### UNITED LIVING COMMUNITY

**NAME OF PROVIDER OR SUPPLIER**

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

405 FIRST AVE
BROOKINGS, SD 57006

### SUMMARY STATEMENT OF DEFICIENCIES

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<thead>
<tr>
<th>ID PREFIX</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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<td>F 000</td>
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<td>INITIAL COMMENTS</td>
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Surveyor: 43021
A COVID-19 Focused Infection Control survey was conducted by the South Dakota Department of Health Office of Licensure and Certification on 2/3/22. United Living Community was found in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.80 infection control regulations F550, F562, F563, F583, F880, F882, F883, F885, F886, and F887.

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

Total residents: 50

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Laboratory Director's or Provider/Supplier Representative’s Signature

Kaleb C. High

Administrator

02/08/2022

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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 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.