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

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**[X1] PROVIDER/SUPPLIER/ROJA IDENTIFICATION NUMBER:** 435114

**[X2] MULTIPLE CONSTRUCTION**
A. BUILDING
B. WING

**[X3] DATE SURVEY COMPLETED:** 11/17/2021

**NAME OF PROVIDER OR SUPPLIER:** DIAMOND CARE CENTER
**STREET ADDRESS, CITY, STATE, ZIP CODE:**
901 N MAIN AVE
BRIDGEWATER, SD 57319

**[X4] ID PREFIX TAG**
**[X5] ID TAG**
**[X6] ID PREFIX**
**[X7] ID TAG**
**[X8] ID PREFIX**
**[X9] ID TAG**
**[X10] ID PREFIX**
**[X11] ID TAG**

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**F 000 INITIAL COMMENTS**

Surveyor: 32332
A COVID-19 Focused Infection Control survey was conducted by the South Dakota Department of Health Office of Licensure and Certification on 11/16/21 and 11/17/21. Diamond Care Center was found in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.80 infection control regulations F550, F562, F563, F565, F580, F582, F585, and F586.

Diamond Care Center was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6).

Total residents: 27

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

**TITLE**

**[X8] DATE**

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 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 required to continued program participation.