THE NEIGHBORHOODS AT BROOKVIEW

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE CROSS-REFERENCES TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>Initial comments</td>
<td>F 000</td>
<td></td>
<td>JH</td>
</tr>
</tbody>
</table>

Surveyor: 41086
A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 8/27/20. The Neighborhoods At Brookview was found in compliance with 42 CFR Part 483.80 infection control regulations: F880, F882, F885, and F886.

The Neighborhoods At Brookview was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6).

Total residents: 74

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

Jason Hansen

Administrator

9-2-2020

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 a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 54 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.