

**To:** Michelle Carpenter, Administrator  
Dakota Counseling Institute-Pathway  
910 W Havens  
Mitchell, SD 57501

**From:** Chris Qualm, Administrator  
Office of Health Care Facilities Licensure and Certification  
615 East 4<sup>th</sup> St.  
Pierre, SD 57501-1700

**Re:** Compliance Survey conducted 9/5/2018

**By:** Derek Schiefelbein, Sr. Health Facilities Surveyor

**Survey Type:** Alcohol and Drug Treatment Facility (Residential)

**Code Standards:** Administrative Rules of South Dakota (ARSD) 67:62:098  
National Fire Protection Association Code 101 “Life Safety Code”  
(LSC) 1997 Edition, chapters 1-7 inclusive & chapter 23 and 27  
Americans with Disabilities Act Accessibilities Guidelines (ADAAG)

**Cc:** Mary LeVee, Department of Social Services  
Division of Behavioral Health Services

The purpose of this survey was to conduct an initial survey, evaluate the operation, and determine compliance with South Dakota Administrative Rules 67:62:09.

The following is a list of items that were found out of compliance with the above rules. Please provide a plan of correction, correction date, and quality assurance plan for the following noted deficiencies. We request that you provide this office with your plan of correction stating the completion date for the corrections, the corrective action you have taken, or the plan of correction that you intend to make. **The plan must be submitted to our office by October 21, 2018.** Please indicate staff position or titles, not personal names, in your plan of correction if/when you identify what staff position will be responsible for corrections or monitoring compliance. Please sign the plan of correction prior to returning. In lieu of mailing, you may scan and email your copy to the following:  
[Mary.leeve@state.sd.us](mailto:Mary.leeve@state.sd.us)  
[Heidi.gravett@state.sd.us](mailto:Heidi.gravett@state.sd.us)  
[Derek.schiefelbein@state.sd.us](mailto:Derek.schiefelbein@state.sd.us).

If you have questions regarding the survey please do not hesitate to contact the Department of Health.

**900 W Havens Street, Mitchell-Business Occupancy**

No deficiencies noted.

**910 W Havens Street, Mitchell-Business-Occupancy**

1. Kitchen dishwasher temperature during the rinse cycle was not over 160 degrees Fahrenheit. No other means of sanitization was available.

**Date of correction:**

**Plan of correction:**

2. There were items stored in front of the electrical panels in the basement utility room. No storage shall be in front of electrical panels.

**Date of correction:**

**Plan of correction:**

**200 Paul Gust Road, Suite 200, Chamberlain-Business Occupancy**

No deficiencies noted.

**Agency Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**900 W Havens Street, Mitchell-Business Occupancy**

No deficiencies noted.

**910 W Havens Street, Mitchell-Business-Occupancy**

1. Kitchen dishwasher temperature during the rinse cycle was not over 160 degrees Fahrenheit. No other means of sanitization was available.

**For clarification – the dishwasher is located at the 900 W Havens location.**

**Date of correction:** 9/19/18

**Plan of correction:** The heating element was replaced twice and a thermostat. The temps will be checked regularly by the cook and recorded no less than monthly.

2. There were items stored in front of the electrical panels in the basement utility room. No storage shall be in front of electrical panels.

**Date of correction:** 9/5/2018

**Plan of correction:** The HR Manager will complete a weekly walk through of the building to ensure no one has used the utility rooms for storage.

**200 Paul Gust Road, Suite 200, Chamberlain-Business Occupancy**

No deficiencies noted.

**Agency Signature:** \_\_\_\_\_

**Date:** 10-19-18