South Dakota Department of Social Services

Strong Families - South Dakota's Foundation and Our Future

Office of Licensing and Accreditation

Accreditation Survey Report
for Substance Use Disorder Treatment Providers

ARSD 67:61

March 13, 2025

The Glory House

4000 S. West Ave
Sioux Falls, SD 57105

Levels of Care:
Outpatient Treatment Services (0.5, 1.0, 2.1)
Clinically Managed Low-Intensity Residential Treatment (3.1)

1. Governance	Yes	No	N/A
a. Governmental agency, federally recognized tribe, business corporation, non-profit corporation or limited liability company (0.5 and 1.0 only) (67:61:03:01)	✓		
b. Policy for not denying clients equal access to services (67:61:03:04)	✓		
c. Annual, entity-wide, independent financial audit completed (67:61:04:05)	✓		
d. Business hours posted in prominent place on premises (67:61:04:09)	✓		
e. Board of directors meets at least quarterly and keeps minutes of all meetings (67:61:03:03)	✓		
f. Up-to-date policy and procedure manual (67:61:04:01)	✓		
g. Up-to-date organizational chart (67:61:05:09)	✓		
h. Sentinel event policy (67:61:02:21)		✓	
i. Policy for notifying DSS of changes (67:61:02:20)		✓	

Comments: The Glory House has an "evaluation of emergencies" policy. This policy lists the correct types of emergencies that must be reported, but does not list the required timeframes for reporting, the specific required elements of the report, or the specific requirement to report to the Department of Social Services.

The Glory House does not have a policy and procedure for notifying the Department of Social Services of changes.

2. Program Services	Yes	No	N/A
a. Schedule of fees based on client ability to pay (67:61:04:06)	✓		
b. Policy prohibiting client abuse, neglect, and exploitation (67:61:06:03)	✓		
c. Client rights policy (67:61:06:01; 67:61:06:02)	✓		
d. Client grievance policy (67:61:06:04)		✓	
e. Submits accurate statistical data (67:61:04:02)	✓		
f. Discharge policy (67:61:06:07)	✓		
g. Client orientation policy and procedure (67:61:04:07)	✓		
h. Policy for responding to medical emergencies (67:61:04:09)	✓		
i. Electronic or written directory with name address, and phone number of support services (67:61:04:10)	✓		
j. In level 3.1, 3.2D, and 3.7 facilities, staff is on duty at all times who is trained to respond to fires and natural disasters (67:61:04:09)	✓		

Comments: The Glory House's grievance policy does not include the ability to appeal to the Department of Social Services or the Department of Social Services' contact information.

3. Personnel	Yes	No	N/A
a. Orientation completed within 10 days of hire with all required components (64:61:05:05)	✓		
b. Office of Inspector General Medicaid exclusion list check (67:61:05:12)	✓		

c. In 3.2D facility, all counseling and supervisory staff are trained in emergency first aid, CPR and responding to natural disasters; Documentation in file (67:61:17:06)	____	____	✓
d. Policy and procedure for supervising employees, volunteers, and interns (67:61:05:06)	✓	____	____
e. Two-step TB test or blood assay test within 2 weeks of hire or 12 months before hire (67:61:05:01)	✓	____	____
f. Employee TB policies and procedures (67:61:05:01)	✓	____	____
g. Complete employee records; policies to maintain those records (67:61:05:08)	✓	____	____

Comments: The Glory House meets all requirements of this section.

4. Case Record Management	**Yes**	**No**	**N/A**
a. Procedures for closing inactive client records for inpatient programs within 3 days and outpatient programs for 30 days [67:61:07:04(1-2)]	✓	____	____
b. Policy for case records to be retained for at least 6 years [67:61:07:04(3)]	✓	____	____
c. Established ongoing compliance review process (67:61:04:03)	✓	____	____

Comments: The Glory House meets all requirements of this section.

5. Environmental/Sanitation/Safety/Fire Prevention	**Yes**	**No**	**N/A**
a. Health, safety, sanitation, and disaster plan (67:61:10:01)	✓	____	____

Comments: The Glory House meets all requirements of this section.

6. Dietary Services	Yes	No	N/A
a. Written plan for meeting basic nutritional needs as well as special dietetic needs, including 3 meals per day with snacks (67:61:09:01)	✓		
b. Sanitation and safety standards are met for food service (44:02:07); completed sanitation inspection by the Department of Health (67:61:09:02)	✓		

Comments: The Glory House meets all requirements of this section.

7. Medication	Yes	No	N/A
a. Policies and procedures on control, accountability, administration, and storage of client medication (67:61:08:02)	✓		
b. Maintains a separate log book to record the receipt and disposition of all schedule II drugs; client case record must include receipt and administration of schedule II, III, and IV drugs (67:61:08:04)	✓		
c. Policy and procedure for destruction and disposal of medication (67:61:08:05)	✓		
d. Policy regarding only RNs, LPNs or UAPs administering and recording medication (67:61:08:08)	✓		
e. Policy and procedure regarding medication errors (67:61:08:08)	✓		
f. If 3.7 is not employing RNs, LPNs, or UAPs, medications are made available to clients for self-			✓

administration, with instructions from a physician and under the supervision of staff (67:61:08:10)			
g. In 3.1 that allows clients to possess and self-administer medication, a list is developed for the client, in consultation with a physician, which is reviewed at least annually (67:61:08:10)	✓		

Comments: The Glory House meets all requirements of this section.

8. Assessment (67:61:07:05)	**Yes**	**No**	**N/A**
a. Strengths of the client and client's family if appropriate; identification of resources within the family	✓		
b. Presenting problems or issues	✓		
c. Identification of readiness for change in problem areas	✓		
d. Current substance use and relevant treatment history, including mental health history and treatment, gambling treatment, psychiatric hospital admissions, medications, relapse history, potential for relapse, physical illness, and hospitalization	✓		
e. Relevant family history, including family relationship dynamics and family psychiatric and substance use history	✓		
f. Family and relationship issues along with social needs	✓		
g. Educational history and needs	✓		
h. Legal issues	✓		

i. Living environment or housing	✓		
j. Safety needs and risks with regard to physical acting out, health conditions, acute intoxication, or risk of withdrawal	✓		
k. Past or current indications of trauma, domestic violence, or both if applicable	✓		
l. Vocational and financial history and needs	✓		
m. Behavioral observations or mental status	✓		
n. Formulation of a diagnosis	✓		
o. Eligibility determination	✓		
p. Clinician's signature, credentials, and date	✓		
q. Clinical supervisor's signature, credentials, and date	✓		
r. Completed within 30 days	✓		

Comments: The Glory House meets all requirements of this section.

9. Treatment Plan (67:61:07:06)	**Yes**	**No**	**N/A**
a. Statement of specific client problems to be addressed during treatment, with supporting evidence	✓		
b. Diagnostic statement and statement of short and long-term goals		✓	
c. Measurable objective or methods leading to the completion of short-term goals including time frames for the anticipated dates of completion of each objective; include interventions	✓		

that match the client's readiness to change

d.	Statement identifying staff member responsible for facilitating treatment methods	✓		
e.	Signed and dated by addiction counselor or addiction counselor trainee, and credentials		✓	
f.	Evidence of the client's meaningful involvement in formulating the plan	✓		
g.	Completed within:			
	i. Ten calendar days (2.1, 2.5, 3.1, 3.7)		✓	
	ii. Thirty calendar days (1.0)			

Comments: Five of six reviewed treatment plans were signed but not dated, so it is unknown if they were completed within 10 days of admission.

10. Progress Notes (67:61:07:08)		**Yes**	**No**	**N/A**
a.	Minimum of one progress note weekly which substantiates all services provided and summarizes significant events occurring throughout the treatment process	✓		
b.	Information identifying the client receiving services – name, unique ID number, service activity code, title describing the service, or both, date, time met, units of service, and length of session	✓		
c.	Brief assessment of the client's functioning	✓		
d.	Description of what occurred during the session, including action taken or plan to address unresolved issues	✓		
e.	Brief description of what client and provider plan to work on during the next session	✓		

f. Signature and credentials of staff providing the services	✓		

Comments: Specific client problems on outpatient treatment plans often mentioned attending 1.0 treatment for residential or IMT aftercare, rather than stating why the client needs to attend aftercare (i.e. relapse prevention, community support, etc). While this is minimally compliant, it would benefit the client and clinicians to clearly state the reason why the client is in treatment.

75% of reviewed outpatient treatment plans contained short terms goals that were not related to the problems identified. For example, short term goals were often worded in such ways as "attend CBISA aftercare" or "attend 16 weeks of matrix programming". These are not goals, these are the methods that lead to the completion of the goals.

11. Continued Service Criteria (67:61:07:07)	**Yes**	**No**	**N/A**
a. Client meets continued service criteria, and is documented every:			
i. Two calendar days (3.2D)			✓
ii. Fourteen calendar days (0.5, 2.1, 2.5, 3.7)	✓		
iii. Thirty calendar days (1.0, 3.1)	✓		
b. Progress and reasons for retaining the client at the present level of care		✓	
c. An individualized plan of action that addresses the reasons for retaining the individual in the present level of care		✓	

Comments: 75% of reviewed outpatient treatment files contained continued service reviews that did not sufficiently address the client's progress or reasons for retaining the client at the present level of care. For example, the documentation of progress only noted client's attendance and participation in group and not specific progress toward goals. The documentation for justification to remain in treatment only noted the number of sessions or groups that the client has left to attend.

Additionally, the individualized plan to address the justification to remain in treatment was often only language such as "continue to attend CBISA aftercare". The individualized plan should be what the client will work on within treatment to make progress toward discharge.

12. Transfer or Discharge Summary (67:61:07:10)	Yes	No	N/A
a. Completed by an addiction counselor or addiction counselor trainee within five working days after discharge, regardless of the reason for discharge	____	✓	____
b. Summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan	✓	____	____
c. When a client prematurely discontinues services, reasonable attempts are made and documented by the agency to re-engage the client into services, if appropriate	✓	____	____

Comments: 50% of reviewed outpatient treatment discharge summaries were not completed within five working days of the client's discharge.

13. Tuberculin Screening Requirement (67:61:07:12)	Yes	No	N/A
a. A tuberculin screening for the absence or presence of symptoms shall be conducted for each new client within 24 hours of onset of services	✓	____	____

Comments: The Glory House meets all requirements of this section.

14. Intensity of Services	Yes	No	N/A
a. The outpatient program provides less than 9 hours per week of counseling services for adults and less than 6 hours for adolescents. (67:61:13:03)	✓	____	____
b. The intensive outpatient program provides counseling at least two times per week. Each adult should be provided with at least 9 hours of services. Adolescents	✓	____	____

shall be provided at least 6 hours of services.

c. The day treatment program shall provide at least 15 hours per week of services for adults and adolescents. For adults, the program shall provide an additional 5 hours on specialized topics.	____	____	✓
d. The clinically-managed low-intensity residential treatment program shall provide at least 5 hours of services.	✓	____	____
e. The clinically-managed residential detoxification program shall provide at least 30 minutes of services per day within 48 hours of admission, and an additional 30 minutes for each subsequent 24 hour period.	____	____	✓
f. The medically-monitored intensive inpatient program shall provide at least 21 hours of services per week. The program shall also provide at least 9 hours of additional services on specialized topics.	____	____	✓

Comments: The Glory House meets all requirements of this section.

15. Medical Requirements	**Yes**	**No**	**N/A**
a. Clinically-Managed Low Intensity Residential Treatment			
i. Medical exam conducted by or under the supervision of a licensed physician within three months before admission or five calendar days after admission. (67:61:16:04)	✓	___	___
b. Clinically-Managed Residential Detoxification Program			
i. The agency shall obtain the following information at the time of admission: (67:61:17:02)			
a) Blood pressure, pulse and respiration.	___	___	✓
b) Presence of bruises, lacerations, cuts, or wounds	___	___	✓
c) Medications the client	___	___	✓

	is currently taking			
d)	History of diabetes, seizure disorders, convulsive therapies, and exposure to TB	___	___	✓
e)	History of medical, psychological, or psychiatric treatment	___	___	✓
f)	Any symptoms of mental illness currently present	___	___	✓
ii.	Written agreement to provide emergency, inpatient, and ambulatory medical services with a licensed hospital serving the area where the program is located. (67:61:17:03)	___	___	✓
iii.	Written agreement with a licensed physician, physician assistant, or certified nurse practitioner to serve as medical director or employ a licensed physician who is primarily responsible for providing medical care to clients. (67:61:17:04)	___	___	✓
iv.	Policy and procedure concerning the steps staff shall take when assessing and monitoring a client's physical condition and responding to medical complications throughout the detoxification process (67:61:17:05)	___	___	✓
a)	Blood pressure, pulse, and respiration a minimum of two additional times in the first 8 hours after admission and at least once every 8 hours thereafter.	___	___	✓
b)	Physical, mental and emotional state	___	___	✓
c)	Type and amount of fluid Intake	___	___	✓

c. Medically-Monitored Intensive Inpatient Treatment

i. At minimum, the program shall complete the following: (67:61:18:02)

a) Blood pressure, pulse, and respiration at the time of admission	___	___	✓
b) Within 8 hours of admission a medical evaluation conducted by an RN or LPN including a second reading of blood pressure, pulse and respiration, mental and emotional status, presence of bruises, cuts, or lacerations, current medication use, and history of diabetes, seizure disorders, or convulsive therapies.	___	___	✓
c) Within 72 hours of admission a complete blood count and urinalysis	___	___	✓
d) A complete physical examination by a licensed physician	___	___	✓

Comments: The Glory House meets all requirements of this section.

16. Signatures

X	Three Year Accreditation (100%-90%)
	Two Year Accreditation (89.9% - 70%)
	Probation (69.9% and below)
	One Year Provisional Accreditation (70% and above)

Chris Kenyon
Program Specialist

April 10, 2026
Date

March 9-10, 2026
Date of Site Visit

Muriel Nelson
Program Manager

April 10, 2026
Date