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

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>435083</td>
<td>A. BUILDING __________________</td>
</tr>
<tr>
<td></td>
<td>B. WING _____________________</td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

**THE NEIGHBORHOODS AT BROOKVIEW**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

2421 YORKSHIRE DR
BROOKINGS, SD 57006

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X6) COMPLETION DATE</th>
</tr>
</thead>
</table>
| F 000   | INITIAL COMMENTS |    | F 000 |         |     | Surveyor: 41088
A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 6/10/20. The Neighborhoods At Brookview was found in compliance with 42 CFR Part 483.80 infection control regulations: F880, F884, and F885.

The Neighborhoods At Brookview was found in compliance with 42 CFR Part 483.73 related to E-0224(b)(6). Total residents: 74 |

**LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

Jason Hanssen
Administrator
9/15/2020

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 discloseable 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 discloseable 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.