## DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES**

PRINTED: 12/20/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		435123	B. WING	ving		12/12/2024	
	STREET ADDRESS, CITY, STATE, ZIP CODE  4861 LINCOLN AVENUE  SELBY, SD 57472  D SUMMARY STATEMENT OF DEFICIENCIES IN (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  STREET ADDRESS, CITY, STATE, ZIP CODE  4861 LINCOLN AVENUE  SELBY, SD 57472  D PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY)  DATE:  OF PROVIDER OR SUPPLIER  AND THE STATE OF THE ST						
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	(EAC	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
F 000	A recertification healt with 42 CFR Part 483 for Long Term Care fa 12/10/24 through 12/ Care Center Inc was	th survey for compliance 8, Subpart B, requirements acilities was conducted from 12/24. Walworth County	F	000	TITLE		(X6) DATE
	Trista Bas				LNHA	12-	20-2024

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.

12-20-2024

## DEPARTMENT OF HEALTH AND HUMAN SERVICES **CENTERS FOR MEDICARE & MEDICAID SERVICES**

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

PRINTED: 12/20/2024 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

COMPLETED

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDI	NG	°	COMPLETED	
		435123	B. WING_			12/10/2024	
	ROVIDER OR SUPPLIER TH COUNTY CARE CENT	TER, INC		STREET ADDRESS, CITY, STATE, Z 4861 LINCOLN AVENUE SELBY, SD 57472	IP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE CROSS-REFERENCED DEFICE)	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
E 000	CFR Part 482, Subpa Emergency Prepared Term Care facilities, v	ey for compliance with 42 rt B, Subsection 483.73, ness, requirements for Long vas conducted on 12/10/24. e Center, Inc was found in	E	000			
ADODATON						(VE) D. T. T.	
ABUKATORY [	oirector's or providers Trista Ba	SUPPLIER REPRESENTATIVE'S SIGNATURE	:	TITLE		(X6) DATE 12-20-2024	
			411 41	LNHA		12-20-202	

(X2) MULTIPLE CONSTRUCTION

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.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
435123			B. WING			12/10/2024		
NAME OF PROVIDER OR SUPPLIER  WALWORTH COUNTY CARE CENTER, INC				4	STREET ADDRESS, CITY, STATE, ZIP CODE 1861 LINCOLN AVENUE SELBY, SD 57472			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	I SHOULD BE		
K 000	(a)&(b), requirements	ey was conducted on ace with 42 CFR 483.90	K	000				
LABODATORY	DIDECTOR'S OR PROMINER/S	SUPPLIER REPRESENTATIVE'S SIGNATUE	E		TITLE		(X6) DATE	

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.

Trista Bates

**LNHA** 

12-20-2024

South Dakota Department of Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED		
		10676	B. WING		1:	12/12/2024		
	ROVIDER OR SUPPLIER	TER, INC	DDRESS, CITY, STATE ICOLN AVE SD 57472	, ZIP CODE				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD				
S 000	44:73, Nursing Facilit	compliance with the of South Dakota, Article ies, was conducted from 2/24. Walworth County Care	S 000					
S 0000	44:74, Nurse Aide, re training programs, wa	compliance with the of South Dakota, Article quirements for nurse aide is conducted from 12/9/24 llworth County Care Center,	S 000					

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

**LNHA** 

TITLE

(X6) DATE 12-20-2024