

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10692	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/25/2026
NAME OF PROVIDER OR SUPPLIER KEY CITY ASSISTED LIVING, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1542 DAVENPORT STREET STURGIS, SD 57785		
(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 complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers was conducted from 8/24/26 through 8/25/26. Areas surveyed included nursing services, resident rights, administration/personnel, potential for resident neglect, and quality of life. Key City Assisted Living, LLC was found in compliance.	S 000		

Tammy Benedict

September 1, 2026