South Dakota Department of Social Services

Corrective Action Plan
Canyon Hills Center

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:
Canyon Hills Center

ARSD – Out of Compliance
Canyon Hills Center was found to be out of compliance with the underlined portion of the following Administrative Rules of South Dakota:

67:42:07:24. Use of seclusion and restraint to be approved by child placement agency -- Required documentation. A facility may not place a child in seclusion or restraint unless the child placement agency has given the facility permission and the use of seclusion or restraint has been incorporated into the child's treatment plan. If a child has been placed in the facility by the child's parent or guardian, the parent or guardian must approve the use of seclusion or restraint.

If a child is placed in seclusion or restraint, the facility must document the reasons for the placement, the duration of the placement, and the child's reactions to the placement. This documentation must become a part of the child's record.

A shelter care facility may not use locked seclusion.

67:42:07:01. Definitions. As used in this chapter:

(7) "Seclusion" means a resident is involuntarily confined alone in a room or in an area and is physically prevented from leaving the room or area;

Non-Compliance Finding:
Restraint documentation reviewed indicated youth were being involuntarily transported to another area in the facility. Once the restraint ended it is not clear the youth voluntarily remained in the area until returning to the group.

Action Needed:
The agency must clarify the definition of a seclusion with staff and ensure proper documentation in completed.

Submit plan by: May 17, 2024

Corrective Action Plan (Attach documents if needed):

To clarify the definition of a seclusion with staff and to ensure proper documentation is completed, LSS will use the attached Restraint Seclusion Log whenever a restraint or seclusion is implemented.

The attached log includes the addition of this line– "If the ESI was a restraint, did the resident remain willingly in the area the restraint was discontinued?

☐ Yes No, If no, the ESI becomes a seclusion which requires an additional order for the seclusion.

Date Corrective Action Plan Implemented: The Plan will be implemented following training of all staff. On June 5, 2024 all SCM trainers, order writers and clinical on call staff will be trained on the form during the monthly SCM trainers meeting. On June 12, 2024 during all staff in-service, all staff will be trained on the elements of the Corrective Action Plan, the definition of seclusion and the use of the new restraint – seclusion form.

Date of Expected Completion: June 12, 2024

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.

Stan Jones — 5.17.2024

Signature of Agency Director — **Date**

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

Signature of Licensing Staff — **Date**

Restraint – Seclusion Log

Emergency Safety Interventions means the use of restraint or seclusion as an immediate response to an emergency safety situation. Restraints involve physical intervention that is used to restrict freedom of movement. Seclusion is involuntarily confining a resident to an area or room and physically preventing the resident from leaving. Simultaneous use of restraint and seclusion is prohibited. *Unlocked seclusion is the equivalent of the MN definition of Time Out per 2960.0080, subpart 5, D.In the case of MN residents, seclusion may only occur in the designated seclusion room.* (RSM-Definitions)

Residents are monitored continuously during a restraint or seclusion. Every 15 minutes, staff document behaviors and assess the resident for any harmful health or psychological reactions. Restraint or Seclusion is discontinued as soon as possible and will be discontinued immediately if it is determined to produce adverse effects such as illness, severe emotional or physical stress or physical injury. Attempts to release a restraint occur every 10 minutes. (RSM- Restraints and Seclusions)

When a resident is released from a restraint, the resident has the choice to remain willingly in the area of the restraint after it has concluded. Staff will offer the resident a choice of whether they would like to debrief and regain self-control in the area where the restraint concluded or whether they would like to move to a different location. If the resident is not provided an option to leave the area or is physically prevented from leaving due to staff determining that the resident needs more time to regain self-control the resident will enter into a seclusion.

If the ESI was a restraint, did the resident remain willingly in the area once the restraint concluded?
□ Yes □ No, If no, the ESI becomes a seclusion. which requires an additional order for the seclusion.

Time am/pm	Resident's Response/ Behaviors Observed	Assessed	Staff Response Or Clinical Consult Response	Staff Initials	

Resident's behavior for the remainder of the shift following the restraint/seclusion:

_____

Signature(s) of staff: _____

Signature of Supervisor: _____

Clinician's signature: _____ Date:_____ TxT Review date:_____

Revised: 5/14/2024 – Any changes to this form must be approved by the AVP, VP or CPO.