coordinator for Student Wellness and Prevention

7. An annual progress report will be provided to the DSS - Prevention Program and Board of Directors upon request or at the completion of the contract period. 8. All evaluations, progress reports, and meeting information is kept on file and available for review by the agency, the DSS - Prevention Program, or public. 9. Records regarding applications, services, costs, statistics, and other information necessary for reporting and accountability required by the State, will be kept on file for seven years (or longer if under a pending audit). An accounting system pursuant to generally accepted accounting principles will be upheld. If requested, a financial audit report will be submitted. The audit shall be completed and filed with the department by the end of the fourth month following the end of the fiscal year being audited. Audits shall contain, as part of the supplementary information, a cost report as outlined by the department. If applicable, the audit shall be conducted in accordance with the Federal Office of Management and Budget (OMB) Circular A-133 by an auditor approved by the Auditor General. For either an entity-wide, independent financial audit or an A-133 audit, the agency shall assure resolution of all interim audit findings. The agency shall facilitate and aid any such reviews, examinations, and agreed upon procedures the department or any contractor may perform. 10. Individuals that complete Insight Level I or Level II that have been ordered by the courts or sanctioned by an institution will receive a letter of completion. This letter of completion will be mailed to the appropriate facility. (Please see copies in Insight Appendix)	
How Maintained: Paper files will be available in Coordinator's office. Electronic copies will be maintained on the "h" drive.	**Board Notified:** Y ☐ N ☐ n/a ☐

Administrative POC-6	
Rule #: **67:61:11:08**	**Rule Statement: Quality assurance and evaluation.** 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.
Area of Noncompliance: Northern State University did not have annual satisfaction surveys, participant evaluations, or pre-and post-tests available at the time of the review. Northern State University must outline their plan to complete these requirements.	

Corrective Action (policy/procedure, training, environmental changes, etc): Client satisfaction surveys will be administered to those who have received services from the Insight program in the form of resources, training, presentations, and technical assistance.	**Anticipated Date Achieved/Implemented:** **Date**
Supporting Evidence: 1. At least once yearly, the Coordinator for Student Wellness and Prevention will meet with the Board of Directors or its authorized designee who will review the goals, objectives, and activities of the program. The results of this review will be reported back to the board (and noted in the board minutes). 2. The board of directors meets at least quarterly and keeps minutes of all meetings which the date of meeting, names of members attending, topics discussed, actions taken, summary of the agency director's report, and fiscal reports. 3. Utilization of resources/services will be measured by tracking the number of items being checked out, and the number of technical assistance requests from schools, agencies, businesses, and the general public. 4. The following performance standards have been set to help assure quality of services: a. Presentations/Trainings – An evaluation will be conducted for all presentations and trainings provided by Prevention staff. At least 90% of these evaluations will rate the presentation/training four or above (on a six-point scale). b. Material Checkout – A satisfaction survey will be included in each presentation to ensure the quality of presentation is being met. A Pre-/Post-test will be included with all Insight Level 2 and Insight Level 3 training. 5. Evaluations of all presentations, training workshops, and classroom/group educational programs will be conducted and made available to the agency staff, the public and Division representatives upon request. Copies of evaluation summaries will be sent to the administrator of those agencies/schools who received a specific service. 6. Pre- and post-tests will be conducted for all evidence-based curricula that is implemented by Prevention Services Staff. (Please see copies in Insight Appendix) 7. Coordinator for Student Wellness and Prevention will conduct annual reviews of contract attachments and monitor compliance with Administrative Rules. Possible changes will be discussed with the appropriate people and necessary changes will be implemented. 8. Client satisfaction surveys will be administered to those who have received services from the Insight program in the form of resources, training, presentations, and technical assistance.	**Position Responsible:**
How Maintained: Paper files will be available in Coordinator's office. Electronic copies will be maintained on the "h" drive.	**Board Notified:** Y ☐ N ☐ n/a ☐

Administrative POC-7	
Rule #: 67:61:05:05	**Rule Statement: Orientation of Personnel.** The agency shall provide orientation for all staff within ten working days after employment. The agency shall provide orientation for all contracted staff providing direct clinical services, interns, and volunteers within ten working days after the start of their service with the agency. The orientation must be documented and cover: 1. Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy; 2. The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, as set forth in 42 C.F.R. Part 2, in effect on January 18, 201745 C.F.R. Parts 160 and 164 in effect on September 26, 2016; 3. The proper maintenance and handling of client case records; 4. The agency's philosophical approach to treatment and the agency's goals; 5. The procedures to follow in the event of a medical emergency or natural disaster; 6. The specific job descriptions and responsibilities of employees, contracted staff, interns, and volunteers, as applicable; 7. The agency's policy and procedure manual maintained in accordance with ARSD 67:61:04:01; and 8. The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.
Area of Noncompliance: Northern State University did not have documentation of orientation in either of the reviewed personnel files at the time of the review.	
Corrective Action (policy/procedure, training, environmental changes, etc): Proper training will take place for all new employees, and current employees in need of training, within 10 days of employment. This will be part of the On-boarding experience.	**Anticipated Date Achieved/Implemented:** **Date** January 2024
Supporting Evidence: A checklist will be part of the on-boarding packet.	**Position Responsible:** The Director of Counseling and Health Services, along with the Coordinator for Student Wellness and Prevention
How Maintained: The Coordinator of Student Wellness and Prevention, with assistance from the Director of Counseling and Health Services and the Dean of Students, will ensure that this is completed with on-boarding.	**Board Notified:** Y ☐ N ☐ n/a ☐

Administrative POC-8	
Rule #: 67:61:05:01	**Rule Statement: Tuberculin screening requirements.** Tuberculin screening requirements are as follows: 1. Each new staff member, intern, and volunteer must receive the two-step method of tuberculin skin test or a tuberculosis blood assay test to establish a baseline within fourteen days of employment. Any two documented tuberculin skin tests completed within a twelve month period before the date of employment may be considered a

	two-step test and one tuberculosis blood assay test completed within a twelve month period before employment may be considered an adequate baseline test. Skin testing or tuberculosis blood assay tests are not required if a new staff member, intern, or volunteer provides documentation of the last skin testing completed within the prior twelve months. Skin testing or tuberculosis blood assay tests are not required if documentation is provided of a previous positive reaction to either test; 2. A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or tuberculosis blood assay test must have a medical evaluation and chest X-ray to determine the presence or absence of the active disease; 3. Each staff member, intern, and volunteer with a positive reaction to the tuberculin skin test or tuberculosis blood assay test shall be evaluated annually by a physician, physician assistant, nurse practitioner, clinical specialist, or a nurse and a record must be maintained of the presence or absence of symptoms of Myobacterium Tuberculosis. If the evaluation results in a suspicion of active tuberculosis, the physician, physician assistant, nurse practitioner, clinical nurse specialist, or nurse, must refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and 4. Any employee confirmed or suspected to have infectious tuberculosis must be restricted from employment until a physician, physician assistant, nurse practitioner, or clinical nurse specialist determines that the employee is no longer infectious.

Area of Noncompliance: Northern State University did not have documentation of completed TB testing in either of the reviewed personnel files at the time of the review. Northern State University must outline their plan to have TB tests completed within 14 days for new employees.	
Corrective Action (policy/procedure, training, environmental changes, etc): Current employees will have TB tests done by January 31, 2024. New employees will have this done as part of the on-boarding process.	**Anticipated Date Achieved/Implemented:** **Date** 1/31/24
Supporting Evidence: This will be part of the on-boarding check-list.	**Position Responsible:** Coordinator for Student Wellness & Prevention, Director of Counseling & Health Services, Dean of Students.
How Maintained: The Coordinator of Student Wellness and Prevention, with assistance from the Director of Counseling and Health Services and the Dean of Students, will ensure that this is completed with on-boarding.	**Board Notified:** Y ☐ N ☐ n/a ☐

Signature of Agency Director:	Date: 1/3/2024

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:	Date: 1/3/24