CENTERS FOR MEDICAGE & MEDICAD SERVICES OMB NO. 0938-0391 MARCAN OF CORRECTION (I) PENNINGATION NUMBER (II) DENNINGATION NUMBER (III) DENNINGATION NUMBER (IIII) DENNINGATION NUMBER (IIIII) DENNINGATION NUMBER (IIIIIII) DENNINGATION NUMBER (IIIIIIIIII) DENNINGATION NUMBER (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR					
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A complaint health survey for compliance with 42 CFR Part 433, Subpart B, requirements for Long Tem Care facilities was conducted on 6/6/24. The area surveyed was unsolicited sexual advances by one resident to another resident. Sunset Manor Avera Health was found in compliance. Image: Complex Co	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
CFR Part 483. Subpart B, requirements for Long Term Care facilities was conducted on 6/6/24. The area surveyed was unsolicited sexual advances by one resident to another resident. Sunset Manor Avera Health was found in compliance.	F 000	INITIAL COMMENTS		F 000	D	
Robin R. Stockland Administrator 06/10/2024		CFR Part 483, Subpa Term Care facilities w The area surveyed w advances by one resi Sunset Manor Avera	rt B, requirements for Long as conducted on 6/6/24. as unsolicited sexual dent to another resident.			
Robin R. Stockland Administrator 06/10/2024						
	LABORATORY					

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.

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