STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:

436080

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

(X3) DATE SURVEY COMPLETED

08/18/2020

NAME OF PROVIDER OR SUPPLIER

BETHESDA OF BERESFORD

STREET ADDRESS, CITY, STATE, ZIP CODE

605 W CEDAR
BERESFORD, SD 57004

(X4) ID PREFIX TAG

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

ID PREFIX TAG

F 000

F 000

F 000

INITIAL COMMENTS

Surveyor: 42477
A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 8/18/20. Bethesda of Beresford was found in compliance with 42 CFR Part 483.80 Infection control regulations: F880, F884, and F885.

Bethesda of Beresford was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6).

Total residents: 50

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

Cheryll Hallaway

TITLE
Administrator

(X6) DATE
8-20-2020

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 unless an approved plan of correction is provided. For nursing homes, the above findings and plan of correction are disclosable 14 days following the date these documents are made available to the public. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.