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

May 11, 2026

Rosebud Meth Treatment Program

Hospital Lane
Rosebud, SD 57570

Levels of Care:
Clinically Managed Low Intensity Residential Treatment Program (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:

Rosebud Meth Treatment Program met all applicable standards in this section.

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:

Rosebud Meth Treatment Program met all applicable standards in this section.

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:

All employees of the program, including contracted employees, interns, and volunteers must have a complete personnel file. Orientation for staff, including those transferring into the program from another Rosebud program, must include all required elements and be completed within 10 working days of hire. Documentation of orientation must be found in the employee's personnel file.

Rosebud Meth Treatment Program must ensure checks of the Inspector General Medicaid Exclusion list are completed at hire and annually after hire for all employees of the program.

All employees of the program, including contracted employees, interns, and volunteers must have documentation of completion of the two-step TB test or blood assay test within two weeks of hire or 12 months before hire.

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:

Rosebud Meth Treatment Program met all applicable standards in this section.

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

Comments:

Rosebud Meth Treatment Program met all applicable standards in 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:

Rosebud Meth Treatment Program met all applicable standards in 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:

Rosebud Meth Treatment Program met all applicable standards in 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:

Rosebud Meth Treatment Program met all applicable standards in 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:

Rosebud Meth Treatment Program met all applicable standards in this section.

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:

Rosebud Meth Treatment Program met all applicable standards in this section.

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:

While not out of compliance, it is suggested that clinicians create a continued service review document that clearly addresses the client's overall progress and reasons for retaining the client in the current level of care, as well as a client-specific plan that addresses those reasons. A separate document from the progress note will differentiate between daily or weekly treatment events and plans for the next treatment session and overall 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:

Clinicians at Rosebud Meth Treatment Program must sign discharge summaries or transfer summaries with credentials and must date the document to ensure compliance with the rule.

13. Tuberculin Screening Requirement (67:61:07:12)	**Yes**	**No**	**N/A**
a. A tuberculin screening for absence or presence	✓		

of symptoms shall be conducted for each new client within 24 hours of onset of services

Comments:

Rosebud Meth Treatment Program met all applicable standards in this section.

14. Intensity of Services	Yes	No	N/A
a. The clinically-managed low-intensity residential treatment program shall provide at least 5 hours of services.	✓		

Comments:

Rosebud Meth Treatment Program met all applicable standards in 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)		✓	

Comments:

Rosebud Meth Treatment Program must ensure that medical exams are conducted within three months before admission or five calendar days after admission. If program staff are unable to schedule the exam within five days, they must document the date of their call and the date that the exam was scheduled to demonstrate their attempt to be in compliance with this rule.

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)

_____May 11, 2026_____
Date of Site Visit

_____Muriel Nelson_____ _____6/1/26_____
Program Manager Date