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

PRINTED: 09/08/2020 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED 09/01/2020	
		435087	B. WING		09/		
	ROVIDER OR SUPPLIER MARITAN SOCIETY CAN	NISTOTA		STREET ADDRESS, CITY, STATE, ZIP CODE 700 WEST MAIN ST CANISTOTA, SD 57012			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	HOULD BE COMPLETION		
F 000	INITIAL COMMENTS	:	F 00	o			
	was conducted by the of Health Licensure a 9/1/20. Good Samarit found in compliance v	d Infection Control Survey e South Dakota Department and Certification Office on tan Society Canistota was with 42 CFR Part 483.80 lations: F880, F882, F885,					
		iety Canistota was found in FR Part 483.73 related to					
,	Total residents: 43				;		
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE Administrator		(X6) DATE	
III Aschoff		sterisk (*) denotes a deficiency which the	institution may h	e-excused from correcting providing it is deteri			

program participation.

Facility ID: 0 03

SD DOM-OLD