

South Dakota Department of Health

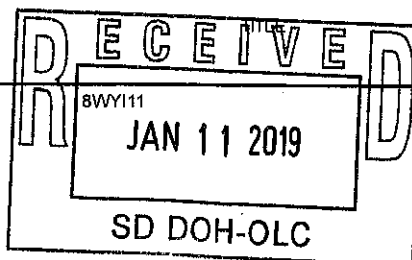
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 56788 S | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/19/2018 |
|---|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD | | STREET ADDRESS, 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) | (X5) COMPLETE DATE |
| S 000 | Compliance Statement Surveyor: 04790 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:67, Abortion Facilities, was conducted on December 18-19, 2018. Planned Parenthood was found in compliance. | S 000 | | |

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

Andrea Adams, Clinic Manager

STATE FORM

6899



(X6) DATE

01/11/2019

If continuation sheet 1 of 1