Department of Social Services
Office of Licensing and Accreditation
3900 W Technology Circle, Suite 1
Sioux Falls, SD 57106

Program Name:
Dr. Mark Bontreger
Due Date: September 3rd, 2024

Plan of Correction Items

The following administrative rules were found to be out of compliance. In a State accreditation review, Administrative Rule requires a plan by the agency to bring these items into compliance in order for accreditation to be renewed. Failure to provide a plan could result in suspension or revocation of accreditation.

Plan of Correction 1	
Rule #: 67:61:07:05 (16)	**Rule Statement:** An addiction counselor or addiction counselor trainee shall meet with the client and, if appropriate, the client's family, 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. The assessment must establish the historical development and dysfunctional nature of the client's alcohol and drug abuse or dependence, and must assess the client's treatment needs. The assessment must be recorded in the client's case record and must contain: 16. Clinician signature, credentials, and date.
Area of Noncompliance: Although all reviewed assessments contained Dr. Bontreger's signature and credentials, none of them included the date. Dr. Bontreger must the date on each completed integrated assessment.	
Corrective Action (policy/procedure, training, environmental changes, etc): All future assessments will include the date the assessment report was completed.	**Anticipated Date Achieved/Implemented:** **Date** 08/12/2024
Supporting Evidence: See related policy statement in enclosed attachment.	**Position Responsible:** Director
How Maintained: We will incorporate this item in all QA record reviews and in the closing file reviews.	**Board Notified:** Y ☐ N ☐ n/a ☒

Plan of Correction 2	
Rule #: 67:61:07:06	**Rule Statement:** 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, day treatment program, 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. 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.

Area of Noncompliance: Although all reviewed treatment plans contained Dr. Bontreger's signature and credentials, none of them included the date. Dr. Bontreger must include the date on each completed treatment plan.

Corrective Action (policy/procedure, training, environmental changes, etc): All treatment plans will include the date the treatment plan was completed/implemented.	**Anticipated Date Achieved/Implemented:** **Date** 08/12/2024
Supporting Evidence: See policy in included in attachment,	**Position Responsible:** Director
How Maintained: We will incorporate this item in all QA record reviews and in the closing file reviews.	**Board Notified:** Y ☐ N ☐ n/a ☒

Plan of Correction 3	
Rule #: **67:61:07:10**	**Rule Statement:** An addiction counselor or an addiction counselor trainee shall complete a transfer or discharge summary for a client, within five working days after the client is transferred or discharged, regardless of the reason for the transfer or discharge. A transfer or a 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's case record. A process must be in place to ensure that the transfer or discharge summary is completed in the management information system. When a client prematurely discontinues services, reasonable attempts must be made and documented by the agency to re-engage the client, if appropriate.

Area of Noncompliance: Discharge summaries were completed for all reviewed files, but were not signed, so it was unclear if they were completed within five working days of the client's discharge. All discharge summaries must be signed and dated to indicate the date they are completed.

Corrective Action (policy/procedure, training, environmental changes, etc): All discharge summaries will include the date the discharge summary report was completed.	**Anticipated Date Achieved/Implemented:** **Date** 08/12/2024
Supporting Evidence: See policy included in attachment.	**Position Responsible:** Director
How Maintained: Will include this item in all QA record reviews and in closing file reviews.	**Board Notified:** Y ☐ N ☐ n/a ☒

Signature of Agency Director: Mark Rontieger	Date: 09/09/2024

Please email or send Plan of Correction to:

Department of Social Services
Office of Licensing and Accreditation
3900 West Technology Circle, Suite 1
Sioux Falls, SD 57106

Email Address: DSSLicAccred@state.sd.us

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Signature of Licensing Staff: Chi Kuy	Date: 8/9/24