PRINTED: 12/20/2019 FORM APPROVED

South Dakota Department of Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8511 W 41ST STREET SIOUX FALLS, \$D 57106 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG SOUD Compliance Statement SOUD SURVEYOR: Q4790 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44-67, Abortion Facilities, was conducted on 11/19-20/19. Planned Parenthood was found in compliance.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE