South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
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Plan of Correction

Date Issued	May 05, 2026	Status	Closed

Provider Name	R.I.S.E. RECOVERY INTERVENTION SUPPORT EDUCATION
Provider Type	Accreditation
Accreditation #	904885076
Provider Address	Custer, SD 57730, USA
Provider Contact	Juliann Gramkow
Board Notified	N/A

This is the Plan of Correction for Substance Use Disorder Treatment Services. The following administrative rules have been found to be out of compliance. A plan of correction is required to bring the provider into compliance. Continued non-compliance could lead to suspension or revocation of your accreditation.

POC Action #1

Administrative Rule:

67:61:05:01

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 a two-step test and one tuberculosis blood assay test completed within a twelve month period before 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 testing 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;

(2) 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

a 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 a 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.

Summary of Non-Compliance Finding:

R.I.S.E. Recovery Intervention Support Education staff had not completed both steps of the two-step tuberculin skin test at the time of the review. Staff must complete both steps of the two-step tuberculin skin test within 14 days of employment.

Corrective Action:

R.I.S.E. has revised and update the TB Testing Requirement policy to ensure compliance with ARSD 67:61:05:01.

Supporting Evidence:

Policy

How Maintained:

The Executive Director will monitor compliance during employee onboarding and annual personnel reviews.

Position Responsible:	Expected Completion Date:	Date Completed:
Executive Director	May 29, 2026	June 08, 2026

SIGNATURES

Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.

Juliann Gramkow

Printed Name of Provider/Agency Contact



June 08, 2026

Signature of Provider/Agency Contact | Date

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

Muriel Nelson

Printed Name of DSS Staff



7/2/2026, 12:06:58 PM

July 02, 2026

Signature of DSS Staff: | Date

COMPLETION DETAILS

COMPLETION DATE: July 02, 2026

The Department of Social Services, Office of Licensing and Accreditation has reviewed the actions taken by the agency to resolve the above items and has accepted the above plan as completed.

Muriel Nelson

Printed Name of DSS Staff



7/2/2026, 12:07:43 PM

July 02, 2026

Signature of DSS Staff: | Date