

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2024  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>43A067</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>02/29/2024</b> |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SD HUMAN SERVICES CENTER - GERIATRIC PROGRAM</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3515 BROADWAY AVE<br/>YANKTON, SD 57078</b>                         |                      |   |
| (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) COMPLETION DATE |   |
| E 000   | Initial Comments<br><br>A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 2/26/24 through 2/29/24. SD Human Services Center - Geriatric Program was found in compliance. | E 000   |   |                      |   |
| F 000   | INITIAL COMMENTS<br><br>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 2/26/24 through 2/29/24. SD Human Services Center - Geriatric Program was found in compliance.                                     | F 000   |   |                      |   |

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>43A067</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01, 02</b><br><br>B. WING _____                                    |                      | (X3) DATE SURVEY COMPLETED<br><br><b>02/27/2024</b> |
|---|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SD HUMAN SERVICES CENTER - GERIATRIC PROGRAM</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3515 BROADWAY AVE<br/>YANKTON, SD 57078</b>                         |                      |   |
| (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) COMPLETION DATE |   |
| K 000   | INITIAL COMMENTS<br><br>A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 2/27/24. SD Human Services Center - Geriatric Program (Building 01) was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities. | K 000   |   |                      |   |
| K 000   | INITIAL COMMENTS<br><br>A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 2/27/24. SD Human Services Center - Geriatric Program (Building 02) was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities. | K 000   |   |                      |   |

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TITLE

(X6) DATE

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South Dakota Department of Health

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|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>10719SD</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>02/29/2024</b> |
|--|--|---|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SD HUMAN SERVICES CENTER - GERIATRIC PROGR</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3515 BROADWAY AVE POST OFFICE BOX 7600<br/>YANKTON, SD 57078</b> |
|---|--|

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|--------------------|--|---------------|---|--------------------|
| S 000              | Compliance/Noncompliance Statement<br><br>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 2/26/24 through 2/29/24. SD Human Services Center - Geriatric Program was found in compliance.  | S 000         |   |                    |
| S 000              | Compliance/Noncompliance Statement<br><br>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 2/26/24 through 2/29/24. SD Human Services Center - Geriatric Program was found in compliance. | S 000         |   |                    |

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

*Amelia Henderson, NHA*

TITLE

Program Director

(X6) DATE

03/08/2024

