



### Plan of Correction

<b>Program Name:</b> PCSO-ATS	<b>Date Due:</b> 12/16/2021
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Administrative POC-1	
<b>Rule #:</b> 67:61:05:01(5)	<b>Rule Statement: Personnel policies and records.</b> The agency shall maintain written personnel policies and records for all staff including provisions for equal employment opportunities. Each agency shall maintain a personnel file or record or both for each staff member including contracted staff, intern, or volunteer. The file will include:  (5). Copies of the staff's current credentials related to job duties.
<b>Area of Noncompliance:</b> Four out of six applicable reviewed personnel files did not include copies of the staff's current credentials related to job duties (required credentials as stated in the job description).	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Personnel from Human Resources will verify the current personnel records and obtain any missing documentation. There will be additional training provided to ensure that this information is being collected and placed in the personnel file at the time of being hired	<b>Anticipated Date Achieved/Implemented:</b>  Date 1/01/2022
<b>Supporting Evidence:</b>	<b>Position Responsible:</b> Director of Administrative Services
<b>How Maintained:</b> Human Resources has this added to their background forms. This will be referred to for each new hire to ensure the required documentation to support the related job duties is included in the personnel file	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/>

Administrative POC-2	
<b>Rule #:</b> 67:61:05:01	<b>Rule Statement: Tuberculin screening requirements.</b> Tuberculin screening requirements for employees are as follows:  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 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;  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>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 six applicable reviewed personnel files contained proof of the second step of the two-step tuberculin skin test within 14 days of employment.</p>	
<p><b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Per global policy GP8-50 all employees are to have a TB screen completed within the first 14 days. To ensure that all 2 step TB tests are completed within this timeframe, the Directors will verify the testing has been completed when doing orientation with the new employee. If it has not, the two step TB test will be conducted at that time. A copy of this test will be saved in both personnel files as well as maintaining a hard file in a binder on site. The GP8-50 policy will be modified if it is determined this is a global change. Otherwise, a new policy will be created for PCSO-ATS to follow. Plan to start the 2 step method immediately. Policy may not be completed until March 2022</p>	<p><b>Anticipated Date Achieved/Implemented:</b></p> <p><b>Date</b> 03/01/2022</p>
<p><b>Supporting Evidence:</b> [REDACTED]</p>	<p><b>Position Responsible:</b> Clinical Director/Housing Director, Director of Administrative Services if GP8-50 needs updated</p>
<p><b>How Maintained:</b> For each new hire, a TB test will be conducted on the employee's start date during the global boarding process. The 2<sup>nd</sup> test will be conducted by nursing staff at the employee's work site within 14 days of hire. <u>This will be verified using the attached "Orientation of Personnel Checklist"</u></p>	<p><b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/></p>

Administrative POC-3	
<p><b>Rule #:</b> 67:61:05:12</p>	<p><b>Rule Statement:</b> Office of Inspector General Medicaid exclusion list. Each agency shall routinely check the Office of Inspector General's List of Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee's personnel file.</p>
<p><b>Area of Noncompliance:</b> None of the applicable reviewed files contained proof of a check of the Office of Inspector General's List upon hire, nor routinely. The Office of Licensing and Accreditation recommends checking the list for all applicable employees at least yearly to meet the "routine" requirement.</p>	
<p><b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> <u>This list is checked for all new hires when we are completing the</u></p>	<p><b>Anticipated Date Achieved/Implemented:</b></p>

background checks. Going forward, this list will be reviewed annually for all PCSO-ATS employees. Documentation will be completed verifying the employee is not on the exclusion list and a copy of the documentation will be placed in the personnel file.	Date 02/01/2022
Supporting Evidence: [REDACTED]	Position Responsible: Director of Administrative Services
How Maintained: A calendar event will be added to the HR calendar each January to run the LEIE report to verify no employees are on this exclusion list.	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/>

Client POC-1	
Rule #: 67:61:05:12	<b>Rule Statement: Treatment Plan.</b> According to ARSD 67:61:07:06, an addiction counselor or counselor trainee shall develop an individualized treatment plan based upon the integrated assessment for each client admitted to an outpatient treatment program, intensive outpatient treatment program, day treatment program, clinically managed low intensity residential treatment program, or medically monitored intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan shall be documented in the file. The individualized treatment plan shall be developed within ten calendar days of the client's admission.
<b>Area of Noncompliance:</b> Three out of five applicable reviewed files for clinically managed low intensity residential treatment did not have a treatment plan completed within 10 days of admission.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> We will provide additional training for our staff and will be reviewing client files.	<b>Anticipated Date Achieved/Implemented:</b> Date 12/31/2021
Supporting Evidence: [REDACTED]	Position Responsible: Clinical Supervisor
<b>How Maintained:</b> For the next 3 months, files of new clients will be monitored the week following admission to ensure the treatment plan has been completed. If it has not the counselor will be notified to complete prior to the 10 day deadline. Following the 3 months of weekly review, client files will be spot checked to ensure compliance.	Board Notified: Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input checked="" type="checkbox"/>

Signature of Agency Director: 	Date: 12/7/2021
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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: 12/7/2021
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