<table>
<thead>
<tr>
<th>ID</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
</tr>
</thead>
</table>
| F 000 | INITIAL COMMENTS | Surveyor: 16386  
A recertification health survey for compliance with  
42 CFR Part 483, Subpart B, requirements for  
long term care facilities, was conducted from  
7/24/18 through 7/29/18. Bethesda Home of  
Aberdeen was found in compliance. |

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/DIVISION IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>435073</td>
<td>A. BUILDING</td>
</tr>
<tr>
<td></td>
<td>B. WING</td>
</tr>
<tr>
<td></td>
<td>07/26/2018</td>
</tr>
</tbody>
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NAME OF PROVIDER OR SUPPLIER

BETHEL HOME OF ABERDEEN

STREET ADDRESS, CITY, STATE, ZIP CODE

1224 S HIGH ST

ABERDEEN, SD 57401

<table>
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<tr>
<th>(X4) ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
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<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surveyor: 16385</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An initial health survey for compliance with 42 CFR Part 482, Subpart B, Subsection 482.15, Emergency Preparedness requirements for hospitals and providers of long term care services, was conducted from 7/24/18 through 7/26/18. Bethesda Home of Aberdeen was found in compliance.</td>
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<tr>
<td>E 000</td>
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</tbody>
</table>

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

Bruce A. Johnson

Administrator

August 3, 2018

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 patient. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey unless 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA
IDENTIFICATION NUMBER: 436073

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY COMPLETED
07/24/2018

NAME OF PROVIDER OR SUPPLIER
BETHESDA HOME OF ABERDEEN

STREET ADDRESS, CITY, STATE, ZIP CODE
1224 S HIGH ST
ABERDEEN, SD 57401

(X4) ID
PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

K 000 INITIAL COMMENTS

Surveyor: 14180
A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 7/25/18. Bethesda Home of Aberdeen (building 01-original structure) was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.

The building will meet the requirements of the 2012 LSC for Existing Health Care Occupancies in conjunction with the provider's commitment to continued compliance with the fire safety standards.

K 000

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Bruce A. Johnson

TITLE
Administrator

(DATE)
August 3, 2018

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.
Surveyor: 14180
A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 7/25/18. Bethesda Home of Aberdeen (Building 02 addition) was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.

The building will meet the requirements of the 2012 LSC for Existing Health Care Occupancies in conjunction with the provider’s commitment to continued compliance with the fire safety standards.
K 000 INITIAL COMMENTS

Surveyor: 14180
A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 7/25/18. Bethesda Home of Aberdeen (Building 03-therapy addition) was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.

The building will meet the requirements of the 2012 LSC for Existing Health Care Occupancies in conjunction with the provider’s commitment to continued compliance with the fire safety standards.
<table>
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<tr>
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<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<tbody>
<tr>
<td>S 000</td>
<td>Compliance/Noncompliance Statement</td>
<td>Surveyor: 16385</td>
<td>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 7/24/18 through 7/26/18. Bethesda Home of Aberdeen was found in compliance.</td>
<td>S 000</td>
<td></td>
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</tbody>
</table>

Laboratory Director's or Provider/Supplier Representative's Signature

Bruce A. Johnson

Administrator

August 3, 2018