COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	September 24, 2026	Status	Closed
Provider Name	Behavior Management Systems dba West River Mental Health		
Provider ID	ACC1009		
Provider Address	350 Elk St, Rapid City, SD 57701		
Provider Contact	Stacey Fielder		

The items listed below are those that the provider was not in compliance with at the time of the inspection.

Compliance Plan Action #1

Administrative Rule:

67:62:09:02

Each building the center owns, rents, or leases 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 also comply with the building construction standards of the International Building Code, 2012 edition.

Summary of Non-Compliance Finding:

The Pivot Point utility room had a number of 1 gallon bottles of bleach stored within an upper cabinet on their sides. These bottles are not designed to be stored in this position as they can leak their caustic contents onto the surrounding spaces and surfaces.

Corrections to be Made:

The bottles of bleach must be stored in a different location, not on their sides.

Corrections Made:

Education regarding proper storage of laundry supplies is being provided formally provided at the behavioral health technician meeting on Thursday, 10/1/26. The bottles were moved on the date of inspection.

Anticipated Completion Date:
October 01, 2026

Date Completed:
September 29, 2026

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.

Stacey Fielder

Printed Name of Provider/Agency Contact



September 24, 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



9/29/2026, 4:59:17 PM

September 29, 2026

Signature of DSS Staff: | Date