PRINTED: 07/28/2025 FORM APPROVED OMB NO. 0938-0391

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
NAME OF PROVIDER OR SUPPLIER SOUTH DAKOTA DEVELOPMENTAL CENTER (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 000 INITIAL COMMENTS A focused fundamental survey for compliance with 42 CFR Part 483, Subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities was conducted from 7/16/25 through 7/17/25. South Dakota STREET ADDRESS, CITY, STATE, ZIP CODE 17267 3RD ST W REDFIELD, SD 57469 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACT			43G002	B. WING	B. WING		07/	07/17/2025		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 7.28.25 A focused fundamental survey for compliance with 42 CFR Part 483, Subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities was conducted from 7/16/25 through 7/17/25. South Dakota					STREET ADDRESS, CITY, STATE, ZIP CODE 17267 3RD ST W					
A focused fundamental survey for compliance with 42 CFR Part 483, Subpart I, requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities was conducted from 7/16/25 through 7/17/25. South Dakota	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI	IX (EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD B THE APPROPRIA		COMPLETION		
	W 000	A focused fundament with 42 CFR Part 483 Intermediate Care Fa Intellectual Disabilitie 7/16/25 through 7/17/	tal survey for compliance s, Subpart I, requirements for cilities for Individuals with s was conducted from 25. South Dakota	W	000			7.28.25		

Darbara Abala

Barbara Abeln

SD DHS Division Director | SDDC

07.28.2025

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	43G002	B. WING _			07/16/2025		
NAME OF PROVIDER OR SUPPLIER SOUTH DAKOTA DEVELOPMENT	TAL CENTER	STREET ADDRESS, CITY, STATE, ZIP C 17267 3RD ST W REDFIELD, SD 57469	STREET ADDRESS, CITY, STATE, ZIP CODE 17267 3RD ST W				
PREFIX (EACH DEFICIENT	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREI REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG TAG TAG TAG TAG TAG TAG		PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD B			
with 42 CFR, Part 48 483.475 Emergency for Intermediate Car with Intellectual Disa 7/16/25. South Dako was found in complia		EO			7.28.25		
ABORATORY DIRECTOR'S OR PROVIDER Barbara Abeln	JOUPPLIER REPRESENTATIVE'S SIGNATU	TITLE SD DHS Division Directo	r I SDDC	(X6) DATE 07.28.2025			

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		IDENTIFICATION NUMBER:		DING 04 - COTTAGES			COMPLETED		
		43G002	B. WNG				07/16/2025		
NAME OF PROVIDER OR SUPPLIER SOUTH DAKOTA DEVELOPMENTAL CENTER			•	STREET ADDRESS, CITY, STATE, ZIP CODE 17267 3RD ST W REDFIELD, SD 57469					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE		
K 000	Life Safety Code (L occupancy) was co Dakota Developme Cottages) was foun 483, Subpart I, Sub	rvey for compliance with the SC) (2012 existing health care nducted on 7/16/25. South ntal Center (Building 04 - d in compliance with 42 CFR section 483.470 requirements re Facilities for Individuals	K	000			7.28.25		

Barbara Abeln

SD DHS Division Director | SDDC

(X6) DATE 07.28.2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI			TE SURVEY MPLETED		
		43G002	B. WING			0	7/16/2025	
NAME OF PROVIDER OR SUPPLIER SOUTH DAKOTA DEVELOPMENTAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 17267 3RD ST W REDFIELD, SD 57469				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
K 000	Life Safety Code (LS care occupancy) was South Dakota Develo - Duplex) was found i 483, Subpart I, Subse	ey for compliance with the C) (2012 existing board and conducted on 7/16/25. The expmental Center (Building 05 in compliance with 42 CFR ection 483.470 requirements a Facilities for Individuals	K	000			7.28.25	
ABORATORY D	IRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	E		TITLE		(X6) DATE	

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SD DHS Division Director | SDDC

07.28.2025

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1000	ULTIPLE CONSTRUCTION LDING 06 - HORIZON HOMES			E SURVEY PLETED		
		43G002	B. WING _			07	/16/2025	
NAME OF PROVIDER OR SUPPLIER SOUTH DAKOTA DEVELOPMENTAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 17267 3RD ST W REDFIELD, SD 57469				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
K 000	Life Safety Code (LSC care occupancy) was South Dakota Develo - Horizon Homes) wa 42 CFR 483, Subpart	ey for compliance with the C) (2012 existing board and conducted on 7/16/25. The pmental Center (Building 06 s found in compliance with I, Subsection 483.470 mediate Care Facilities for	K	000			7.28.25	
LABORATORY D	IRECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVE'S SIGNATUR	E		TITLE		(X6) DATE	

SD DHS Division Director | SDDC

07.28.2025

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TO STATE OF THE PERSON AND THE PERSO	IPLE CONSTRUCTION NG 07 - DAMM		(X3) DATE SURVEY COMPLETED			
	43G002 B. Wit			B. WING				
	ROVIDER OR SUPPLIER AKOTA DEVELOPMENTA	AL CENTER		07/16/2025 STREET ADDRESS, CITY, STATE, ZIP CODE 17267 3RD ST W REDFIELD, SD 57469				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFI REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	(X5) COMPLETION DATE			
K 000	A recertification surve Life Safety Code (LSC occupancy) was cond Dakota Developmenta Damm) was found in 483, Subpart I, Subse	ey for compliance with the C) (2012 existing health care fucted on 7/16/25. South al Center (Building 07 - compliance with 42 CFR action 483.470 requirements Facilities for Individuals	KO	00		7.28.25		

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

TITLE

(X6) DATE

Barbara Abeln

SD DHS Division Director | SDDC

07.28.2025

PRINTED: 07/28/2025 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 08 - NORGELLO 43G002 R WNG 07/16/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 17267 3RD ST W SOUTH DAKOTA DEVELOPMENTAL CENTER REDFIELD, SD 57469 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) 7.28.25 K 000 INITIAL COMMENTS K 000 A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 7/16/25. South Dakota Developmental Center (Building 08 -Norgello) was found in compliance with 42 CFR 483, Subpart I, Subsection 483.470 requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities.

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

TITLE

(X6) DATE

Barbara Abeln

SD DHS Division Director | SDDC

07.28.2025

PRINTED: 07/28/2025 FORM APPROVED OMB NO. 0938-0391

	ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION 9 - COTTAGES TRANSITIONAL LIVING	(X3) DATE SURVEY COMPLETED	
		43G002	B. WING			07/	16/2025
NAME OF PROVIDER OR SUPPLIER SOUTH DAKOTA DEVELOPMENTAL CENTER				17	TREET ADDRESS, CITY, STATE, ZIP CODE 7267 3RD ST W EDFIELD, SD 57469		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 000	Life Safety Code (LSC care occupancy) was South Dakota Develo - Cottages Transitiona compliance with 42 C Subsection 483.470 rd	ey for compliance with the C) (2012 existing board and conducted on 7/16/25. The pmental Center (Building 09 al Living) was found in FR 483, Subpart I, equirements for cilities for Individuals with	K	000			7.28.25

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

TITLE

(X6) DATE

Barbara Abeln

SD DHS Division Director | SDDC

07.28.2025