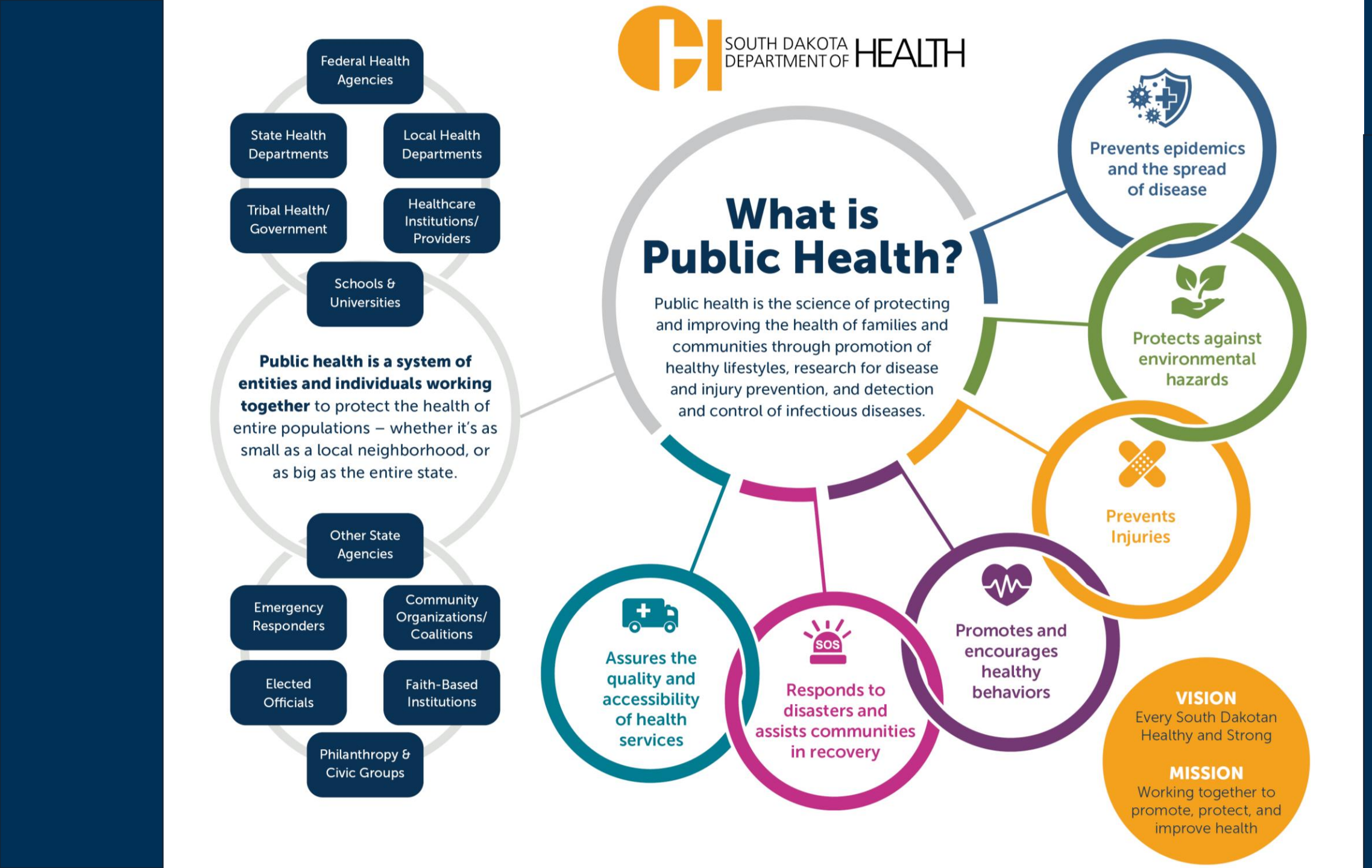
South Dakota Department of Health

Reporting Requirements in Long Term Care

Office of Licensure & Certification – Regulatory Compliance and Review Department

7/28/26


SOUTH DAKOTA DEPARTMENT OF HEALTH
Federal Health Agencies
State Health Departments
Local Health Departments
Tribal Health/ Government
Healthcare Institutions/ Providers
Schools & Universities
Public health is a system of entities and individuals working together to protect the health of entire populations – whether it's as small as a local neighborhood, or as big as the entire state.
Other State Agencies
Emergency Responders
Community Organizations/ Coalitions
Elected Officials
Faith-Based Institutions
Philanthropy & Civic Groups
What is Public Health?
Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention, and detection and control of infectious diseases.
Prevents epidemics and the spread of disease
Protects against environmental hazards
Prevents Injuries
Promotes and encourages healthy behaviors
Responds to disasters and assists communities in recovery
SOS
Assures the quality and accessibility of health services
VISION
Every South Dakotan Healthy and Strong
MISSION
Working together to promote, protect, and improve health

Objectives

- To be aware of the recent name change, and the reason behind the change.
- Update on the change for sending Facility Reportable Events to the Department of Human Services.
- To be aware of reporting requirements enforced by the Department of Health Office of Licensure and Certification.

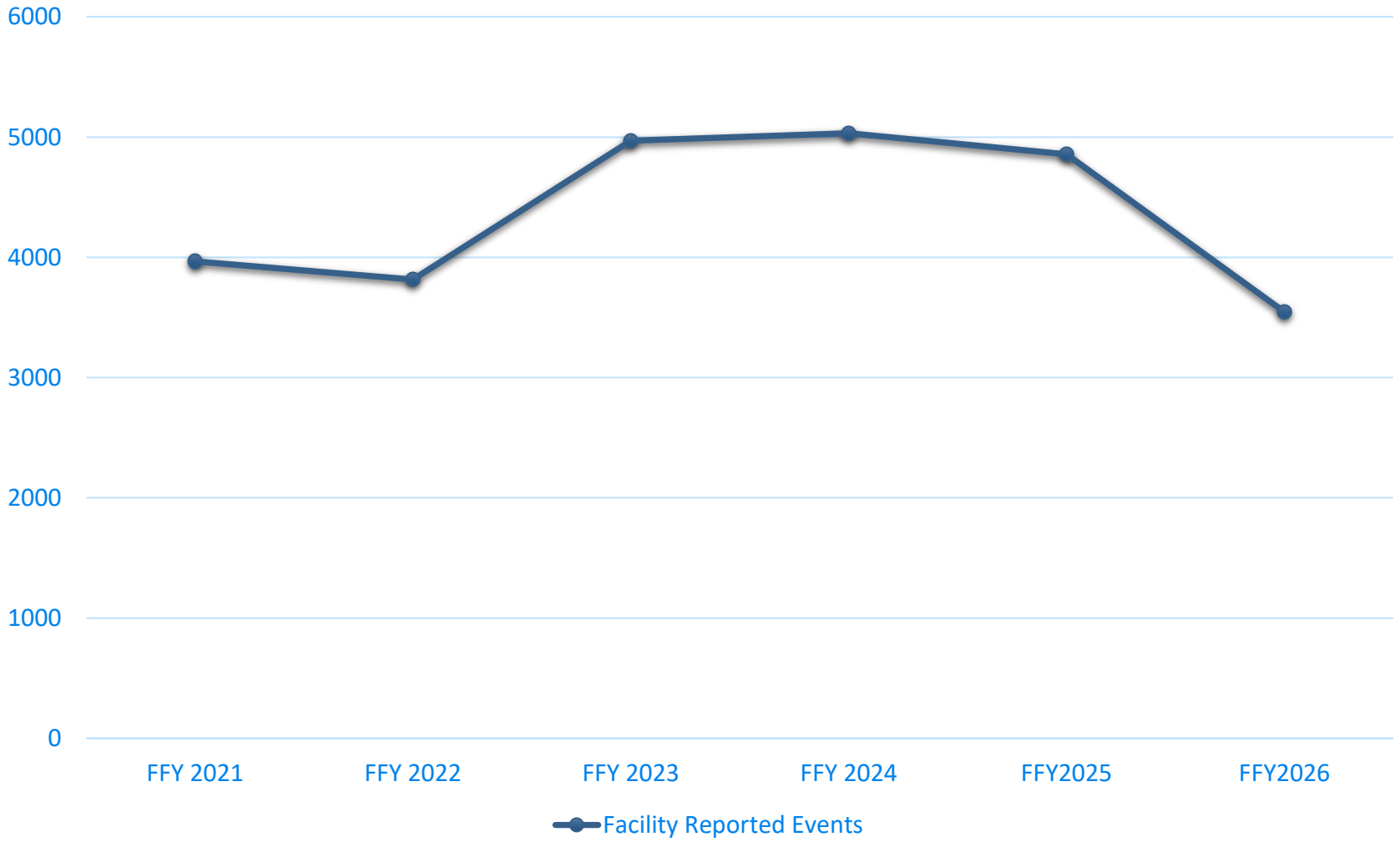
Regulatory Compliance and Review Department – Why the Name Change?

- Updated name better reflects our regulatory oversight role and clarifies the service we provide.
- New email: DOHOLCReview@state.sd.us (old email will be shut down 8/3/26).
- Website is updated to reflect the new name and offer more information for the public and our partners.

Change to the Department of Human Services Facility Reporting Process

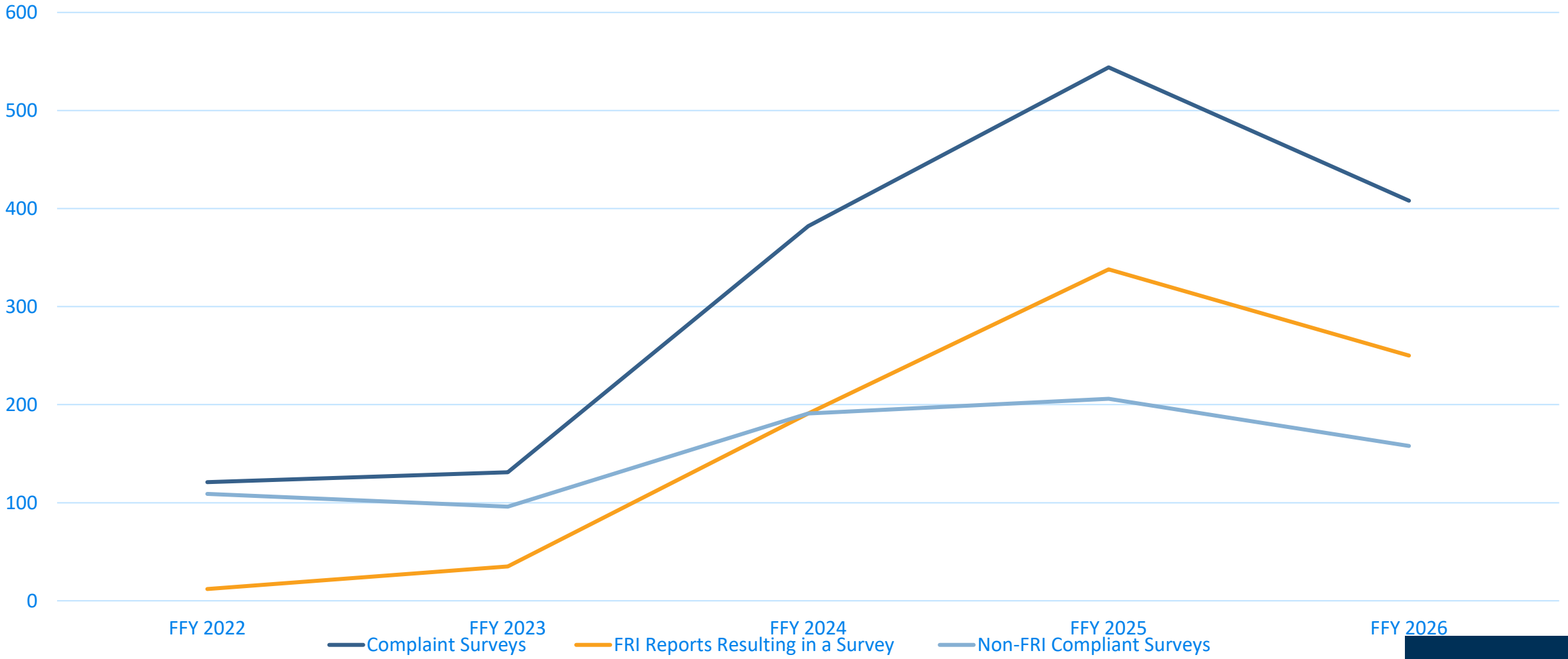
- To streamline reporting and reduce administrative burden, reports that must also go to DHS or the Ombudsman can now be sent to the shared mailbox: DHS.DOHReports@state.sd.us
- The shared mailbox is monitored by both DHS and the Long-Term Care Ombudsman Program, removing the need for additional routing.

Facility Reported Events



*This chart represents all provider types. FFY2026 as of 7/21/26.

Complaint Surveys by Federal Fiscal Year



* This chart represents all provider types. FFY 2026 Data is from 10/1/25 – 6/30/26. FFY ends 9/30/26.

F609 Reporting of Alleged Violations

§483.12(b) The facility must develop and implement written policies and procedures that:

§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.

(i) Annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual's obligation to comply with the following reporting requirements.

(A) Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.

(B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.

South Dakota Administrative Rule 44:73:01:07

- **Reports to the department.** Each facility shall report any of the following events to the department through the department's online reporting system within twenty-four hours of the discovery of the event:
- (1) An attempted suicide by a resident;
- (2) An incident or event where there is reasonable cause to suspect abuse or neglect of any resident by any person;
- (3) A death resulting from other than natural causes that originated on facility property;
- (4) A missing resident;
- (5) A fire in the facility;
- (6) A loss, for more than twenty-four hours, of utilities, an emergency generator, a fire alarm, sprinklers, or other critical equipment necessary for operation of the facility; or
- (7) Unsafe water samples from pools or spas.
- The facility shall conduct an internal investigation of the event and report the results to the department no later than five working days after the event.

F609 Reporting of Alleged Violations (cont.)

§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

F610 Investigate/Prevent/Correct Alleged Violation

§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.

§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.

§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

	42 CFR 483.12(b)(5) and Section 1150B of the Act	42 CFR 483.12(c)
What is to be reported	Any reasonable suspicion of a crime against a resident or an individual receiving care from the facility	1) All alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property 2) The results of all investigations of alleged violations
Who is required to report	Any covered individual, which means the owner, operator, employee, manager, agent or contractor of the facility	The facility
To whom	State Survey Agency (SA) and one or more law enforcement entities for the political subdivision in which the facility is located	The facility administrator and to other officials in accordance with State law, including to the SA and the adult protective services where state law provides for jurisdiction in long-term care facilities
When	Serious bodily injury Immediately but not later than 2 hours* after forming the suspicion. No serious bodily injury- not later than 24 hours*	All alleged violations 1) Immediately but not later than 2 hours* if the alleged violation involves abuse or results in serious bodily injury 2) Not later than 24 hours* if the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property; and does not result in serious bodily injury. Results of all investigations of alleged violations- within 5 working days of the incident

Definitions from F609

- “Abuse,” is defined at §483.5 as “the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.”
- “Alleged violation” is a situation or occurrence that is observed or reported by staff, resident, relative, visitor, another health care provider, or others but has not yet been investigated and, if verified, could be noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.
- “Exploitation,” as defined at §483.5, means “taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats, or coercion.”

Definitions from F609

- “Injuries of unknown source” – An injury should be classified as an “injury of unknown source” when all of the following criteria are met:
    - The source of the injury was not observed by any person; and
    - The source of the injury could not be explained by the resident; and
    - The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.
- “Misappropriation of resident property,” as defined at §483.5, means “the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident’s belongings or money without the resident’s consent.”

Definitions from F609

- “Mistreatment,” as defined at §483.5, is “inappropriate treatment or exploitation of a resident.”
- “Neglect,” as defined at §483.5, means “the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.”
- “Serious bodily injury” is defined in section 2011(19) of the Act and means an injury involving extreme physical pain, substantial risk of death, protracted loss or impairment of the function of a bodily member, organ, or mental faculty, or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation (see section 2011(19)(A) of the Act). Serious bodily injury is considered to have occurred when an injury results from criminal sexual abuse (see section 2011(19)(B) of the Act).
- “Willful,” is defined at §483.5 in the definition of “abuse,” and “means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.”

F609 Guidance

For additional reporting guidance DOH recommends review of the following topics within F609:

- **Staff to resident abuse**
- **Resident to resident altercations**
  - Includes sections on verbal conflicts, sexual contact, and physical altercations
- **Reporting Suspicious Injuries of Unknown Source**
  - Includes multiple examples of what is required or not required to be reported
  - Required reporting examples frequently involves “unobserved/unexplained…”
    - Note – Even if the injury is not one that requires a report, the facility should adequately assess and monitor the resident, notify the physician/resident representative as appropriate, and document the injury and investigation as a part of the resident’s medical record.

F609 Guidance

For additional reporting guidance DOH recommends review of the following topics within F609:

- **Potential Neglect**
- **Misappropriation of Resident Property and Exploitation**
- **Allegations of Mistreatment**

Initial Report

Content of Initial Report:

- Type of allegation
- When and how the facility became aware of the incident
- Name and location of the alleged victim(s)
- Name of the alleged perpetrator(s)
- Who reported the allegation



Initial Report | Details of Allegation

When detailing the allegation, the following information assists with triage:

- Who made the allegation and what is their relationship to the resident?
- What was reported and to whom was it reported?
- Date and time the incident occurred
- Location the incident occurred (location inside the facility)?
- Describe the type of injury (if applicable)
- Describe any changes in the resident's behavior or condition that is different from the resident's normal baseline
- Names of any witnesses
- Notification to Law Enforcement and other agencies (if applicable)

*This is not a comprehensive list of information that may be helpful to the state survey agency. Please be as thorough as possible.

Initial Report | Resident Protection

When detailing the steps taken to protect residents, the following information assists with triage:

- Immediate assessment of the victim and provision of medical treatment
- Evaluation to ensure the resident(s) feel safe and the immediate steps taken to protect the resident
- If the alleged perpetrator is staff, removal of that staff member's access to the victim and other residents to ensure safety and protection
- If the alleged perpetrator is a visitor or resident, removal of the alleged perpetrator's access to the victim and as appropriate other residents to ensure safety and protection
- Other measures the facility is taking to prevent further potential abuse, neglect, exploitation, and misappropriation of resident property

*This is not a comprehensive list of information that may be helpful to the state survey agency. Please be as thorough as possible.

Final Report

Content of Final Report:

- Additional and/or updated Information
- Describe outcomes to include any physical and/or mental harm
- Whether the allegation was reported to another agency, if so, which agency, date/time, and outcome
- Steps taken to investigate the allegation
- Conclusion of the investigation
- Corrective action items from the investigation



*Additional information may be submitted prior to day 5 if the provider feels the information could assist with lowering the severity of triage.

Final Report | Steps of Investigation

When detailing the steps taken to investigate the allegation, the following information is helpful with triage:

- Summary of interviews with:
  - Victim and/or responsible party (indicate if the resident suffered any psychosocial distress/harm and the resident's perspective)
  - Witnesses
  - Alleged perpetrator
  - Other residents
  - Staff responsible for supervision of the location where the victim resides
  - Staff responsible for supervision of the alleged perpetrator (if staff or another resident)

Final Report | Steps of Investigation

When detailing the steps taken to investigate the allegation, the following information is helpful with triage:

- Summary of information from the investigation related to the incident from the resident's medical record
- Summary of information from other documents obtained such as hospital records, law enforcement reports, and death reports.
- If a resident altercation occurred provide relevant details that may have caused the alleged perpetrator's behavior.

Final Report | Conclusion

Brief description of the conclusion of the investigation

- Include if findings were verified, not verified, or inconclusive

Final Report | Corrective Action

Detail your corrective action:

- Was education provided to staff, residents, resident representatives regarding the incident? If so, who provided the education, to whom, and when?
- What actions were taken because of the investigation or allegation?
- Is there a plan for oversight of implementation of the corrective action, if the allegation is verified?
- As a result of a verified finding of abuse, outline counseling or other interventions planned and implemented to assist the resident
- If systematic actions were identified (e.g., changes to staffing, policies, training) that require correction, identify the steps that have been taken to address the systems

Can a report be edited after it is submitted?

Initial Reports can be edited and updated any time after they have been accepted.

Final Reports CANNOT be edited and updated without assistance from the Regulatory Compliance and Review Department. Contact the department at 605.773.3356 or at DOHOLCReview@state.sd.us if you need assistance with editing or updating a final report. The department will reject the report so changes can be made.

Rejected Reports can be edited at any time.

Regulatory Compliance and Review Department Contact Information

Regulatory Compliance and Review Advisor: Jolene Juneau

(P) 605.773.6373

Review Specialists: Cathy Schenkel & Jill Rudloff

(P) 605.773.3356

(E) DOHOLCReview@state.sd.us

Website

https://doh.sd.gov/healthcare-professionals/health-facility-licensure/regulatory-compliance-review/

Questions




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