South Dakota Department of Social Services

Strong Families - South Dakota's Foundation and Our Future

Office of Licensing and Accreditation

Accreditation Survey Report
for Substance Use Disorder Treatment Providers

ARSD 67:61

March 13, 2025

Avera St. Lukes

620 3rd Ave SE

Aberdeen, SD 57401

Levels of Care:

Prevention

0.5 Early Intervention

1.0 Outpatient Treatment

2.1 Intensive Outpatient Treatment

2.5 Day Treatment

3.7 Medically Monitored Intensive Inpatient Treatment

1. Governance	Yes	No	N/A
a. Governmental agency, federally recognized tribe, business corporation, non-profit corporation or limited liability company (0.5 and 1.0 only) (67:61:03:01)	✓		
b. Policy for not denying clients equal access to services (67:61:03:04)	✓		
c. Annual, entity-wide, independent financial audit completed (67:61:04:05)	✓		
d. Business hours posted in prominent place on premises (67:61:04:09)	✓		
e. Board of directors meets at least quarterly and keeps minutes of all meetings (67:61:03:03)	✓		
f. Up-to-date policy and procedure manual (67:61:04:01)	✓		
g. Up-to-date organizational chart (67:61:05:09)	✓		
h. Sentinel event policy (67:61:02:21)	✓		
i. Policy for notifying DSS of changes (67:61:02:20)	✓		

Comments: Avera St. Lukes meets all requirements of this section.

2. Program Services	Yes	No	N/A
a. Schedule of fees based on client ability to pay (67:61:04:06)	✓		
b. Policy prohibiting client abuse, neglect, and exploitation (67:61:06:03)	✓		
c. Client rights policy (67:61:06:01; 67:61:06:02)	✓		
d. Client grievance policy (67:61:06:04)	✓		

e. Submits accurate statistical data (67:61:04:02)	✓		
f. Discharge policy (67:61:06:07)	✓		
g. Client orientation policy and procedure (67:61:04:07)	✓		
h. Policy for responding to medical emergencies (67:61:04:09)	✓		
i. Electronic or written directory with name address, and phone number of support services (67:61:04:10)	✓		
j. In level 3.1, 3.2D, and 3.7 facilities, staff is on duty at all times who is trained to respond to fires and natural disasters (67:61:04:09)	✓		

Comments: Avera St. Lukes meets all requirements of this section.

3. Personnel	**Yes**	**No**	**N/A**
a. Orientation completed within 10 days of hire with all required components (64:61:05:05)	✓		
b. Office of Inspector General Medicaid exclusion list check (67:61:05:12)	✓		
c. In 3.2D facility, all counseling and supervisory staff are trained in emergency first aid, CPR and responding to natural disasters; Documentation in file (67:61:17:06)	✓		
d. Policy and procedure for supervising employees, volunteers, and interns (67:61:05:06)	✓		
e. Two-step TB test or blood assay test within 2 weeks of hire or 12 months before hire (67:61:05:01)	✓		

	Yes	No	N/A
f. Employee TB policies and procedures (67:61:05:01)	✓		
g. Complete employee records; policies to maintain those records (67:61:05:08)	✓		

Comments: Avera St. Lukes meets all requirements of this section.

4. Case Record Management	Yes	No	N/A
a. Procedures for closing inactive client records for inpatient programs within 3 days and outpatient programs for 30 days [67:61:07:04(1-2)]	✓		
b. Policy for case records to be retained for at least 6 years [67:61:07:04(3)]	✓		
c. Established ongoing compliance review process (67:61:04:03)	✓		

Comments: Avera St. Lukes meets all requirements of this section.

5. Environmental/Sanitation/Safety/Fire Prevention	Yes	No	N/A
a. Health, safety, sanitation, and disaster plan (67:61:10:01)	✓		

Comments: Avera St. Lukes meets all requirements of this section.

6. Prevention	Yes	No	N/A
a. Encompass current research, theory, and practice-based strategies and activities implemented through structured prevention strategies. Delineate a work plan to outline scope of services. Found on evidence-based programming list. Made available to the public and staff (67:61:11:01).	✓		
b. Will offer one or more of the following, with written description available to staff members, the public			

and DSS. Includes target population, program goals, scope of services, measurable objectives, program evaluations and outcomes (67:61:11:03)

i.	Information dissemination services	✓		
ii.	Education services	✓		
iii.	Alternative services	✓		
iv.	Problem identification and referral services	✓		
v.	Community-based services	✓		
vi.	Environmental services	✓		

c.	Evidence based interventions (67:61:11:05)	✓		
d.	Database of information and referral sources that is posted publicly (67:61:11:05)	✓		
e.	Maintains a record of all prevention activities including: (67:61:11:07)			

i.	Record of presenters and participants	✓		
ii.	Demographics of participants including age, race, gender	✓		
iii.	Record of all program activities	✓		
iv.	Copies of all programmatic materials	✓		

f.	Conducts annual satisfaction surveys (67:61:11:08)	✓		
g.	Conducts participant evaluations after each presentation (67:61:11:08)	✓		
h.	Conducts pre- and post-tests for all presentations (67:61:11:08)	✓		
i.	Completes a quality assurance review of its programming with an annual summary report made	✓		

available to the board of directors, agency staff, and DSS

j. Staff have completed Substance Abuse Prevention Skills Training or Foundations of Prevention within one year of hire (67:61:05:04)	✓		

Comments: Avera St. Lukes meets all requirements of this section.

7. Dietary Services	Yes	No	N/A
a. Written plan for meeting basic nutritional needs as well as special dietetic needs, including 3 meals per day with snacks (67:61:09:01)	✓		
b. Sanitation and safety standards are met for food service (44:02:07); completed sanitation inspection by the Department of Health (67:61:09:02)	✓		

Comments: Avera St. Lukes meets all requirements of this section.

8. Medication	Yes	No	N/A
a. Policies and procedures on control, accountability, administration, and storage of client medication (67:61:08:02)	✓		
b. Maintains a separate log book to record the receipt and disposition of all schedule II drugs; client case record must include receipt and administration of schedule II, III, and IV drugs (67:61:08:04)	✓		
c. Policy and procedure for destruction and disposal of medication (67:61:08:05)	✓		
d. Policy regarding only RNs, LPNs or UAPs administering and recording medication (67:61:08:08)	✓		

e. Policy and procedure regarding medication errors (67:61:08:08)	✓		
f. If 3.7 is not employing RNs, LPNs, or UAPs, medications are made available to clients for self-administration, with instructions from a physician and under the supervision of staff (67:61:08:10)	✓		
g. In 3.1 that allows clients to possess and self-administer medication, a list is developed for the client, in consultation with a physician, which is reviewed at least annually (67:61:08:10)	✓		

Comments: Avera St. Lukes meets all requirements of this section.

9. Assessment (67:61:07:05)	**Yes**	**No**	**N/A**
a. Strengths of the client and client's family if appropriate; identification of resources within the family	✓		
b. Presenting problems or issues	✓		
c. Identification of readiness for change in problem areas	✓		
d. Current substance use and relevant treatment history, including mental health history and treatment, gambling treatment, psychiatric hospital admissions, medications, relapse history, potential for relapse, physical illness, and hospitalization	✓		
e. Relevant family history, including family relationship dynamics and family psychiatric and substance use history	✓		
f. Family and relationship issues along with social	✓		

	needs			
g.	Educational history and needs	✓		
h.	Legal issues	✓		
i.	Living environment or housing	✓		
j.	Safety needs and risks with regard to physical acting out, health conditions, acute intoxication, or risk of withdrawal	✓		
k.	Past or current indications of trauma, domestic violence, or both if applicable	✓		
l.	Vocational and financial history and needs	✓		
m.	Behavioral observations or mental status	✓		
n.	Formulation of a diagnosis	✓		
o.	Eligibility determination	✓		
p.	Clinician's signature, credentials, and date	✓		
q.	Clinical supervisor's signature, credentials, and date	✓		
r.	Completed within 30 days	✓		

Comments: Avera St. Lukes meets all requirements of this section.

10. Treatment Plan (67:61:07:06)	**Yes**	**No**	**N/A**
a. Statement of specific client problems to be addressed during treatment, with supporting evidence		✓	
b. Diagnostic statement and statement of short		✓	

and long-term goals			
c. Measurable objective or methods leading to the completion of short-term goals including time frames for the anticipated dates of completion of each objective; include interventions that match the client's readiness to change	____	✓	____
d. Statement identifying staff member responsible for facilitating treatment methods	____	✓	____
e. Signed and dated by addiction counselor or addiction counselor trainee, and credentials	____	✓	____
f. Evidence of the client's meaningful involvement in formulating the plan	____	✓	____
g. Completed within:			
i. Ten calendar days (2.1, 2.5, 3.1, 3.7)	✓	____	____
ii. Thirty calendar days (1.0)	____	✓	____

Comments: Five of seven reviewed outpatient treatment files did not contain treatment plans. Treatment plans must be completed for all clients regardless of level of care.

11. Progress Notes (67:61:07:08)	**Yes**	**No**	**N/A**
a. Minimum of one progress note weekly which substantiates all services provided and summarizes significant events occurring throughout the treatment process	✓	____	____
b. Information identifying the client receiving services – name, unique ID number, service activity code, title describing the service, or both, date, time met, units of service, and length of session	✓	____	____
c. Brief assessment of the client's functioning	✓	____	____

d. Description of what occurred during the session, including action taken or plan to address unresolved issues	✓		
e. Brief description of what client and provider plan to work on during the next session		✓	
f. Signature and credentials of staff providing the services	✓		

Comments: Seven of ten reviewed outpatient and intensive outpatient files did not contain descriptions of what the provider and client planned to work on during the following session or in between sessions. Language was often non-specific such as "client will attend next individual session". The plan needs to be individualized and specific.

12. Continued Service Criteria (67:61:07:07)	**Yes**	**No**	**N/A**
a. Client meets continued service criteria, and is documented every:			
i. Two calendar days (3.2D)			✓
ii. Fourteen calendar days (0.5, 2.1, 2.5, 3.7)	✓		
iii. Thirty calendar days (1.0, 3.1)		✓	
b. Progress and reasons for retaining the client at the present level of care		✓	
c. An individualized plan of action that addresses the reasons for retaining the individual in the present level of care		✓	

Comments: Five of seven reviewed outpatient treatment files did not contain continued service reviews. Continued service reviews must be completed every 30 days for clients in outpatient treatment and every 14 days for clients in intensive outpatient treatment.

13. Transfer or Discharge Summary (67:61:07:10)	**Yes**	**No**	**N/A**
a. Completed by an addiction counselor or addiction counselor trainee within five working	✓		

days after discharge, regardless of the reason for discharge			
b. Summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan	✓		
c. When a client prematurely discontinues services, reasonable attempts are made and documented by the agency to re-engage the client into services, if appropriate	✓		

Comments: Avera St. Lukes meets all requirements of this section.

14. Tuberculin Screening Requirement (67:61:07:12)	**Yes**	**No**	**N/A**
a. A tuberculin screening for the absence or presence of symptoms shall be conducted for each new client within 24 hours of onset of services	✓		

Comments: Avera St. Lukes meets all requirements of this section.

15. Intensity of Services	**Yes**	**No**	**N/A**
a. The outpatient program provides less than 9 hours per week of counseling services for adults and less than 6 hours for adolescents. (67:61:13:03)	✓		
b. The intensive outpatient program provides counseling at least two times per week. Each adult should be provided with at least 9 hours of services. Adolescents shall be provided at least 6 hours of services.	✓		
c. The day treatment program shall provide at least 15 hours per week of services for adults and adolescents. For adults, the program shall provide an additional 5 hours on specialized topics.	✓		
d. The clinically-managed low-intensity residential treatment program shall provide at least 5 hours of services.			✓

e. The clinically-managed residential detoxification program shall provide at least 30 minutes of services per day within 48 hours of admission, and an additional 30 minutes for each subsequent 24 hour period.	____	____	✓
f. The medically-monitored intensive inpatient program shall provide at least 21 hours of services per week. The program shall also provide at least 9 hours of additional services on specialized topics.	✓	___	____

Comments: Avera St. Lukes meets all requirements of this section.

16. Medical Requirements	**Yes**	**No**	**N/A**
a. Clinically-Managed Low Intensity Residential Treatment			
i. Medical exam conducted by or under the supervision of a licensed physician within three months before admission or five calendar days after admission. (67:61:16:04)	____	____	✓
b. Clinically-Managed Residential Detoxification Program			
i. The agency shall obtain the following information at the time of admission: (67:61:17:02)			
a) Blood pressure, pulse and respiration.	____	___	✓
b) Presence of bruises, lacerations, cuts, or wounds	____	___	✓
c) Medications the client is currently taking	___	____	✓
d) History of diabetes, seizure disorders, convulsive therapies, and exposure to TB	____	____	✓
e) History of medical, psychological, or psychiatric treatment	____	____	✓
f) Any symptoms of mental illness currently present	____	____	✓

ii.	Written agreement to provide emergency, inpatient, and ambulatory medical services with a licensed hospital serving the area where the program is located. (67:61:17:03)	____	___	✓
iii.	Written agreement with a licensed physician, physician assistant, or certified nurse practitioner to serve as medical director or employ a licensed physician who is primarily responsible for providing medical care to clients. (67:61:17:04)	____	____	✓
iv.	Policy and procedure concerning the steps staff shall take when assessing and monitoring a client's physical condition and responding to medical complications throughout the detoxification process (67:61:17:05)	____	____	✓
	a) Blood pressure, pulse, and respiration a minimum of two additional times in the first 8 hours after admission and at least once every 8 hours thereafter.	____	____	✓
	b) Physical, mental and emotional state	____	____	✓
	c) Type and amount of fluid Intake	____	____	✓

c. Medically-Monitored Intensive Inpatient Treatment

i.	At minimum, the program shall complete the following: (67:61:18:02)			
	a) Blood pressure, pulse, and respiration at the time of admission	✓	___	___
	b) Within 8 hours of admission a medical evaluation conducted by an RN or LPN including a second reading	✓	___	___

	of blood pressure, pulse and respiration, mental and emotional status, presence of bruises, cuts, or lacerations, current medication use, and history of diabetes, seizure disorders, or convulsive therapies.			
c)	Within 72 hours of admission a complete blood count and urinalysis	✓		
d)	A complete physical examination by a licensed physician	✓		

Comments: Avera St. Lukes meets all requirements of this section.

17. Signatures

X	**Three Year Accreditation (100%-90%)**
	Two Year Accreditation (89.9% - 70%)
	Probation (69.9% and below)
	One Year Provisional Accreditation (70% and above)

Chris Kenyon
Program Specialist

August 21, 2025
Date

July 30-31, 2025
Date of Site Visit

Muriel Nelson
Program Manager

August 21, 2025
Date