South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
700 GOVERNORS DRIVE
PIERRE, SD 57501
Phone: 605.773.3165
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Plan of Correction

Date Issued	August 21, 2025	Status	Closed

Provider Name	Avera St. Luke's dba Avera Addiction Care Center
Provider Type	Accreditation
Accreditation #	1334894845
Provider Address	620 3rd Ave SE, Aberdeen, SD 57401
Provider Contact	Jessi Paysen
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:

67:61:07:06

An addiction counselor or addiction counselor trainee shall develop an individualized treatment plan, based upon the integrated assessment for each client admitted to an outpatient treatment program, an intensive outpatient treatment program, a day treatment program, a clinically-managed, low-intensity residential treatment program, or a medically-monitored, intensive inpatient treatment program. Evidence of the client's meaningful involvement in formulating the plan must be documented in the client's clinical record. The treatment plan must be recorded in the client's clinical record and contain:

(1) A statement of specific client problems, including any co-occurring disorders, to be addressed during treatment, with supporting evidence;

(2) A diagnostic statement and a statement of short- and long-term treatment goals that relate to the problems identified;

(3) Measurable objectives or methods leading to the completion of short-term goals:

(a) Time frames for the anticipated dates of achievement or completion of each objective, or for reviewing progress towards objectives;

(b) A specification and description of the indicators to be used to assess progress;
(c) Referrals for needed services that are not provided directly by the agency; and
(d) Interventions, for identified issues, that match the client's readiness for change; and

(4) A statement identifying the staff member responsible for facilitating the methods or treatment procedures.

The individualized treatment plan must be developed within ten calendar days of the client's admission to an intensive outpatient treatment program; a day treatment program; a clinically-managed, low-intensity residential treatment program; or a medically-monitored, intensive inpatient treatment program.

The individualized treatment plan must be developed within thirty calendar days of the client's admission to a counseling services program.

All treatment plans must be reviewed, signed, and dated by the addiction counselor or addiction counselor trainee. The signature must be followed by the counselor's credentials.

Summary of Non-Compliance Finding:
Five of seven reviewed outpatient treatment files did not contain treatment plans. These files appeared to be files of clients who are in specialty court. Treatment plans must be completed for all clients regardless of level of care or referral source.

Corrective Action:
Within 10 calendar days of the client's admission, Avera Addiction Care Center will establish an individualized treatment plan and set measurable objectives regardless of level of care .

Supporting Evidence:
Staff education and review of SUD Administrative Rule surrounding treatment plan expectations for all levels of care.

How Maintained:
Monthly audits will be performed by the department supervisor to ensure compliance with treatment plans.

Position Responsible:	Expected Completion Date:	Date Completed:
Director and Clinical Supervisor	November 01, 2025	January 12, 2026

POC Action #2

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:

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.

Corrective Action:

Progress notes will include individualized and specific work the client is making during sessions and/or in between sessions.

Supporting Evidence:

Staff education and review of SUD Administrative Rule surrounding individualized and descriptive language that supports the work a client is doing during their treatment.

How Maintained:

Monthly audits will be performed by the department supervisor to ensure compliance with progress notes for all levels of care.

Position Responsible:	Expected Completion Date:	Date Completed:
Director and Clinical Supervisor.	November 01, 2025	January 12, 2026

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:
Five of seven outpatient treatment files did not contain continued service reviews. These appeared to be attached to clients who were in specialty court. Continued service reviews must be completed every 30 days for clients in outpatient treatment and every 14 days for clients in intensive outpatient treatment, regardless of referral source.

Corrective Action:
A continued service review will be completed every 30 days for outpatient services and 14 days for intensive outpatient treatment, regardless of referral source.

Supporting Evidence:
Staff education and review of SUD Administrative Rule surrounding continued service expectations for all levels of care.

How Maintained:
Monthly audits will be performed by the department supervisor to ensue compliance with continued service reviews.

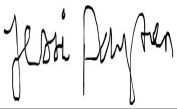
Position Responsible:	Expected Completion Date:	Date Completed:
Director and Clinical Supervisor	November 01, 2025	January 12, 2026

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.

Jessi Paysen

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

August 25, 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



8/28/2025, 4:26:19 PM

Signature of DSS Staff:

August 28, 2025

Date

COMPLETION DETAILS

COMPLETION DATE: January 12, 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.

Chris Kenyon

Printed Name of DSS Staff



1/12/2026, 9:49:46 AM

Signature of DSS Staff:

January 12, 2026

Date