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 April 13, 2026 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	N/A

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:

Three of eight reviewed files contained treatment plans that were not completed within 30 days of admission.

Corrective Action:

When a client enters into one of our Treatment Program, the ACT or CCDC1 working on the admission process will sit with the client and work through what is expected of them while in the program. The client will also discuss with the counselor what it is that they feel is needed to be worked on by themselves. Together the counselor and the client will develop Goal that they will work on together during to develop Steps, Actions & Outcomes desired for each area identified. The Treatment plan will then be typed, and the Counselor and client will review the plan prior to the next group session to assure that the information is correct, understandable & then it will be implemented for the client.

Supporting Evidence:

The TNA completed prior to client coming to a treatment program or the Discharge summary if coming from another facility will be utilized for developing the Goals & Steps needed to complete the Treatment Plan. Upon admission, client will be interview about what they would like to work on while in the program & this information will be incorporated into the Treatment Plan.

How Maintained:

Counselor working on the admission process will work with the client prior to the first group session to discuss areas of concern & to also review with the client information found in their TNA or Discharge Summary. The information gathered is then given to ACT, who will develop and type the Treatment plan and once completed the Treatment Plan will be reviewed by the client & the counselor; Then they will be signed, dated and place in the client's file. The Treatment Plan will be reviewed by counselor when completing the Monthly or By-weekly reviews

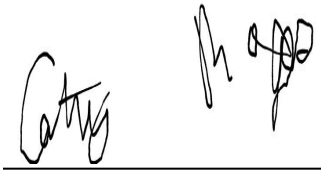
Position Responsible:	Expected Completion Date:	Date Completed:
Cathy Mayes, CCDC1	April 16, 2026	May 22, 2026

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

April 14, 2026

Date

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Muriel Nelson

Printed Name of DSS Staff



5/22/2026, 2:09:13 PM

Signature of DSS Staff:

May 22, 2026

Date

COMPLETION DETAILS

COMPLETION DATE: May 22, 2026

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.

Muriel Nelson

Printed Name of DSS Staff



5/22/2026, 2:09:33 PM

Signature of DSS Staff:

May 22, 2026

Date