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	February 27, 2026	Status	Closed

Provider Name	Stephen Tamang MD Consulting Services, P.C., dba Project Recovery Counseling Services
Provider Type	Accreditation
Accreditation #	148513103
Provider Address	625 Flormann St, Rapid City, SD 57701
Provider Contact	Randi Schneider
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:

67:61:05:01

Tuberculin screening requirements are as follows:

(1) Each new staff member, intern, and volunteer must receive both steps of the two-step tuberculin skin test or a tuberculosis blood assay test to establish a baseline, within fourteen days of employment. Any two documented tuberculin skin tests completed within a twelve month period before the date of employment may be considered a two-step test and one tuberculosis blood assay test completed within a twelve month period before employment may be considered an adequate baseline test. Skin testing or tuberculosis blood assay tests are not required if a new staff member, intern, or volunteer provides documentation of the last skin testing completed within the prior twelve months. Skin testing or tuberculosis blood assay tests are not required if documentation is provided of a previous positive reaction to either test;

(2) A new staff member, intern, or volunteer, who provides documentation of a positive reaction to the tuberculin skin test or tuberculosis blood assay test must have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;

(3) Each staff member, intern, and volunteer, with a positive reaction to the tuberculin skin test or tuberculosis blood

assay test, must be evaluated annually by a physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse, and a record must be maintained of the presence or absence of symptoms of Myobacterium tuberculosis. If the evaluation results in a suspicion of active tuberculosis, the physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse, must refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and

(4) Any employee confirmed or suspected to have infectious tuberculosis must be restricted from employment until a physician, physician assistant, nurse practitioner, or clinical nurse specialist, determines that the employee is no longer infectious.

Summary of Non-Compliance Finding:

Project Recovery Counseling Services has the required Tuberculosis screening policies and procedures, but the one reviewed personnel file did not have evidence of completed TB testing. Project Recovery must submit a plan to ensure all new employees will receive necessary TB testing.

Corrective Action:

R. Peterson completed a blood TB test via Sanford Lab on 3/24/2026 and received results on 3/26/2026. Results were negative for TB.

Supporting Evidence:

Test results were sent to the Director Dave Christensen and placed in the employee's personnel file.

How Maintained:

Standard TB testing is located in policy, procedure, and new hire checklist.

Position Responsible:	Expected Completion Date:	Date Completed:
Manager of Behavioral Health Services	March 20, 2026	March 30, 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:

The description of what the client and clinician plan to work on during the next session was non-specific and not individualized across most progress notes, specifically group progress notes. The plan for next time should be individualized and related to the information discussed during the session.

Corrective Action:

Randee Peterson and Travis Elmore created an updated template to further individualize each client's progress notes. This was achieved by removing several of the pre-filled boxes and allowing for more free text. R. Peterson re-trained Travis Elmore in DAP notes and how to further capture individualized information in each area, similar to his individual progress notes documentation.

Supporting Evidence:

R. Peterson met with EMR representative on 3/2/2026 to request updates to progress notes group template and trained T. Elmore on 3/6/2026 during a weekly touch base on the updated template.

How Maintained:

R. Peterson will review 10% of T. Elmore's group progress notes on a monthly basis to ensure he is meeting expectations.

Position Responsible:	Expected Completion Date:	Date Completed:
Manager of Behavioral Health Services	May 20, 2026	June 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:

Project Recovery Counseling Services completes continued service reviews on every progress note. Because of this, the progress and reasons for retaining the client is usually limited to the day of the session. Additionally, the individualized plan of action was missing from the continued service reviews. The continued service review should summarize the clients progress for the previous 30 days, the reason for retaining the client at their present level of care, and the plan of action to address those reasons over the next 30 days.

The Office of Licensing and Accreditation recommends completing continued service reviews on a separate document, so as to accurately reflect the necessary requirements.

Corrective Action:

R. Peterson created a separate CSR template, removed the existing questions from the progress notes template, and worked with an EMR representative to track individualized due dates within the system. R. Peterson then trained T. Elmore in using the new CSR template on 3/6/2026 and the 30 day requirement for Level 1.0 outpatient services.

Supporting Evidence:

How Maintained:

R. Peterson will review 10% of T. Elmore's charts on a monthly basis to ensure timely and accurate completion of CSRs.

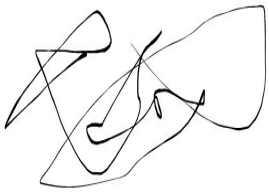
Position Responsible:	Expected Completion Date:	Date Completed:
Manager of Behavioral Health Services	May 20, 2026	June 12, 2026

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.

Randee Peterson

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

March 16, 2026

Date

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

Muriel Nelson

Printed Name of DSS Staff



Signature of DSS Staff:

May 22, 2026

Date

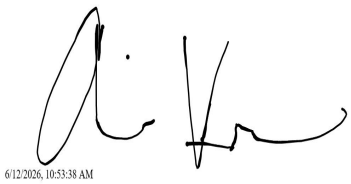
COMPLETION DETAILS

COMPLETION DATE: June 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



Signature of DSS Staff:

June 12, 2026

Date