

SD Department of Health Vital Records

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>201602</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/14/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>RAPID CITY REGIONAL HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>353 FAIRMONT BLVD RAPID CITY, SD 57701</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) COMPLETE DATE	
S 000	<p>Compliance/Noncompliance statement</p> <p>Surveyor: 04790</p> <p>Surveyor: 99999</p> <p>A statistical data survey for compliance with the South Dakota Codified Law Chapter 34-23A, Performance of Abortions was conducted on 7/14/16. Rapid City Regional Hospital was found in compliance.</p>	S 000			