

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>11029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/09/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SANFORD HOSPICE CENTENNIAL COTTAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 W 43RD STREET SIOUX FALLS, SD 57106</b>
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(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	Compliance Statement  A licensure survey for compliance with Administrative Rules of South Dakota 44:80, requirements for residential hospice facilities, was conducted on 7/9/24. Sanford Hospice Centennial Cottage was found not in compliance with the following requirement: S015.	S 000	Administrator will complete the license renewal application by 7/12/24.  License will be posted the day it is approved and available to print.	7/11/24  7/16/24
S 015	44:80:01:02 Posting of License  The most current license issued by the department shall be posted on the premises of the facility in a place conspicuous to the public. Each facility address shall show a current license. The license certificate remains the property of the department.  This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and record review, the provider failed to ensure the posting of a current license. Findings include:  1. Observation on 7/9/24 at 4:40 p.m. revealed: *The facility had a residential hospice license in a frame posted on the wall in the community living and dining room area. *The posted license number 11029 was issued by the South Dakota Department of Health effective 7/1/23 and expired on 6/30/24.  2. Interview on 7/9/24 at 4:45 p.m. with administrator A regarding the expired license revealed: *She knew the license was renewed annually. *She agreed the license had expired. *She acknowledged she received an email on 6/28/24 from the South Dakota Department of Health Office of Licensure and Certification that notified her the license was expiring and	S 015	The Sioux Falls Cottage licenses were added to a centralized spreadsheet accessible by all Senior Directors and VPs.  Reminders added to all leaders calendars to remind leadership team to prepare the application for submission as well as expirations date	7/25/24  7/30/24

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

TITLE

(X6) DATE

*Desirae Toomey*

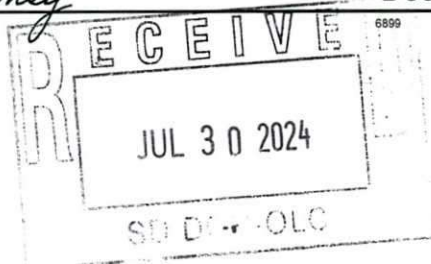
Desirae Toomey, Administrator

7/30/24

STATE FORM

X09P11

If continuation sheet 1 of 2



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NAME OF PROVIDER OR SUPPLIER  <b>SANFORD HOSPICE CENTENNIAL COTTAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 W 43RD STREET SIOUX FALLS, SD 57106</b>		
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S 015	Continued From page 1  requested the application process for license renewal be completed. *The provider had no policy related to maintaining a current license.  3. Record review in the state of South Dakota licensing system revealed: *The provider's residential hospice license was effective on 7/1/23 and expired on 6/30/24. *There was no completed application in the state licensing system to renew their expired residential hospice license.	S 015		

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NAME OF PROVIDER OR SUPPLIER  <b>SANFORD HOSPICE CENTENNIAL COTTAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 W 43RD STREET</b> <b>SIOUX FALLS, SD 57106</b>
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{S 000}	<p>Compliance Statement</p> <p>A revisit survey was conducted on 9/13/24 for compliance with administrative Rules of South Dakota 44:80, requirements for residential hospice facilities, for all previous deficiencies cited on 7/9/24. Sanford Hospice Centennial Cottage was found in compliance with all regulations surveyed.</p>	{S 000}		

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

TITLE

(X6) DATE