COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	December 31, 2025	Status	In Process

Provider Name	Buffalo Plains Recovery
Provider ID	1050694031
Provider Address	731 St Joseph St suite 258, Rapid City, SD 57701, USA
Provider Contact	Ryan Letterman

The items listed below are those that the provider was not in compliance with at the time of the inspection.

Compliance Plan Action #1

Administrative Rule:

67:61:10:02

Each building an agency owns, rents, or leases, to provide residential services must comply with applicable fire safety standards, as set forth in the 2012 edition of the NFPA 101 Life Safety Code. An automatic sprinkler system is not required in an existing facility unless significant renovation or remodeling occurs. An existing automatic sprinkler system must remain in service.

New construction, renovations, additions, and changes of space must comply with NFPA 101 Life Safety Code, 2012 edition. Each facility must comply with the building construction standards of the International Building Code, 2012 edition.

Summary of Non-Compliance Finding:

Buffalo Plains Recovery's fire drill form did not contain the location or origin of the simulated fire. Buffalo Plains Recovery must amend their fire drill form to include those required components.

Corrections to be Made:

Buffalo Plains Recovery must amend their fire drill form to include the location and origin of the simulated fire.

Corrections Made:

Buffalo Plains added the location and origin of the simulated fire to their fire drill form.

Anticipated Completion Date:

Date Completed:
December 31, 2025

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.

Ryan Letterman
Printed Name of Provider/Agency Contact



December 31, 2025

Signature of Provider/Agency Contact | 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