

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 56788 S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2016
--	---	---	--

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 6511 W 41ST STREET SIOUX FALLS, SD 57106
--	--

(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)	(X6) COMPLETE DATE
S 000	<p>Compliance Statement</p> <p>Surveyor: 04790 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:67, Abortion Facilities, was conducted December 12-13, 2016. Planned Parenthood of MN/ND/SD was found in compliance.</p>	S 000		

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

TITLE

(X6) DATE

Anderson Adams

Clinic Manager

1/3/17