South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
700 GOVERNORS DRIVE
PIERRE, SD 57501
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Plan of Correction

Date Issued November 25, 2025 Status In Process

Provider Name	Linking the Gap Counseling
Provider Type	Accreditation
Accreditation #	767632916
Provider Address	3500 S Phillips Ave Ste 241, Sioux Falls, SD 57105
Provider Contact	Nikki Roth
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:

67:61:04:09

Each agency shall have policy and procedures to respond to potential medical emergencies that clients may encounter while residing at the agency. Each agency that provides treatment services shall provide adequate staffing, training, and hours of operation at the following levels:

(1) Early intervention, outpatient programs, and intensive outpatient treatment programs shall have counseling staff on duty at all times during scheduled hours of program operation or available by phone. The agency shall post the hours that the agency is open to the general public in a prominent place on the premises. The agency shall have an on-call system, available seven days a week, twenty-four hours a day, for client access to program services, in the event of an emergency;

(2) Day treatment programs without residential services shall have counseling staff on duty at all times during scheduled hours of program operation. The agency shall post the hours that the agency is open to the general public in a prominent place on the premises. The agency shall have an on-call system, available seven days a week, twenty-four hours a day, for client access to program services, in the event of an emergency;

(3) Day treatment with residential services and clinically-managed, low-intensity residential treatment programs shall operate seven days a week, twenty-four hours a day. The agency shall have, on duty at all times, a staff member who is trained to respond to fires and other natural disasters, as well as to administer emergency first aid and cardiopulmonary

resuscitation. An addiction counselor or an addiction counselor trainee must be available to the clients at least eight hours a day, five days a week, and must be available on-call, twenty-four hours a day. The agency shall maintain written staff schedules, which must be available to the department at the time of the accreditation survey;

(4) Clinically-managed, residential detoxification programs shall operate seven days a week, twenty-four hours a day whenever clients are present. If no clients are present, a staff member must be on call to open the facility, if necessary. When the agency is open, a staff member who is trained, in accordance with § 67:61:17:06, to respond to fires and other natural disasters, as well as to administer emergency first aid and cardiopulmonary resuscitation, must be on duty. An addiction counselor or an addiction counselor trainee must be available to clients at least eight hours a day, five days a week, and available on-call, twenty-four hours a day. The agency shall maintain written staff schedules, which must be available to the department at the time of the accreditation survey; and

(5) Medically-monitored, intensive inpatient treatment programs shall operate seven days a week, twenty-four hours a day. The agency shall have, on duty at all times, a staff member who is trained to respond to fires and other natural disasters, as well as to administer emergency first aid and cardiopulmonary resuscitation. Training and annual training updates in each area must be documented in the staff members' personnel files. Nursing staff must be on-call twenty-four hours a day, seven days a week. Counseling staff shall be on duty during normal daytime hours and must be on-call, twenty-four hours a day, seven days a week. The agency shall maintain written staff schedules, which must be available to the department at the time of the accreditation survey.

Summary of Non-Compliance Finding:

Linking the Gap Counseling does not have hours of operation posted anywhere on the premises.

Corrective Action:

Hours of operation will be posted in main waiting room

Supporting Evidence:

Will be posted- picture can be submitted if requested

How Maintained:

It will be continuously updated and posted when needed as needed

Position Responsible:	Expected Completion Date:	Date Completed:
Administrative staff	December 22, 2025	December 23, 2025

POC Action #2

Administrative Rule:

67:61:05:12

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.

Summary of Non-Compliance Finding:

Checks of the Inspector General's Medicaid exclusion list were not found in personnel files. In order to meet the "routinely" requirement, the Office of Licensing and Accreditation recommends checking the list at least annually.

The website can be found at https://exclusions.oig.hhs.gov/?AspxAutoDetectCookieSupport=1

Corrective Action:

quarterly exclusions will be checked

Supporting Evidence:

see in files

How Maintained:

Will be made part of organizations administration duties

Position Responsible:	Expected Completion Date:	Date Completed:
Administration	April 22, 2026	

POC Action #3

Administrative Rule:

67:61:07:05

An addiction counselor or addiction counselor trainee shall meet with the client and, if appropriate, the client's family, to complete an integrated assessment, within thirty days of the first day the intake process begins. The integrated assessment must include both functional and diagnostic components. The assessment must establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence, and must assess the client's treatment needs. The assessment must be recorded in the client's case record and must contain:

(1) Strengths of the client and the client's family, if appropriate, as well as previous periods of success, the strengths that contributed to that success, and the identification of potential resources within the family, if applicable;

(2) Presenting problems or issues that indicate a need for services;

(3) Identification of readiness for change for problem areas, including motivation and supports for making such changes;

(4) Current substance use and relevant treatment history of any previous mental health and substance use disorder or gambling treatment, and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization;

(5) Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history;

(6) Family and relationship issues, along with social needs;

(7) Educational history and needs;

(8) Legal issues;

(9) Living environment or housing;

(10) Safety needs and risks with regard to physical acting out, health conditions, acute intoxication, or withdrawal;

(11) Past or current indications of trauma or domestic violence;

(12) Vocational and financial history and needs;

(13) Behavioral observations or mental status;

(14) Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues or a combination of these based on integrated screening;

(15) Eligibility determination, including level of care determination for substance use services, or serious mental illness or serious emotional disturbance for mental health services, or both;

(16) Clinician's signature, credentials, and date; and

(17) Clinical supervisor's signature, credentials, and date, to verify review of the assessment and if there is agreement with:

(a) The initial diagnosis; or
(b) The formulation of the initial diagnosis, if the staff does not have the education or training to make a diagnosis.

Any information related to the integrated assessment must be verified through collateral contact, if possible, and recorded in the client's case record.

Summary of Non-Compliance Finding:

All reviewed assessments were missing strengths of the client and previous periods of success.

Corrective Action:

Strenghts will be added to all assessments. This will be part of the SNAP section

Supporting Evidence:

Will be viewed on assessment forms

How Maintained:

This will be maintained by peer review of records

Position Responsible:	Expected Completion Date:	Date Completed:
All staff	April 22, 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.

Nicole Roth

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

December 22, 2025

Date

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

Printed Name of DSS Staff

Signature of DSS Staff:

Date

COMPLETION DETAILS

COMPLETION DATE:

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.

Printed Name of DSS Staff

Signature of DSS Staff: Date