STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43G002	A. BUILDING _____ B. WING _____	07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH DAKOTA DEVELOPMENTAL CENTER	17267 3RD ST W REDFIELD, SD 57469

(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) COMPLETION DATE
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 Developmental Center was found in compliance.	W 000		7.28.25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Barbara Abeln
TITLE: SD DHS Division Director | SDDC
(X6) DATE: 07.28.2025

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43G002	A. BUILDING _____ B. WING _____	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH DAKOTA DEVELOPMENTAL CENTER	17267 3RD ST W REDFIELD, SD 57469

(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) COMPLETION DATE
E 000	Initial Comments A focused fundamental survey for compliance with 42 CFR, Part 483, Subpart I, Subsection 483.475 Emergency Preparedness requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities was conducted on 7/16/25. South Dakota Developmental Center was found in compliance.	E 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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43G002	A. BUILDING **04 - COTTAGES** B. WING _____	**07/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH DAKOTA DEVELOPMENTAL CENTER	**17267 3RD ST W REDFIELD, SD 57469**

(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) COMPLETION DATE
K 000	INITIAL COMMENTS 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 04 - Cottages) was found in compliance with 42 CFR 483, Subpart I, Subsection 483.470 requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities.	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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43G002	A. BUILDING **05 - DUPLEX** B. WING _____	**07/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH DAKOTA DEVELOPMENTAL CENTER	**17267 3RD ST W REDFIELD, SD 57469**

(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) COMPLETION DATE
K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing board and care occupancy) was conducted on 7/16/25. The South Dakota Developmental Center (Building 05 - Duplex) was found in compliance with 42 CFR 483, Subpart I, Subsection 483.470 requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities.	K 000		7.28.25

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Barbara Abeln | 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43G002	A. BUILDING **06 - HORIZON HOMES** B. WING _____	**07/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH DAKOTA DEVELOPMENTAL CENTER	**17267 3RD ST W REDFIELD, SD 57469**

(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) COMPLETION DATE
K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing board and care occupancy) was conducted on 7/16/25. The South Dakota Developmental Center (Building 06 - Horizon Homes) was found in compliance with 42 CFR 483, Subpart I, Subsection 483.470 requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities.	K 000		7.28.25

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Barbara Abeln | 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43G002	A. BUILDING **07 - DAMM** B. WING _____	**07/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH DAKOTA DEVELOPMENTAL CENTER	**17267 3RD ST W** **REDFIELD, SD 57469**

(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) COMPLETION DATE
K 000	INITIAL COMMENTS 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 07 - Damm) was found in compliance with 42 CFR 483, Subpart I, Subsection 483.470 requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities.	K 000		7.28.25

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Barbara Abeln | 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43G002	A. BUILDING **08 - NORGELLO** B. WING _____	**07/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH DAKOTA DEVELOPMENTAL CENTER	**17267 3RD ST W REDFIELD, SD 57469**

(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) COMPLETION DATE
K 000	INITIAL COMMENTS 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.	K 000		7.28.25

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Barbara Abeln

TITLE

SD DHS Division Director | SDDC

(X6) DATE

07.28.2025

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43G002	A. BUILDING **09 - COTTAGES TRANSITIONAL LIVING** B. WING _____	**07/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH DAKOTA DEVELOPMENTAL CENTER	**17267 3RD ST W REDFIELD, SD 57469**

(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) COMPLETION DATE
K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing board and care occupancy) was conducted on 7/16/25. The South Dakota Developmental Center (Building 09 - Cottages Transitional Living) was found in compliance with 42 CFR 483, Subpart I, Subsection 483.470 requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities.	K 000		7.28.25

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Barbara Abeln

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