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 June 03, 2026 Status Closed

Provider Name	Abbott House Addiction Recovery Unit
Provider Type	Accreditation
Accreditation #	1672810372
Provider Address	22 Waterloo St, Rapid City, SD 57701, USA
Provider Contact	Jody Kaas
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:

67:61:10:02

Each building an agency owns, rents, or leases, to provide residential services must comply with applicable fire safety standards, as set forth in the 2012 edition of the NFPA 101 Life Safety Code. An automatic sprinkler system is not required in an existing facility unless significant renovation or remodeling occurs. An existing automatic sprinkler system must remain in service.

New construction, renovations, additions, and changes of space must comply with NFPA 101 Life Safety Code, 2012 edition. Each facility must comply with the building construction standards of the International Building Code, 2012 edition.

Summary of Non-Compliance Finding:

In a previous health and safety inspection conducted by the Department of Health, it was noted that this treatment unit was out of compliance with the Life Safety Code requirement that all bedrooms must have doors. Doors were subsequently put on those rooms but then the unit moved to another location in the building. Doors were not put on the new bedrooms .

Corrective Action:

Doors have been put on the bedrooms on the Addiction Recovery Unit.

Supporting Evidence:

Photo of area.

How Maintained:

Program staff ensure that doors will remain on the sleeping rooms.

Position Responsible:	Expected Completion Date:	Date Completed:
Program Director	June 15, 2026	June 15, 2026

POC Action #2

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:

In most of the client files reviewed, it did not appear that the client was involved in the development of their treatment plan. Language must be used to demonstrate that the client participated in the development of the plan and their goals.

Corrective Action:

To ensure compliance with treatment planning requirements, clinicians will document language within treatment plans that clearly reflect the client's participation and involvement in the development of their treatment plans. Presenting problems, goals, and overall treatment plans will reflect client's input, using adolescent client language.

Supporting Evidence:

How Maintained:

The Clinical Director will conduct audits of treatment plans weekly for four weeks, monthly for the following two months, and quarterly thereafter to ensure ongoing compliance with this requirement. Any deficiencies identified during audits will be addressed through supervision, coaching, and corrective action as needed.

Position Responsible:	Expected Completion Date:	Date Completed:
Kellen Claymore and Bob Burke	June 18, 2026	June 18, 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.

Jody Kaas

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

June 18, 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

6/18/2026, 2:45:23 PM

Signature of DSS Staff:

June 18, 2026

Date

COMPLETION DETAILS

COMPLETION DATE: June 18, 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.

Muriel Nelson

Printed Name of DSS Staff

6/18/2026, 2:45:39 PM

Signature of DSS Staff:

June 18, 2026

Date