



Plan of Correction

Program Name: Roads	Date Due: 10/15/21
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Administrative POC-1

Rule #: 67:61:05:01	<p>Rule Statement: Tuberculin (TB) screening requirements. Tuberculin screening requirements for employees are as follows:</p> <p>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 a two-step or one TB blood assay test completed within a 12-month period before 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 position reaction to either test:</p>
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Area of Noncompliance: *There was only one employee that has been hired since the 2019 review. Regarding the one employee that was hired, the second TB test was two weeks late. Both TB tests were complete within the first month from hire date.*




Corrective Action (policy/procedure, training, environmental changes, etc.): ROADS will ensure that all new staff members will receive a 2-step TB test within 14 days of employment.	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 9/20/2021</p>
Supporting Evidence: Included in Policies & Procedures	Position Responsible: Office Manager
How Maintained: Individual personnel files	<p>Board Notified:</p> <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Client Chart POC-1

<p>Rule #: 67:61:07:07</p>	<p>Rule Statement: Continued service criteria. The program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. It is appropriate to retain the client at the present level of care if:</p> <ul style="list-style-type: none"> • 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 is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or • The client is not yet making progress but, has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or • New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the client is receiving treatment is therefore, the least intensive level at which the client's new problems can be addressed effectively. • The individualized plan of action to address the reasons for retaining the individual in the present level of care.
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Area of Noncompliance: *Eight out of eight charts reviewed were missing an individual plan of action to address the need for continued service in the present level of care.*

<p>Corrective Action (policy/procedure, training, environmental changes, etc.): ROADS will ensure that all DAP notes/CSR's include an individualized action plan of what needs to be addressed and tools that will be utilized.</p>	<p>Anticipated Date Achieved/Implemented: Date 9/20/2021</p>
<p>Supporting Evidence: 9/20/2021 staff meeting included review of policy and plan to check all DAP notes until this criteria is being met.</p>	<p>Position Responsible: Office Manager</p>
<p>How Maintained: Weekly review of case files</p>	<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Signature of Agency Director: 		Date: 
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9/20/2021

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: 
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9/27/21