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 August 24, 2026 Status In Process

Provider Name	Human Service Agency - SUD Services
Provider Type	Accreditation
Accreditation #	1236052897
Provider Address	123 19th St NE, Watertown, SD 57201
Provider Contact	Kari Johnston
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:

All reviewed personnel files contained two step tuberculin skin tests, but they were not completed within two weeks of hire. The first step of each test was completed within two weeks of hire, but the second step was not completed until three or four weeks after hire.

Corrective Action:

The Human Service Agency understands the need to the two step TB test to occur within the first two weeks of hire for addictions and prevention staff. In 2024 we transitioned to Paycom and in our Orientation Checklist, this step was neglected as a reminder to new supervisors to get done. We have since added this to Paycom as a reminder to supervisors with alerts that are sent out if this is not completed.

Supporting Evidence:

How Maintained:

Position Responsible:	Expected Completion Date:	Date Completed:
	January 01, 2027	

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:

Approximately 30% of outpatient and intensive outpatient treatment plans were not completed within 30 days of the client's intake.

Corrective Action:

We found this to be one clinician who has been addressed to be held more accountable to getting this done. We have computer reminders. Our plan to intensify the QA review process with greater oversight by the addictions coordinator for all clinicians; primarily the clinician who was found to be mostly deficient.

Supporting Evidence:

None

How Maintained:

Position Responsible:	Expected Completion Date:	Date Completed:
Addictions Coordinator; Executive Director	January 01, 2027	

POC Action #3

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:

Approximately 33% of reviewed clinically managed low intensity treatment plans did not contain goals, measurable objectives, or time frames for achievement of goals.

Corrective Action:

Plans there were not visible during the review were quickly found by the IT administrator upon exit and sent to OLA. Other plan to be assured this will not continue is greater oversight by the Serenity Hills supervisor in her QA review process.

Supporting Evidence:
None

How Maintained:
QA process intensified with specific plan for time frames; continued use of EHR parameters and alerts.

Position Responsible:	Expected Completion Date:	Date Completed:
Serenity Hills Coordinator; Executive Director	September 21, 2026	September 21, 2026

POC Action #4

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:
Approximately 50% of reviewed outpatient treatment files contained progress notes in which the plan for what the client and provider will work on next session or in between sessions was identical to other progress notes, identical to other client's progress notes, or non-specific.

Corrective Action:

We plan to provide a training for SUD staff in how to better personalize progress notes. Using AI should also significantly improve the progress note as it will capture the content of each session. Focus on the training will be focusing on work accomplished between sessions so progress note will capture this interaction and progress or lack of progress toward goals.

Supporting Evidence:

None

How Maintained:

Quality Assurance reviews

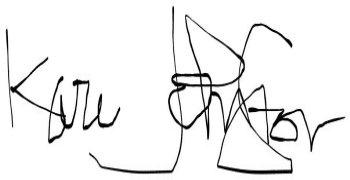
Position Responsible:	Expected Completion Date:	Date Completed:
Addictions Clinical Coordinator	January 01, 2027	

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.

Kari Johnston

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

September 18, 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



Signature of DSS Staff:

September 21, 2026

Date

COMPLETION DETAILS

COMPLETION DATE:

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.

Printed Name of DSS Staff

Signature of DSS Staff:

Date