

South Dakota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10720 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 05/29/2024 |
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NAME OF PROVIDER OR SUPPLIER: **HIGH PRAIRIE RETIREMENT HOME**
STREET ADDRESS, CITY, STATE, ZIP CODE: **19129 PRAIRIE HILLS ROAD, BELLE FOURCHE, SD 57717**

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| S 000 | <p>Compliance Statement</p> <p>A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted on 5/28/24 through 5/29/24. Areas surveyed included quality of life, physical environment, resident abuse, and administration/personnel. High Prairie Retirement Home was found in compliance.</p> | S 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jessica Hill

TITLE

Administrator

(X6) DATE

STATE FORM

4940

4CEP11

If continuation sheet 1 of 1

