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

PRINTED: 06/11/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
435076		B. WING			06/09/2020		
NAME OF PROVIDER OR SUPPLIER  BETHEL LUTHERAN HOME				STREET ADDRESS, CITY, STATE, ZIP 1001 S EGAN AVE MADISON, SD 57042	TREET ADDRESS, CITY, STATE, ZIP CODE 001 S EGAN AVE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	SHOULD BE COMPLÉTION	
F 000	INITIAL COMMENTS		F	000			
	was conducted by the of Health Licensure a 6-9-20. Bethel Luther	I Infection Control Survey South Dakota Department and Certification Office on an Home was found in FR Part 483.80 infection 380, F884, and F885.					
		e was found in compliance .73 related to E-0024(b)(6).					
	Total residents: 58						
;							
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	
CRJohnson				Administrator		06/16/2020	
Any deficiency other safeguar following the de	statement ending with an as ds provide sufficient protection ate of survey whether or not the date these documents as	terisk (*) denotes a deficiency which the instructions. Exce a plan of correction is provided. For husing the made available to the facility. If deficience	pt for nursin g homes, th	be excused from correcting providing it g homes, the findings stated above are of e above findings and plans of correction	disclosable 90 days are disclosable 14	06/16/2020	

SD DOH-OLC

FORM CMS-2567(02-99) Previous Versions Op

Facility ID: 0020

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