South Dakota Department of Social Services

DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LICENSING & ACCREDITATION
700 GOVERNORS DRIVE
PIERRE, SD 57501
Phone: 605.773.3165
Web: dss.sd.gov

Plan of Correction

Date Issued March 03, 2025 Status Closed

Provider Name	Main Gate Counseling Services
Provider Type	Accreditation
Accreditation #	849515363
Provider Address	325 S Monroe St Ste 110, Winner, SD 57580
Provider Contact	Cathy Mayes
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:

67:61:07:06

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:

(a) Time frames for the anticipated dates of achievement or completion of each objective, or for reviewing progress towards objectives;
(b) A specification and description of the indicators to be used to assess progress;

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

Seven of eight applicable reviewed files contained treatment plans that were signed, but not dated, and were thus considered late. One reviewed filed did not contain a treatment plan. Main Gate Counseling Services must ensure they are signing and dating their treatment plans within 10 days of admission for intensive outpatient treatment and 30 days for outpatient treatment.

Corrective Action:

Treatment Plans for clients and CC will be done every 30 days. Clients in IOP will be done every 15 days to state standards. These will be filed on a weekly basis after completion of signature and date. Thursdays will be the file date for completed treatment plans.

Supporting Evidence:

Treatment Plans will be posted in individual clients files when completed and signed on the timely weekly basis.

How Maintained:

CCDC1 will review files on a weekly basis to ensure that the treatment plans have been completed, if not it will be addressed by the individual counselor and taken care of at the time of weekly review.

Position Responsible:	Expected Completion Date:	Date Completed:
ACT's will complete the progress review and CCD1 will check monthly to assure completion for each individual client.	June 01, 2025	October 01, 2025

POC Action #2

Administrative Rule:

67:61:07:07
The program staff or direct care provider shall document, for each client, the progress and reasons for retaining the client at the present level of care and create an individualized plan of action to address the reasons for retaining the client at the present level of care. This document must be maintained in the client case record. It is appropriate to retain the client at the present level of care if:

(1) The client is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care must be assessed, as necessary, to permit the client to continue working toward his or her treatment goals; or

(2) The client is not yet making progress, but has the capacity to resolve his or her problems. The client is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care must be assessed, as necessary, to permit the client to continue working toward his or her treatment goals; or

(3) A new problem or priority that is appropriately treated at the present level of care has been identified. The new problem or priority requires services, the frequency and intensity of which can only be delivered safely by continuing to stay at the current level of care. The client's level of care must be the least intensive level at which the client's new problem or priority can be addressed effectively.

The individualized plan of action to address the reasons for retaining the individual at the present level of care must be documented every:

(a) Two calendar days for clinically-managed, residential detoxification;
(b) Fourteen calendar days for early intervention services; intensive outpatient services; day treatment services; and medically-monitored, intensive inpatient treatment; and
(c) Thirty calendar days for outpatient treatment programs and clinically-managed, low-intensity residential treatment.

Summary of Non-Compliance Finding:

Eight of eight applicable reviewed files had no continued service reviews completed. Main Gate Counseling Services acknowledged that they were not completing continued service reviews for any clients. Main Gate Counseling Services must ensure they are completing continued services reviews every 14 days for all intensive outpatient treatment clients and every 30 days for all outpatient treatment clients.

Corrective Action:

Progress reviews for each client will be completed by the counselors. Progress reviews will be completed every 30 days CC and 15 days for IOP clients in which they will be signed at time of completion and filed in the 30 and 15 day time periods. Filing for these documents will be on a weekly basis on Thursdays of each week.

Supporting Evidence:

Progress review for individuals clients will be placed in their files and signed by counselor on completion of note

How Maintained:

This will be maintained by individual counselors on a weekly basis to assure completion in a timely manner.

Position Responsible:	Expected Completion Date:	Date Completed:
ACT's will complete the progress reviews on a monthly basis and CCD1 will inspect monthly to assure completion including the documented being signed and dated while being filed.	June 01, 2025	October 01, 2025

POC Action #3

Administrative Rule:

67:61:07:10

An addiction counselor or an addiction counselor trainee shall complete a transfer or a 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.

Summary of Non-Compliance Finding:

Four of four applicable reviewed files did not have discharge summaries completed. Main Gate Counseling Services must ensure they complete a discharge summary within five working days of a client's discharge date.

Corrective Action:

Each counselor will be responsible to complete discharge transfer forms for each client within 5 days of discharge or transfer. This information will be completed in STARS within that 5 day period. Also clients will be completing a monthly change worksheet to assure they are placed in the correct treatment.

Supporting Evidence:

Discharge transfer forms will be completed and placed in the individual clients file.

How Maintained:

These will be maintained by counselors on a monthly basis or at time of discharge transfer.

Position Responsible:	Expected Completion Date:	Date Completed:
ACT's will review on individual basis and monthly. CCD1 will assure information will be inputted into STARS in a timely	June 01, 2025	October 01, 2025

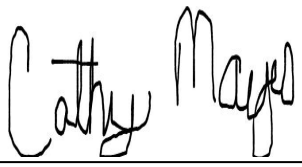
manner.

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.

Cathy Mayes, CCD1

Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

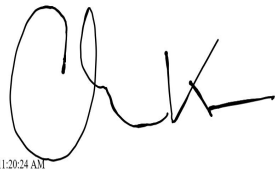
March 25, 2025

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:

March 26, 2025

Date

COMPLETION DETAILS

COMPLETION DATE: October 01, 2025

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.

Chris Kenyon

Printed Name of DSS Staff



10/2/2025, 9:49:44 AM

Signature of DSS Staff:

October 01, 2025

Date