South Dakota Department of Social Services

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

Date Issued January 09, 2026 Status Closed

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

67:61:06:02

A client has rights guaranteed under the constitution and laws of the United States and this state, including:

(1) The right to refuse prohibited treatment, as provided in SDCL 27A-12-3.22;
(2) The right to be free of any exploitation or abuse;
(3) The right to seek and have access to legal counsel;
(4) The right to have access to an advocate or an employee of the state's designated protection and advocacy system;
(5) The right to confidentiality, of all records, correspondence, and information relating to assessment, diagnosis, and treatment, in accordance with 42 U.S.C. § 290 dd-2, in effect on March 27, 2020, 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; and
(6) The right to participate in decision-making related to treatment, to the greatest extent possible.

Summary of Non-Compliance Finding:

Staff have been taking clients to community 12-step meetings, staying at the meetings, and often times attending the meetings as participants. This has inadvertently led to a violation of confidentiality under HIPAA and 42 C.F.R., as community members recognize the staff at the meetings, and thus recognize the clients who come with them as clients at Buffalo Plains. Buffalo Plains Recovery must ensure a way for client's confidentiality and privacy rights are maintained

if they attend community 12-step meetings.

Corrective Action:

Created Off-Site Activities, Participation & Anonymity Acknowledgment form for clients to sign during admission. All current clients have signed the form.

Supporting Evidence:

Uploaded the form.

How Maintained:

The form is now part of the admissions packet that is signed by all clients during the admissions process in our Kipu EMR software.

Position Responsible:	Expected Completion Date:	Date Completed:
CEO - Ryan Letterman	January 14, 2026	January 16, 2026

POC Action #2

Administrative Rule:

67:61:08:08

All medications and controlled drugs must be administered in a non-prohibited manner as set forth in SDCL 36-9-28. Each agency shall establish written policies concerning the administration of all medications, including Schedule II, III, and IV drugs, and shall ensure that Schedule II, III, and IV drugs are administered only in accordance with those policies and only when authorized by a licensed physician.

Only a registered nurse, a licensed practical nurse, or an unlicensed assistive personnel who is trained and qualified, in accordance with chapter 20:48:04, may administer medications. Any person administering the medication shall record the name of the medication, the strength and quantity administered, and the time of administration in the client's case file, and shall sign the case record. A person may not administer medication that has been prepared for administration by another person.

The agency shall maintain a procedure for the immediate reporting of drug reactions and medication errors to the physician responsible for the client. The procedure must comply with the confidentiality of records requirements, as set forth in 42 U.S.C. § 290 dd-2, in effect on March 27, 2020, and 42 C.F.R. Part 2, in effect on January 18, 2017. The person responsible for a medication error shall complete and sign an entry in the client's case record and complete and sign an incident report form.

Summary of Non-Compliance Finding:

Buffalo Plains Recovery does not have a policy and procedure for reporting and documenting medication errors and drug reactions.

Corrective Action:

Created a Medication Error Policy, Medication Error / Near Miss Report Form, and Drug Interaction Policy.

Supporting Evidence:

Uploaded the 2 policies and form.

How Maintained:

These policies and form are part of our overall policy for all employees to follow.

Position Responsible:	Expected Completion Date:	Date Completed:
CEO - Ryan Letterman	January 14, 2026	January 16, 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.

Ryan Letterman

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

January 16, 2026

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



1/16/2026, 8:56:37 AM

January 16, 2026

Signature of DSS Staff: Date

COMPLETION DETAILS

COMPLETION DATE: January 16, 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



1/16/2026, 8:56:50 AM

January 16, 2026

Signature of DSS Staff: Date