

Department of Social Services
Office of Licensing and Accreditation
3900 W Technology Circle, Suite 1
Sioux Falls, SD 57106

**Program Name:** iRecover.US Detoxification Services

## **Plan of Correction Items**

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

## Plan of Correction 1

## Rule #: 67:61:05:01

Rule Statement: Tuberculin screening requirements are as follows:

- 1. Each new staff member, intern, and volunteer must receive both steps of the two step 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 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 test 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:
- 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 must be evaluated annually by a physician, physician assistant, nurse practitioner, clinical nurse specialist, or 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:** Both new reviewed personnel files only had proof of one step of the required twostep tuberculin test. i.Recover must outline a plan to ensure all new employees will complete both steps of the tuberculin skin test or the blood assay test.

icy/procedure, training, environmental changes, Anticipated Date
reflect requirement of two-step TB skin test, OR blood   Achieved/Implemented:
s created a document with requirements for each new
are that all requirements are met for new hires, including Date 02/07/2024
3 requirement.
Please see attached employee file checklist. Employee Position Responsible:
mpliance have completed this requirement and files Director of Nursing
flect such.
ployee files are reviewed upon hire and annually to Board Notified:
Y N n/a X

Plan of Correction 2			
Rule #: 67:61:05:12	Rule Statement: Each agency shall routinely check the List of Excluded Individuals and Entities, maintained by the U.S. Department of Health and Human Services Office of Inspector General, to ensure that each new hire, as well as any current employee, is not on the list. No payment to the agency may be provided for services furnished by an excluded individual. Documentation that the check has been completed must be placed in the employee's personnel file.		
Area of Noncompliance: Both new reviewed personnel files were missing proof of a check of the List of Excluded individuals upon hire. iRecover must outline a plan to ensure all new hires will be checked against the List of Excluded Individuals for Medicaid fraud.			
Corrective Action (policy/procedure, training, environmental changes, etc): Updated policy to reflect requirement of proof of checking list. Admin assistant has created a document with requirements for each new employee and will be sure that all requirements are met for new hires, including but not limited to checking this list.  Anticipated Date Achieved/Implemented:  Date 02/13/2024		Achieved/Implemented:	
Supporting Evic	dence: Please see attached employee file checklist. All current searched, and documentation was placed in each employee file.	Position Responsible: Admin Assistant	
How Maintained ensure compliance	d: Employee files are reviewed upon hire and annually to be.	Board Notified: Y N n/a X	
		•	

Signature of Agency Director:	Date:
WWWVEN	2/14/24

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: Z/14/24



## **Employee File Checklist**

- Copy of Driver's License
- o Copy of Social Security Card
- o Background Check Results
- o 2-Step TB Test Results
- o W2 Form
- Medical Fraud Results
- Direct Deposit Information
- o Resume
- Signed Job Description
- o Signed Job Offer
- o Any Qualifications or Licensure