South Dakota Department of Social Services

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

Date Issued October 27, 2026 Status In Process

Provider Name	Buffalo Plains Recovery
Provider Type	Accreditation
Accreditation #	1050694031
Provider Address	405 E Fairlane Dr, Rapid City, SD 57701, USA
Provider Contact	Ryan Letterman
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:

67:61:07:08

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 Medically-Monitored Intensive Inpatient Treatment group progress notes across all reviewed files were missing assessment of the client's functioning as well as any individualized action taken to address unresolved issues or treatment plan goals.

All progress notes should contain an individualized summary about the client's participation in the group.

Corrective Action:

Buffalo Plains Recovery has implemented the following corrective actions to address deficiencies identified in group progress note documentation:

1. Clinical counselors received additional education regarding the requirement to document individualized, client-specific information in group progress notes.
2. Counselors were instructed to expand documentation of each client's identified mood, affect, insight, behaviors, participation, and functioning, including relevant supporting details.
3. Reflection check worksheets were increased to assist counselors in documenting individualized client responses, progress toward treatment goals, and unresolved issues requiring additional intervention.
4. Counselors received additional education on utilizing the AI documentation feature within KIPU to support the preparation of complete, individualized group progress notes. All documentation remains subject to clinical review for accuracy and completeness.
5. Clinical leadership reinforced the expectation that each group progress note contain an individualized assessment of the client's participation, functioning, progress toward treatment goals, and any actions taken to address unresolved issues.

Supporting Evidence:

Supporting evidence of corrective action includes:

- Documentation of additional counselor education and training regarding individualized group progress note requirements.
- Updated or expanded reflection check worksheets used to support client-specific clinical documentation.
- Documentation of counselor education regarding the KIPU AI-assisted progress note feature.
- Completed group progress notes demonstrating individualized assessments of client participation, functioning, treatment goals, and interventions.
- Weekly quality review records maintained by the Clinical Supervisor and Clinical Director.

Training records, sample documentation, and quality review findings will be maintained and made available to DSS upon request.

How Maintained:

The Clinical Supervisor and Clinical Director will conduct weekly quality assurance reviews of group progress notes to

monitor ongoing compliance with ARSD 67:61:07:08.

Reviews will evaluate whether documentation includes individualized client participation, functioning, mood, affect, insight, behaviors, progress toward treatment goals, and interventions addressing unresolved issues.

Any deficiencies identified during these reviews will be addressed through direct feedback, additional staff education, and follow-up documentation reviews.

Findings will be tracked to identify recurring documentation concerns and ensure sustained compliance. Clinical leadership will continue monitoring and reinforcing documentation expectations as part of the facility's ongoing quality assurance process.

Position Responsible:	**Expected Completion Date:**	**Date Completed:**
Clinical Director and Clinical Supervisor	January 01, 2027	

POC Action #2

Administrative Rule:

67:61:07:07

The program staff or direct care provider shall document, for each client, the progress and reasons for retaining the client at the present level of care and create an individualized plan of action to address the reasons for retaining the client at the present level of care. This document must be maintained in the client case record. It is appropriate to retain the client at the present level of care if:

(1) The client is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care must be assessed, as necessary, to permit the client to continue working toward his or her treatment goals; or

(2) The client is not yet making progress, but has the capacity to resolve his or her problems. The client is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care must be assessed, as necessary, to permit the client to continue working toward his or her treatment goals; or

(3) A new problem or priority that is appropriately treated at the present level of care has been identified. The new problem or priority requires services, the frequency and intensity of which can only be delivered safely by continuing to stay at the current level of care. The client's level of care must be the least intensive level at which the client's new problem or priority can be addressed effectively.

The individualized plan of action to address the reasons for retaining the individual at the present level of care must be documented every:

(a) Two calendar days for clinically-managed, residential detoxification;
(b) Fourteen calendar days for early intervention services; intensive outpatient services; day treatment services; and medically-monitored, intensive inpatient treatment; and
(c) Thirty calendar days for outpatient treatment programs and clinically-managed, low-intensity residential treatment.

Summary of Non-Compliance Finding:

100% of reviewed Medically-Monitored Intensive Inpatient Treatment files contained continued service reviews, but the reviews did not contain the reasons for retaining the client at the current level of care.

Corrective Action:

Buffalo Plains Recovery has implemented and is continuing the following corrective actions to ensure continued stay reviews include individualized clinical justification for retaining clients at their current level of care:

1. Updated the continued stay review templates in KIPU to include dedicated narrative fields under each ASAM dimension, allowing clinicians to document the client's progress, ongoing challenges, and clinical needs.
2. Clinical staff will receive additional training on the revised continued stay review templates, including documentation requirements for clinical progress, unresolved treatment goals, and the medical necessity for continued treatment at the current level of care.
3. Continued stay reviews and ASAM criteria will be emphasized during clinical supervision to reinforce staff understanding of the clinical indicators supporting continued treatment.
4. Clinical staff have been trained to utilize KIPU's Chart Check feature to identify upcoming documentation requirements for each client.
5. Implemented Excel tracking tools across all levels of care to identify continued stay review due dates and monitor timely completion.
6. Counselors are required to review daily tracking reports to identify upcoming and overdue continued stay reviews and ensure they are completed within the required timeframes.

Supporting Evidence:

Supporting evidence of corrective action includes:

- Updated KIPU continued stay review templates containing narrative fields for individualized assessments under each ASAM dimension.
- Clinical staff training materials and attendance records for education on the revised templates and continued stay documentation requirements, upon completion of training.
- Documentation of clinical supervision addressing continued stay criteria and ASAM dimensions.
- KIPU Chart Check functionality used to identify required documentation and due dates.
- Excel tracking spreadsheets identifying continued stay review due dates across all levels of care.
- Completed continued stay reviews demonstrating individualized clinical justification for continued treatment at the current level of care.
- Weekly clinical quality review records documenting monitoring results and follow-up on identified deficiencies.

Supporting documentation will be maintained and made available to DSS upon request.

How Maintained:

The Clinical Supervisor and Clinical Director will conduct weekly quality assurance reviews to verify that continued stay reviews are completed accurately, within the required timeframes, and in accordance with ARSD 67:61:07:07.

These reviews will evaluate whether documentation includes the client's progress toward treatment goals, ongoing clinical challenges, relevant ASAM dimensions, individualized clinical justification for continued treatment, and an action plan addressing the reasons for retaining the client at the current level of care.

Counselors will continue using KIPU Chart Check and daily Excel tracking reports to monitor upcoming and overdue continued stay reviews.

Any documentation deficiencies or missed deadlines will be addressed through clinical supervision, additional education, corrective feedback, and follow-up chart reviews.

Clinical leadership will monitor compliance on an ongoing basis to ensure continued stay reviews consistently support the medical necessity and appropriateness of the client's current level of care.

Position Responsible:	**Expected Completion Date:**	**Date Completed:**
Clinical Director and Clinical Supervisor	December 01, 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.

Ryan Letterman

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

November 08, 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



11/17/2026, 10:39:23 AM

Signature of DSS Staff:

November 17, 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