



## **Office of Licensing and Accreditation**

### **Accreditation Survey Report for Substance Use Disorder Treatment Providers ARSD 67:61 November 20-21, 2024**

Pennington County Addiction Treatment Services

321 Kansas City Street

Rapid City, SD 57701

Levels of Care: Outpatient SUD, 3.1, 3.2D

<b>1. <u>Governance</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
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)	<u>✓</u>	_____	_____
b. Policy for not denying clients equal access to services (67:61:03:04)	<u>✓</u>	_____	_____
c. Annual, entity-wide, independent financial audit completed (67:61:04:05)	<u>✓</u>	_____	_____
d. Business hours posted in prominent place on premises (67:61:04:09)	<u>✓</u>	_____	_____
e. Board of directors meets at least quarterly and keeps minutes of all meetings (67:61:03:03)	<u>✓</u>	_____	_____
f. Up-to-date policy and procedure manual (67:61:04:01)	<u>✓</u>	_____	_____
g. Up-to-date organizational chart (67:61:05:09)	<u>✓</u>	_____	_____
h. Sentinel event policy (67:61:02:21)	<u>✓</u>	_____	_____
i. Policy for notifying DSS of changes (67:61:02:20)	<u>✓</u>	_____	_____

Comments:

<b>2. <u>Program Services</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
a. Schedule of fees based on client ability to pay (67:61:04:06)	<u>✓</u>	_____	_____
b. Policy prohibiting client abuse, neglect, and exploitation (67:61:06:03)	<u>✓</u>	_____	_____
c. Client rights policy (67:61:06:01; 67:61:06:02)	<u>✓</u>	_____	_____
d. Client grievance policy (67:61:06:04)	<u>✓</u>	_____	_____

e. Submits accurate statistical data (67:61:04:02)	<u>✓</u>	_____	_____
f. Discharge policy (67:61:06:07)	<u>✓</u>	_____	_____
g. Client orientation policy and procedure (67:61:04:07)	<u>✓</u>	_____	_____
h. Policy for responding to medical emergencies (67:61:04:09)	<u>✓</u>	_____	_____
i. Electronic or written directory with name address, and phone number of support services (67:61:04:10)	<u>✓</u>	_____	_____
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)	<u>✓</u>	_____	_____

Comments:

<b>3. Personnel</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
a. Orientation completed within 10 days of hire with all required components (64:61:05:05)	<u>✓</u>	_____	_____
b. Office of Inspector General Medicaid exclusion list check (67:61:05:12)	<u>✓</u>	_____	_____
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)	<u>✓</u>	_____	_____
d. Policy and procedure for supervising employees, volunteers, and interns (67:61:05:06)	<u>✓</u>	_____	_____
e. Two-step TB test or blood assay test within 2 weeks of hire or 12 months before hire (67:61:05:01)	<u>✓</u>	_____	_____

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|---|---------------------|
| f. Employee TB policies and procedures<br>(67:61:05:01)                           | <u>✓</u> ___    ___ |
| g. Complete employee records; policies<br>to maintain those records (67:61:05:08) | <u>✓</u> ___    ___ |

Comments:

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

Comments:

<b>5. <u>Environmental/Sanitation/Safety/Fire Prevention</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
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|---|---------------------|
| a. Health, safety, sanitation, and disaster plan<br>(67:61:10:01) | <u>✓</u> ___    ___ |
|---|---------------------|

Comments:

<b>6. <u>Dietary Services</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
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|--|---------------------|
| a. Written plan for meeting basic nutritional needs<br>as well as special dietetic needs, including 3 meals<br>per day with snacks (67:61:09:01)           | <u>✓</u> ___    ___ |
| b. Sanitation and safety standards are met for<br>food service (44:02:07); completed<br>sanitation inspection by the Department of<br>Health (67:61:09:02) | <u>✓</u> ___    ___ |

Comments:

<b>7. Medication</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
a. Policies and procedures on control, accountability, administration, and storage of client medication (67:61:08:02)	<u>✓</u>	_____	_____
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)	<u>✓</u>	_____	_____
c. Policy and procedure for destruction and disposal of medication (67:61:08:05)	<u>✓</u>	_____	_____
d. Policy regarding only RNs, LPNs or UAPs administering and recording medication (67:61:08:08)	<u>✓</u>	_____	_____
e. Policy and procedure regarding medication errors (67:61:08:08)	<u>✓</u>	_____	_____
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)	_____	_____	<u>✓</u>
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)	_____	_____	<u>✓</u>

Comments:

<b>8. Emergency Kit</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
a. Emergency kit is stored in a sealed emergency box and maintains a complete inventory every six months [67:61:08:03(1-2)]	<u>✓</u>	_____	_____
b. No more than five different controlled drugs, no more than five doses of an injectable schedule II, III, or IV drug, and no more than twelve doses of an oral schedule III or IV drug stored at one time [67:61:08:03(3)]	<u>✓</u>	_____	_____
c. After use of the emergency kit, standing and verbal orders are verified in writing by the physician within 72 hours [67:61:08:03(03)]	<u>✓</u>	_____	_____

Comments:

<b>9. Initial Assessment &amp; Planning (Detox only)(67:61:17:07)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
a. The client's current problems and needs	<u>✓</u>	_____	_____
b. The client's emotional and physical state including screening for the presence of cognitive disability, mental illness, medical disorders, collateral information, and prescribed medications	<u>✓</u>	_____	_____
c. The client's drug and alcohol use including types of substances used including prescribed or over the counter medications, age of first use, amount used, frequency of use, date of last use, duration of use, and criteria met for diagnosis of use disorder for each substance	<u>✓</u>	_____	_____
d. A statement of intended course of action	<u>✓</u>	_____	_____
e. Refer client to alcohol and drug abuse services pursuant to the initial assessment and the requirements of 42 USC and 45 CFR	<u>✓</u>	_____	_____
f. Referral to and coordination with community programs that offer educational, vocational, social, mental health,	<u>✓</u>	_____	_____

employment, and legal services to persons who abuse alcohol and other drugs and their families

g. Completed within 48 hours of admission ✓    \_\_\_    \_\_\_

Comments:

<b>10.Assessment (67:61:07:05)</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
a. Strengths of the client and client’s family if appropriate; identification of resources within the family	<u>✓</u>	___	___
b. Presenting problems or issues	<u>✓</u>	___	___
c. Identification of readiness for change in problem areas	<u>✓</u>	___	___
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	<u>✓</u>	___	___
e. Relevant family history, including family relationship dynamics and family psychiatric and substance use history	<u>✓</u>	___	___
f. Family and relationship issues along with social needs	<u>✓</u>	___	___
g. Educational history and needs	<u>✓</u>	___	___
h. Legal issues	<u>✓</u>	___	___
i. Living environment or housing	<u>✓</u>	___	___
j. Safety needs and risks with regard to physical acting out, health conditions, acute intoxication,	<u>✓</u>	___	___

or risk of withdrawal

k. Past or current indications of trauma, domestic violence, or both if applicable	<u>✓</u>	___	___
l. Vocational and financial history and needs	<u>✓</u>	___	___
m. Behavioral observations or mental status	<u>✓</u>	___	___
n. Formulation of a diagnosis	<u>✓</u>	___	___
o. Eligibility determination	<u>✓</u>	___	___
p. Clinician's signature, credentials, and date	<u>✓</u>	___	___
q. Clinical supervisor's signature, credentials, and date	<u>✓</u>	___	___
r. Completed within 30 days of intake for 1.0; 10 Days for 2.1.	<u>✓</u>	___	___

Comments:

<b>11. <u>Treatment Plan (67:61:07:06)</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
a. Statement of specific client problems to be addressed during treatment, with supporting evidence	<u>✓</u>	___	___
b. Diagnostic statement and statement of short and long-term goals	<u>✓</u>	___	___
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	<u>✓</u>	___	___
d. Statement identifying staff member responsible for facilitating treatment methods	<u>✓</u>	___	___



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|--|----------|----------|-----|
| e. Signed and dated by addiction counselor or addiction counselor trainee, and credentials | <u>✓</u> | ___      | ___ |
| f. Evidence of the client's meaningful involvement in formulating the plan                 | <u>✓</u> | ___      | ___ |
| g. Completed within:   |          |          |     |
| i. Ten calendar days (2.1, 2.5, 3.1, 3.7)  | ___      | <u>✓</u> | ___ |
| ii. Thirty calendar days (1.0)   | ___      | <u>✓</u> | ___ |

Comments: Three of five reviewed outpatient treatment plans were not completed within thirty days of intake. Two of four intensive outpatient treatment plans were not completed within ten days of intake.

<b>12. <u>Progress Notes (67:61:07:08)</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
a. Minimum of one progress note weekly which substantiates all services provided and summarizes significant events occurring throughout the treatment process	<u>✓</u>	___	___
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	<u>✓</u>	___	___
c. Brief assessment of the client's functioning	<u>✓</u>	___	___
d. Description of what occurred during the session, including action taken or plan to address unresolved issues	<u>✓</u>	___	___
e. Brief description of what client and provider plan to work on during the next session	<u>✓</u>	___	___
f. Signature and credentials of staff providing the	<u>✓</u>	___	___

services

Comments:

<b>13. Continued Service Criteria (67:61:07:07)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
a. Client meets continued service criteria, and is documented every:			
i. Two calendar days (3.2D)	<u>✓</u>	___	___
ii. Fourteen calendar days (0.5, 2.1, 2.5, 3.7)	<u>✓</u>	___	___
iii. Thirty calendar days (1.0, 3.1)	<u>✓</u>	___	___
b. Progress and reasons for retaining the client at the present level of care	<u>✓</u>	___	___
c. An individualized plan of action that addresses the reasons for retaining the individual in the present level of care	<u>✓</u>	___	___

Comments:

<b>14. Transfer or Discharge Summary (67:61:07:10)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
a. Completed by an addiction counselor or addiction counselor trainee within five working days after discharge, regardless of the reason for discharge	<u>✓</u>	___	___
b. Summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan	<u>✓</u>	___	___
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	___	<u>✓</u>	___

Comments: Three of four applicable outpatient files did not have documentation of attempts to re-engage clients when they prematurely discontinued services.

<b>15. Tuberculin Screening Requirement (67:61:07:12)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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	<u>✓</u>	_____	_____

Comments:

<b>16. Intensity of Services</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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)	<u>✓</u>	_____	_____
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.	<u>✓</u>	_____	_____
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.	_____	_____	<u>✓</u>
d. The clinically-managed low-intensity residential treatment program shall provide at least 5 hours of services.	<u>✓</u>	_____	_____
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.	_____	<u>✓</u>	_____
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.	_____	_____	<u>✓</u>

Comments: Five of five applicable clinically managed residential detoxification files did not have documentation of the services listed in this rule.

<b>17. <u>Medical Requirements</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>N/A</u></b>
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) | <u>✓</u> ___    ___ |
|     | a) Blood pressure, pulse, and respiration<br>a minimum of two additional times in the first 8 hours after admission and at least once every 8 hours thereafter.  | <u>✓</u> ___    ___ |
|     | b) Physical, mental and emotional state  | <u>✓</u> ___    ___ |
|     | c) Type and amount of fluid Intake   | <u>✓</u> ___    ___ |

Comments: Three of six applicable clinically managed low intensity residential treatment files did not have evidence of a completed medical examination within three months before admission or five calendar days after admission.

## 18. 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)

\_\_\_\_\_  
Program Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Site Visit

\_\_\_\_\_  
Program Manager

\_\_\_\_\_  
Date