

### Plan of Correction

<b>Program Name:</b> Catholic Social Services	<b>Date Due:</b> 12/30/2021
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#### Administrative POC-1

<b>Rule #:</b> 67:61:11:08	<p><b>Rule Statement: Quality assurance and evaluation.</b> 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 the following:</p> <ol style="list-style-type: none"> <li>1. Annual satisfaction surveys of all individuals or stakeholders who requested and participated in prevention services.</li> <li>2. Participant evaluations after each prevention presentation the agency provides; and</li> <li>3. Pre- and post-tests for all evidence based curricula presented to individuals.</li> </ol>
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**Area of Noncompliance:** Catholic Social Services did not provide annual satisfaction surveys to its individuals and stakeholders who participated in prevention services.

<p><b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Catholic Social Services will send out a survey to or a survey link to all stakeholder organizations that requested us to do a workshop asking for them to complete a satisfaction survey following a workshop or at least annually. CSS will request via e-mail that stakeholders forward their program evaluations if we are a part of their larger event. We will obtain evaluation from those who participate in our prevention programs and keep them on file or download summaries from survey monkey. Survey will be requested from Mountain Plains for programs we offer under their grant and if they are unable to provide documentation.</p>	<p><b>Anticipated Date Achieved/Implemented:</b></p> <p><b>Date</b> ongoing or at least annually.</p>
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<p><b>Supporting Evidence:</b> We will keep all this information in three ring binders or be able to produce summaries via Survey Monkey or document that requests for such information were made by staff.</p>	<p><b>Position Responsible:</b> Insurance or Data Base Administrator and Outreach Director</p>
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<p><b>How Maintained:</b> 3 ring binder, survey monkey, and emails</p>	<p><b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a x <input type="checkbox"/></p>
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#### Administrative POC-2

<b>Rule #:</b> 67:61:05:01	<p><b>Rule Statement: Tuberculin screening requirements.</b> Tuberculin screening requirements for employees are as follows:</p> <ol style="list-style-type: none"> <li>1. Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of employment can be considered an adequate baseline test. Skin testing or TB</li> </ol>
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	<p>blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing, completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous positive reaction to either test;</p> <p>2. A new staff member, intern or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;</p> <p>3. Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of <i>Mycobacterium tuberculosis</i>. If this evaluation results in the suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and</p> <p>4. Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.</p>
<p><b>Area of Noncompliance:</b> None of the five most recently hired employees received their second tuberculin skin test within 14 days of hire.</p>	
<p><b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Part of new staff orientation will include verification that this process has been completed.</p>	<p><b>Anticipated Date Achieved/Implemented:</b></p> <p><b>Date</b> 1/1/2021</p>
<p><b>Supporting Evidence:</b> HR director will keep a running log of this in her files and verification will be included in orientation form in their employment record.</p>	<p><b>Position Responsible:</b> Human Resource Director</p>
<p><b>How Maintained:</b> Running log and confirmation in the prevent staff's employee record orientation form.</p>	<p><b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a x <input type="checkbox"/></p>

Signature of Agency Director: James T. Kinyon	Date: 11/30/2021
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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](mailto: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: 12/11/2021
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