South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
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Plan of Correction

Date Issued August 26, 2026 Status In Process

Provider Name	Human Service Agency
Provider Type	Accreditation
Accreditation #	1519327095
Provider Address	123 19th St NE, Watertown, SD 57201
Provider Contact	Kari Johnston
Board Notified	N/A

This is the Plan of Correction for your Community Mental Health Center Services. The following administrative rules have been found to be out of compliance. A corrective action plan 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:

67:62:08:05

A mental health staff member shall meet with the client and, if appropriate, the client's family if appropriate, to complete an integrated assessment, within thirty days of the first day the intake process begins. The integrated assessment must include both functional and diagnostic components. For a client under the age of eighteen, the mental health staff must obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian must participate in the assessment. The assessment must contain:

(1) Strengths of the client and the client's family, if appropriate, as well as previous periods of success, the strengths that contributed to that success, and the identification of potential resources within the family, if applicable;

(2) Presenting problems or issues that indicate a need for mental health services;

(3) Identification of readiness for change regarding problem areas, including motivation and supports for making such changes;

(4) Current substance use and relevant treatment history of any previous mental health and substance use disorder or gambling treatment, and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization;

(5) Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history;

(6) Family and relationship issues, along with social needs;

(7) Educational history and needs;

(8) Legal issues;

(9) Living environment or housing;

(10) Safety needs and risks with regard to physical acting out, health conditions, acute intoxication, or withdrawal;

(11) Past or current indications of trauma or domestic violence;

(12) Vocational and financial history and needs;

(13) Behavioral observations or mental status;

(14) Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder, or gambling issues, or a combination of these based on integrated screening;

(15) Eligibility determination for mental health services based on a serious mental illness or serious emotional disturbance, and a level of care determination for substance use services, or both;

(16) Clinician's signature and credentials, and the date; and

(17) Clinical supervisor's signature and credentials, and the date, to verify review of the assessment and if there is agreement with:

(a) The initial diagnosis; or
(b) The formulation of the initial diagnosis, if the staff member conducting the integrated assessment does not have the education or training to make a diagnosis.

Summary of Non-Compliance Finding:

50% of reviewed outpatient mental health assessments were not completed within 30 days of client intake.

Corrective Action:

I do not recall talking about this in our exit interview so do not have point of reference. However, attached you will find our current policy. Also, because we have a homegrown EHR, several years ago we were able to implement a "stop" button wherein a staff member could not submit their progress notes after 30 days if the assessment was not done and signed within 30 days. We regularly conduct quality assurance reviews to review this process as well. Moving forward,

supervisors will provide greater oversight of this process.

Supporting Evidence:
Attached policy for Needs Assessments

How Maintained:
Consistent Quality Reviews by clinical coordinators

Position Responsible:	Expected Completion Date:	Date Completed:
Clinical Coordinators & Executive Directors	January 01, 2027	

POC Action #2

Administrative Rule:
67:62:08:14
A transfer or discharge summary must be completed within five working days after termination or discontinuation of services. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan must be maintained in the client case record. A policy and procedures must be in place to ensure that the transfer or discharge is completed in the management information system.

If a client prematurely discontinues services, reasonable attempts must be made by the center to re-engage the client into services, if appropriate. The attempts made must be documented in the client's clinical record.

Summary of Non-Compliance Finding:
75% of reviewed CARE discharge summaries did not have the client's course of treatment or progress toward planned goals.

Corrective Action:
We developed a new form to be used with all discharges and transfers. The file will be unable to be closed or transfer made without this form complete. This will be better monitored in QA reviews as well. We further developed a letter and policy with tracking efforts to contact those clients who have established care and left our services without a plan.

Supporting Evidence:
See attached documents.

How Maintained:
QA reviews

Position Responsible:	Expected Completion Date:	Date Completed:
Clinical Coordinator; CARE coordinator; Executive Director	January 01, 2027	

POC Action #3

Administrative Rule:

67:62:08:08

A mental health staff member shall review the treatment plan at least once every six months and update, if needed. The treatment plan review must include documentation of any progress made toward treatment goals or objectives, significant changes to the treatment goals or objectives, and a justification for a continuation of mental health services. Treatment plan reviews may be documented in the progress notes or case record. Changes in the client's treatment plan goals or objectives must be documented in the treatment plan. Treatment plan reviews must include the mental health staff's signature and credentials, and the date.

Summary of Non-Compliance Finding:

50% of reviewed CYF treatment plan reviews did not contain written reviews of progress toward client goals and objectives. It appeared as if the document template did not allow space for detailed progress to be documented.

Corrective Action:

The treatment plan form has been formatted to allow space for detailed progress reviews and client updates.

Supporting Evidence:

See attached forms

How Maintained:

QA reviews; clinical staff meetings

Position Responsible:	Expected Completion Date:	Date Completed:
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



September 18, 2026

Signature of Provider/Agency Contact | 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



9/21/2026, 9:40:55 AM

September 21, 2026

Signature of DSS Staff: | 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