STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(x1) PROVIDER/SUPPLIER/CGLIA IDENTIFICATION NUMBER:

435079

(x2) MULTIPLE CONSTRUCTION
A. BUILDING __________________________
B. WING __________________________

(x3) DATE SURVEY COMPLETED

12/15/2020

NAME OF PROVIDER OR SUPPLIER

UNITED LIVING COMMUNITY

STREET ADDRESS, CITY, STATE, ZIP CODE

465 FIRST AVE
BROOKINGS, SD 57006

(x4) ID PREFIX TAG

F 000 INITIAL COMMENTS

Surveyor: 25107
A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 12/17/20. United Living Community was found in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.80 infection control regulation(s): F550, F562, F563, F583, F880, F882, F885, and F886.

United Living Community was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6).

Total residents: 52

(x5) COMPLETION DATE

12/28/2020

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

Kathleen Hight

TITLE

Administrator

(x6) DATE

12/28/2020

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 patient. (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.