South Dakota Department of Social Services

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

Date Issued May 02, 2025 Status Closed

Provider Name	Dakota Counseling Institute - SUD Services
Provider Type	Accreditation
Accreditation #	795834162
Provider Address	910 W Havens St, Mitchell, SD 57301
Provider Contact	Michelle Carpenter
Board Notified	Yes

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:

Two part-time employees did not have their two-step TB testing completed. Dakota Counseling Institute must ensure that all employees, including part-time employees, complete their TB testing within two weeks of hire.

Corrective Action:

The Human Resources Manager (HR) will schedule an appointment for Step 1 with the nurse responsible for testing while completing new hire paperwork. When Step 1 is read, the nurse will schedule the appointment for Step 2. Communication between HR, the nurse, and the appropriate supervisor will be done through email to ensure the appointments are kept.

Supporting Evidence:

Please see uploaded New Staff Checklist.

How Maintained:

The HR Manager will consistently follow up until the testing log is filed in the staff medical section of the personnel file.

Position Responsible:	Expected Completion Date:	Date Completed:
Human Resource Manager	September 01, 2025	November 14, 2025

POC Action #2

Administrative Rule:

67:61:05:05

The agency shall provide orientation for all staff within ten working days after employment. The agency shall provide orientation for all contracted staff providing direct clinical services, interns, and volunteers, within ten working days after the start of their service with the agency. The orientation must be documented and cover:

(1) Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy;

(2) The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, as set forth in 42 C.F.R. Part 2, in effect on January 18, 2017, and 45 C.F.R. Parts 160 and 164, in effect on September 26, 2016;

(3) The proper maintenance and handling of client case records;

(4) The agency's philosophical approach to treatment and the agency's goals;

(5) The procedures to follow in the event of a medical emergency or a natural disaster;

(6) The specific job descriptions and responsibilities of employees, contracted staff, interns, and volunteers, as applicable;

(7) The agency's policy and procedures manual, maintained in accordance with § 67:61:04:01; and

(8) The agency's procedures regarding the reporting of suspected child abuse or neglect, in accordance with SDCL 26-8A-3 and 26-8A-8.

Summary of Non-Compliance Finding:

Two part-time employees did not have employee orientation completed within ten days of hire. Dakota Counseling Institute must ensure that all employees, even part-time employees, complete orientation within ten days of hire.

Corrective Action:

The Human Resource Manager (HR) will give staff the orientation form(s) when completing the new hire paperwork. The Department Supervisor will ensure these are completed during the training, no later than ten days from hire.

Supporting Evidence:

Please see uploaded New Staff Checklist.

How Maintained:

HR will consistently follow up until the orientation form(s) are filed in the staff personnel file.

Position Responsible:	Expected Completion Date:	Date Completed:
Human Resource Manager	June 12, 2025	June 12, 2025

POC Action #3

Administrative Rule:

67:61:07:07

The program staff or direct care provider shall document, for each client, the progress and reasons for retaining the client at the present level of care and create an individualized plan of action to address the reasons for retaining the client at the present level of care. This document must be maintained in the client case record. It is appropriate to retain the client at the present level of care if:

(1) 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 must be assessed, as necessary, to permit the client to continue working toward his or her treatment goals; or

(2) The client is not yet making progress, but has the capacity to resolve his or her problems. The client is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care must be assessed, as necessary, to permit the client to continue working toward his or her treatment goals; or

(3) A new problem or priority that is appropriately treated at the present level of care has been identified. The new problem or priority requires services, the frequency and intensity of which can only be delivered safely by continuing to stay at the current level of care. The client's level of care must be the least intensive level at which the client's new problem or priority can be addressed effectively.

The individualized plan of action to address the reasons for retaining the individual at the present level of care must be documented every:

(a) Two calendar days for clinically-managed, residential detoxification;
(b) Fourteen calendar days for early intervention services; intensive outpatient services; day treatment services; and medically-monitored, intensive inpatient treatment; and
(c) Thirty calendar days for outpatient treatment programs and clinically-managed, low-intensity residential treatment.

Summary of Non-Compliance Finding:

The majority of reviewed client files across all levels of care did not have a plan of action to address the reasons for retaining the client at the current level of care.

Additionally, most continued service reviews contained a detailed summary of every group attended by the client during the review period. While this is not out of compliance, it is not the intended purpose for a continued service review. A continued service review should contain a summary of the client's overall progress, or lack thereof, during the review process, as well as the plan to address the reasons the client is being retained. The summary of each group or session should be documented in the progress note for that session.

Corrective Action:

Requirements were reviewed in the clinical staff meeting on 4/22 and again on 6/10/25.

Supporting Evidence:

Please see uploaded Clinical Mtg Notes.

How Maintained:

Regular review of files on rotation, continuous education in clinical staffing as well as individual supervision which are both held weekly.

Position Responsible:	Expected Completion Date:	Date Completed:
Clinical Supervisor	September 01, 2025	November 14, 2025

POC Action #4

Administrative Rule:

67:61:07:08

The direct care provider must record at least one progress note in the client's clinical record each week when services are provided for any program, other than a prevention program.

Progress notes must be included in the client's clinical record and substantiate all services provided. Progress notes must document counseling sessions with the client, summarize significant events, reflect goals and problems relevant to the session, and reflect any progress in achieving those goals and addressing the problems. Progress notes must include attention to any co-occurring disorder, as it relates to the client's substance use disorder.

A progress note must be included in the client's clinical record for each billable service provided. In order for a service to be billed, the progress note must contain:

(1) Information identifying the client receiving the service, including the client's name and unique identification number;
(2) The date, location, time met, the units of service of the counseling session, and the duration of the session;
(3) The service activity code or the title describing the service code;
(4) A brief assessment of the client's functioning;
(5) A description of what occurred during the session, including the specific action taken or plan developed to address unresolved issues for the purpose of achieving identified treatment goals or objectives;
(6) A brief description of what the client and the clinician plan to work on during the next session, and work that may occur between sessions, if applicable; and
(7) The signature and credentials of the staff providing the service.

Summary of Non-Compliance Finding:

The majority of reviewed progress notes across all levels of care lacked a plan for what the client and provider plan to work on during the next session or in between sessions. Many progress notes contained language such as "attend the next group and be attentive". What the client and provider plan to work on during the next session should be detailed and usually individualized.

Corrective Action:

Requirements were reviewed in the clinical staff meeting on 4/22 and again on 6/10/25.

Supporting Evidence:

Please see the uploaded Clinical Mtg Notes.

How Maintained:

Regular review of files on rotation, continuous education in clinical staffing as well as individual supervision which are both held weekly.

Position Responsible:	Expected Completion Date:	Date Completed:
Clinical Supervisor	September 01, 2025	November 14, 2025

POC Action #5

Administrative Rule:

67:61:07:12

A designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment, intensive outpatient, day treatment, clinically-managed, low-intensity residential treatment, clinically-managed detoxification, or intensive inpatient treatment, within twenty-four hours of admission, to determine if the client has had any of the following symptoms within the previous three months:

(1) Productive cough for a duration of two-three weeks;
(2) Unexplained night sweats;
(3) Unexplained fevers; or
(4) Unexplained weight loss.

Any client determined to have had one or more of the listed symptoms within the last three months must be immediately referred to a licensed physician for a medical evaluation to determine the absence or presence of active tuberculosis. A physician, physician assistant, nurse practitioner, or clinical nurse specialist may request that a Mantoux skin test be conducted. Any client confirmed or suspected to have infectious tuberculosis may not be admitted for services until the client is determined to no longer be infectious by the physician. If infectious tuberculosis is ruled out, the evaluating physician must provide a written statement confirming the client does not have tuberculosis before the client may be admitted for services.

Summary of Non-Compliance Finding:

Dakota Counseling Institute has the correct tuberculosis screening policy, however two reviewed clients answered "yes" to a question on the tuberculosis screening questionnaire. Dakota Counseling Institute did not refer these clients to a physician to confirm the presence or absence of active tuberculosis. Additionally, there was no evidence on the clients' admission medical examination that the physician inspected the clients for the presence or absence of active tuberculosis.

Corrective Action:

Requirements were reviewed in the clinical staff meeting on 4/22 and again on 6/10/25. If any of the screening questions are answered "yes", a counselor will meet with them immediately to review and consult with the Clinical Supervisor. A medical appointment will be scheduled same day through Urgent Care or emergency services to ensure the client does not have active TB before being admitted to the general treatment population.

Supporting Evidence:

Please see uploaded Clinical Mtg Notes.

How Maintained:

Continuous education in clinical staffing, which the residential department attends on a weekly basis.

Position Responsible:	Expected Completion Date:	Date Completed:
Residential Supervisor	June 12, 2025	June 12, 2025

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.

Michelle L. Carpenter

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact — June 12, 2025 — Date

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

Chris Kenyon

Printed Name of DSS Staff



6/12/2025, 1:06:46 PM

Signature of DSS Staff: — June 12, 2025 — Date

COMPLETION DETAILS

COMPLETION DATE: November 14, 2025

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.

Chris Kenyon

Printed Name of DSS Staff



Signature of DSS Staff:

November 14, 2025

Date