South Dakota Department of Social Services

Strong Families - South Dakota's Foundation and Our Future

Office of Licensing and Accreditation

Accreditation Survey Report
for Substance Use Disorder Treatment Providers

ARSD 67:61

January 29-30, 2025

Action for the Betterment of Our Community

1428 Short Track Road

Sturgis, SD 57785

Levels of Care:

Prevention, Outpatient Treatment (0.5,1.0,2.1), Clinically Managed Low Intensity Residential Treatment

1. Governance	Yes	No	N/A
a. Governmental agency, federally recognized tribe, business corporation, non-profit corporation or limited liability company (0.5 and 1.0 only) (67:61:03:01)	✓		
b. Policy for not denying clients equal access to services (67:61:03:04)	✓		
c. Annual, entity-wide, independent financial audit completed (67:61:04:05)	✓		
d. Business hours posted in prominent place on premises (67:61:04:09)	✓		
e. Board of directors meets at least quarterly and keeps minutes of all meetings (67:61:03:03)	✓		
f. Up-to-date policy and procedure manual (67:61:04:01)	✓		
g. Up-to-date organizational chart (67:61:05:09)	✓		
h. Sentinel event policy (67:61:02:21)	✓		
i. Policy for notifying DSS of changes (67:61:02:20)		✓	

Comments: Action for the Betterment of Our Community does not have a policy for notifying DSS of changes.

2. Program Services	Yes	No	N/A
a. Schedule of fees based on client ability to pay (67:61:04:06)	✓		
b. Policy prohibiting client abuse, neglect, and exploitation (67:61:06:03)	✓		

c. Client rights policy (67:61:06:01; 67:61:06:02)	✓		
d. Client grievance policy (67:61:06:04)	✓		
e. Submits accurate statistical data (67:61:04:02)	✓		
f. Discharge policy (67:61:06:07)	✓		
g. Client orientation policy and procedure (67:61:04:07)	✓		
h. Policy for responding to medical emergencies (67:61:04:09)	✓		
i. Electronic or written directory with name address, and phone number of support services (67:61:04:10)	✓		
j. In level 3.1, 3.2D, and 3.7 facilities, staff is on duty at all times who is trained to respond to fires and natural disasters (67:61:04:09)	✓		

Comments:

3. Personnel	**Yes**	**No**	**N/A**
a. Orientation completed within 10 days of hire with all required components (64:61:05:05)	✓		
b. Office of Inspector General Medicaid exclusion list check (67:61:05:12)	✓		
c. In 3.2D facility, all counseling and supervisory staff are trained in emergency first aid, CPR and responding to natural disasters; Documentation in file (67:61:17:06)			✓
d. Policy and procedure for supervising employees, volunteers, and interns (67:61:05:06)	✓		
e. Two-step TB test or blood assay test within	✓		

2 weeks of hire or 12 months before hire (67:61:05:01)

f. Employee TB policies and procedures (67:61:05:01)	✓		
g. Complete employee records; policies to maintain those records (67:61:05:08)	✓		

Comments:

4. Case Record Management	Yes	No	N/A
a. Procedures for closing inactive client records for inpatient programs within 3 days and outpatient programs for 30 days [67:61:07:04(1-2)]		✓	
b. Policy for case records to be retained for at least 6 years [67:61:07:04(3)]	✓		
c. Established ongoing compliance review process (67:61:04:03)	✓		

Comments: Action for the Betterment of Our Community does not have a policy for closing client records.

5. Environmental/Sanitation/Safety/Fire Prevention	Yes	No	N/A
a. Health, safety, sanitation, and disaster plan (67:61:10:01)	✓		

Comments:

6. Dietary Services	Yes	No	N/A
a. Written plan for meeting basic nutritional needs as well as special dietetic needs, including 3 meals per day with snacks (67:61:09:01)	✓		
b. Sanitation and safety standards are met for	✓		

food service (44:02:07); completed sanitation inspection by the Department of Health (67:61:09:02)

Comments:

7. Medication	Yes	No	N/A
a. Policies and procedures on control, accountability, administration, and storage of client medication (67:61:08:02)	✓		
b. Maintains a separate log book to record the receipt and disposition of all schedule II drugs; client case record must include receipt and administration of schedule II, III, and IV drugs (67:61:08:04)	✓		
c. Policy and procedure for destruction and disposal of medication (67:61:08:05)	✓		
d. Policy regarding only RNs, LPNs or UAPs administering and recording medication (67:61:08:08)			✓
e. Policy and procedure regarding medication errors (67:61:08:08)	✓		
f. If 3.7 is not employing RNs, LPNs, or UAPs, medications are made available to clients for self-administration, with instructions from a physician and under the supervision of staff (67:61:08:10)			✓
g. In 3.1 that allows clients to possess and self-administer medication, a list is developed for the client, in consultation with a physician, which is reviewed at least annually (67:61:08:10)	✓		

Comments: Action for the Betterment of Our Community did not have a policy regarding medication errors or reactions, but added the policy and procedure during the review.

8. Assessment (67:61:07:05)	Yes	No	N/A
a. Strengths of the client and client's family if appropriate; identification of resources within the family	✓		
b. Presenting problems or issues	✓		
c. Identification of readiness for change in problem areas	✓		
d. Current substance use and relevant treatment history, including mental health history and treatment, gambling treatment, psychiatric hospital admissions, medications, relapse history, potential for relapse, physical illness, and hospitalization	✓		
e. Relevant family history, including family relationship dynamics and family psychiatric and substance use history	✓		
f. Family and relationship issues along with social needs	✓		
g. Educational history and needs	✓		
h. Legal issues	✓		
i. Living environment or housing	✓		
j. Safety needs and risks with regard to physical acting out, health conditions, acute intoxication, or risk of withdrawal	✓		
k. Past or current indications of trauma, domestic violence, or both if applicable	✓		

l. Vocational and financial history and needs	✓		
m. Behavioral observations or mental status	✓		
n. Formulation of a diagnosis	✓		
o. Eligibility determination	✓		
p. Clinician's signature, credentials, and date	✓		
q. Clinical supervisor's signature, credentials, and date	✓		
r. Completed within 30 days of intake for 1.0; 10 Days for 2.1.	✓		

Comments:

9. Treatment Plan (67:61:07:06)	**Yes**	**No**	**N/A**
a. Statement of specific client problems to be addressed during treatment, with supporting evidence	✓		
b. Diagnostic statement and statement of short and long-term goals	✓		
c. Measurable objective or methods leading to the completion of short-term goals including time frames for the anticipated dates of completion of each objective; include interventions that match the client's readiness to change	✓		
d. Statement identifying staff member responsible for facilitating treatment methods	✓		
e. Signed and dated by addiction counselor or addiction counselor trainee, and credentials	✓		
f. Evidence of the client's meaningful involvement	✓		

in formulating the plan

g. Completed within:

i. Ten calendar days (2.1, 2.5, 3.1, 3.7)	____	✓	____
ii. Thirty calendar days (1.0)	✓	____	____

Comments: Four of eight reviewed clinically-managed low intensity residential treatment plans were not completed within 10 days of admission.

10. Progress Notes (67:61:07:08)	**Yes**	**No**	**N/A**
a. Minimum of one progress note weekly which substantiates all services provided and summarizes significant events occurring throughout the treatment process	✓	____	____
b. Information identifying the client receiving services – name, unique ID number, service activity code, title describing the service, or both, date, time met, units of service, and length of session	✓	____	____
c. Brief assessment of the client's functioning	✓	____	____
d. Description of what occurred during the session, including action taken or plan to address unresolved issues	✓	____	____
e. Brief description of what client and provider plan to work on during the next session	✓	____	____
f. Signature and credentials of staff providing the services	✓	____	____

Comments:

11. Continued Service Criteria (67:61:07:07)	Yes	No	N/A
a. Client meets continued service criteria, and is documented every:			
i. Two calendar days (3.2D)			✓
ii. Fourteen calendar days (0.5, 2.1, 2.5, 3.7)	✓		
iii. Thirty calendar days (1.0, 3.1)	✓		
b. Progress and reasons for retaining the client at the present level of care	✓		
c. An individualized plan of action that addresses the reasons for retaining the individual in the present level of care	✓		

Comments:

12. Transfer or Discharge Summary (67:61:07:10)	Yes	No	N/A
a. Completed by an addiction counselor or addiction counselor trainee within five working days after discharge, regardless of the reason for discharge	✓		
b. Summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan	✓		
c. When a client prematurely discontinues services, reasonable attempts are made and documented by the agency to re-engage the client into services, if appropriate	✓		

Comments:

13. Tuberculin Screening Requirement (67:61:07:12)	Yes	No	N/A
a. A tuberculin screening for the absence or presence of symptoms shall be conducted for each new client within 24 hours of onset of services	✓		

Comments:

14. Intensity of Services	Yes	No	N/A
a. The outpatient program provides less than 9 hours per week of counseling services for adults and less than 6 hours for adolescents. (67:61:13:03)	✓		
b. The intensive outpatient program provides counseling at least two times per week. Each adult should be provided with at least 9 hours of services. Adolescents shall be provided at least 6 hours of services.	✓		
c. The day treatment program shall provide at least 15 hours per week of services for adults and adolescents. For adults, the program shall provide an additional 5 hours on specialized topics.			✓
d. The clinically-managed low-intensity residential treatment program shall provide at least 5 hours of services.	✓		
e. The clinically-managed residential detoxification program shall provide at least 30 minutes of services per day within 48 hours of admission, and an additional 30 minutes for each subsequent 24 hour period.			✓
f. The medically-monitored intensive inpatient program shall provide at least 21 hours of services per week. The program shall also provide at least 9 hours of additional services on specialized topics.			✓

Comments:

15. Medical Requirements	Yes	No	N/A
a. Clinically-Managed Low Intensity Residential Treatment			
i. Medical exam conducted by or under the supervision of a licensed physician within three months before admission or five calendar days after admission. (67:61:16:04)	✓		
b. Clinically-Managed Residential Detoxification Program			
i. The agency shall obtain the following information at the time of admission: (67:61:17:02)			
a) Blood pressure, pulse and respiration.			✓
b) Presence of bruises, lacerations, cuts, or wounds			✓
c) Medications the client is currently taking			✓
d) History of diabetes, seizure disorders, convulsive therapies, and exposure to TB			✓
e) History of medical, psychological, or psychiatric treatment			✓
f) Any symptoms of mental illness currently present			✓
ii. Written agreement to provide emergency, inpatient, and ambulatory medical services with a licensed hospital serving the area where the program is located. (67:61:17:03)			✓
iii. Written agreement with a licensed physician, physician assistant, or certified nurse practitioner to serve as medical director or employ a licensed physician who is primarily responsible for providing medical			✓

care to clients. (67:61:17:04)

iv. Policy and procedure concerning the steps staff shall take when assessing and monitoring a client's physical condition and responding to medical complications throughout the detoxification process (67:61:17:05) ___ ___ ✓

a) Blood pressure, pulse, and respiration a minimum of two additional times in the first 8 hours after admission and at least once every 8 hours thereafter. ___ ___ ✓

b) Physical, mental and emotional state ___ ___ ✓

c) Type and amount of fluid Intake ___ ___ ✓

c. Medically-Monitored Intensive Inpatient Treatment

i. At minimum, the program shall complete the following: (67:61:18:02)

a) Blood pressure, pulse, and respiration at the time of admission ___ ___ ✓

b) Within 8 hours of admission a medical evaluation conducted by an RN or LPN including a second reading of blood pressure, pulse and respiration, mental and emotional status, presence of bruises, cuts, or lacerations, current medication use, and history of diabetes, seizure disorders, or convulsive therapies. ___ ___ ✓

c) Within 72 hours of admission a complete blood count and urinalysis ___ ___ ✓

d) A complete physical ___ ___ ✓

examination by a licensed physician

Comments: Two low-intensity clinically managed treatment files did not contain medical exams. Both were admitted to ABC directly from another facility, and the other facility usually included the medical exams when sending information. Action for the Betterment of Our Community should ensure all applicable clients have had a medical exam within three months of admission, and if not, complete one themselves.

16. Prevention	**Yes**	**No**	**N/A**
a. Encompass current research, theory, and practice-based strategies and activities implemented through structured prevention strategies. Delineate a work plan to outline scope of services. Found on evidence-based programming list. Made available to the public and staff (67:61:11:01).	✓		
b. Will offer one or more of the following, with written description available to staff members, the public and DSS. Includes target population, program goals, scope of services, measurable objectives, program evaluations and outcomes (67:61:11:03)			
i. Information dissemination services	✓		
ii. Education services	✓		
iii. Alternative services	✓		
iv. Problem identification and referral services	✓		
v. Community-based services	✓		
vi. Environmental services	✓		
c. Evidence based interventions (67:61:11:05)	✓		
d. Database of information and referral sources that is posted publicly (67:61:11:05)	✓		
e. Maintains a record of all prevention activities including: (67:61:11:07)			

i.	Record of presenters and participants	✓		
ii.	Demographics of participants including age, race, gender	✓		
iii.	Record of all program activities	✓		
iv.	Copies of all programmatic materials	✓		
f.	Conducts annual satisfaction surveys (67:61:11:08)	✓		
g.	Conducts participant evaluations after each presentation (67:61:11:08)	✓		
h.	Conducts pre- and post-tests for all presentations (67:61:11:08)	✓		
i.	Completes a quality assurance review of its programming with an annual summary report made available to the board of directors, agency staff, and DSS	✓		
j.	Staff have completed Substance Abuse Prevention Skills Training or Foundations of Prevention within one year of hire (67:61:05:04)	✓		

Comments:

17. Signatures

X	Three Year Accreditation (100%-90%)
	Two Year Accreditation (89.9% - 70%)
	Probation (69.9% and below)
	One Year Provisional Accreditation (70% and above)

Chris Kenyon
Program Specialist

February 10, 2025
Date

January 29-30, 2025
Date of Site Visit

Muriel Nelson
Program Manager

February 10, 2025
Date