South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
700 GOVERNORS DRIVE
PIERRE, SD 57501
Phone: 605.773.3165
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Plan of Correction

Date Issued February 11, 2025 Status In Process

Provider Name	Action for the Betterment of Our Community
Provider Type	Accreditation
Accreditation #	1720868269
Provider Address	1428 Short Track Rd, Sturgis, SD 57785
Provider Contact	Kara Graveman
Board Notified	Yes

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:

67:61:02:20

An accredited agency shall notify the department before a change in the agency director, a reduction in services provided by the agency, or the impending closure of the agency. Upon receiving a notification under this section, the department must make a determination on the agency's continued accreditation. An accredited agency shall give the department thirty days' written notice of closure. The agency shall provide the department with written documentation outlining the manner in which safe storage of financial records will be provided, for at least six years from the date of closure, and safe storage of client case records will be provided, for at least six years from the date of closure, as required by 42 C.F.R. § 2.19, in effect on October 1, 1999. The department may assist in arranging for the continuation of services to clients by another accredited agency before the closing.

Summary of Non-Compliance Finding:

Action for the Betterment of Our Community does not have a policy or procedure for notifying the Department of Social Services in the event of change of agency director, reduction in services provided, or impending closure of the agency.

Corrective Action:

The board of directors job description was updated to include the following information; the event of change of agency director, reduction in services provided, or impending closure of the agency.

Supporting Evidence:

New job description submitted

How Maintained:

Yearly in the review of the policy for the job description

Position Responsible:	Expected Completion Date:	Date Completed:
Executive director; CFO	February 11, 2025	February 11, 2025

POC Action #2

Administrative Rule:

67:61:07:04

The agency shall establish a policy and procedures to ensure the closure and storage of clinical records upon the completion or termination of a treatment program. The policy and procedures must:

(1) Identify, by position or title, the staff members who are responsible for the closure of clinical records within the agency and the management information system;

(2) Provide for the closure of a client's clinical records if the client has not received services from an inpatient or residential program in three days or if the client has not received services from an outpatient program in thirty days; and

(3) Provide for the safe storage of case records for at least six years from the date of closure.

Summary of Non-Compliance Finding:

Action for the Betterment of Our Community does not have a policy for closure and storage of clinical records.

Corrective Action:

ABC has updated the policy to reflect the closure of clinical records; 3 days for inpatient and 30 days for outpatient.

Supporting Evidence:

updated policy

How Maintained:

yearly we will internally review the policy and if needed update to include a board review if changes are needed.

Position Responsible:	Expected Completion Date:	Date Completed:
Executive director; clinical directors	February 11, 2025	February 11, 2025

POC Action #3

Administrative Rule:

67:61:07:06

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, a day treatment program, a 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. The treatment plan must be recorded in the client's clinical record and contain:

(1) A statement of specific client problems, including any co-occurring disorders, to be addressed during treatment, with supporting evidence;

(2) A diagnostic statement and a statement of short- and long-term treatment goals that relate to the problems identified;

(3) Measurable objectives or methods leading to the completion of short-term goals:

(3a) Time frames for the anticipated dates of achievement or completion of each objective, or for reviewing progress towards objectives;

(3b) A specification and description of the indicators to be used to assess progress;

(3c) Referrals for needed services that are not provided directly by the agency; and

(3d) Interventions, for identified issues, that match the client's readiness for change; and

(4) A statement identifying the staff member responsible for facilitating the methods or treatment procedures.

The individualized treatment plan must be developed within ten calendar days of the client's admission to an intensive outpatient treatment program; a day treatment program; a clinically-managed, low-intensity residential treatment program; or a medically-monitored, intensive inpatient treatment program.

The individualized treatment plan must be developed within thirty calendar days of the client's admission to a counseling services program.

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.

Summary of Non-Compliance Finding:

Four of eight reviewed clinically-managed low-intensity residential treatment files did not have treatment plans completed within 10 days of admission.

Corrective Action:

Treatment plan issues were noticed during the internal review and clinical staff was informed of this issue and corrective action was taken internally that that time in September 2024. There is now a reminder that is sent during the first 14 days for outpatient and 5 days during inpatient. Each week a reminder list is sent on Sunday and a list which shows errors in appointments or issues with documentation that is needed.

Supporting Evidence:

We can send an example of the list or the reminders information.

How Maintained:

Clinical staff will continue to monitor these.

Position Responsible:	Expected Completion Date:	Date Completed:
Clinical directors; executive director	February 11, 2025	

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.

Kara Graveman

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

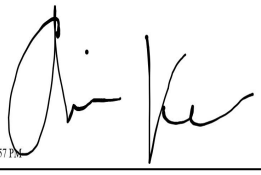
February 11, 2025

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



Signature of DSS Staff:

February 12, 2025

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