DEPARTMENT OF HEALTH AND HUMAN SERVICES

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THE OF PROVIDER OR SUPPLIER ANALOGY CORRECTION ANALOGY OF PROVIDER OR SUPPLIER ANALOGY OF PROVIDERS PLAN OF CORRECTION (SACH OF PROVIDERS PLAN OF CORRECTION (REGULATORY OR LSC IDENTIFYING INFORMATION) FROM FROM INTERIFY A COVID-19 FOCUSED INSECTION A COVID-19 FOCUSED INSECTION A COVID-19 FOCUSED INSECTION A COVID-19 FOCUSED Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 12/3/20. Platte Care Center was found in Compliance with 42 CFR Part 483.50 insection control regulations); FSS0, FSS3, FSS3, FSS3, FSS0, FSS2, FSS3, and FS86. Plate Care Center was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 28	CENTER	S FOR MEDICARE &	MEDICAID SERVICES			ONID 140, 0330-0331	
AME OF PROVIDER OR SUPPLIER LATTE CARE CENTER SUMMARY STATEMENT OF DEPOSENCES (GACH DEPICIENCY MUST'SE PRECEDED BY FULL (REGAL DEPICIENCY) FOOD INITIAL COMMENTS INI	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDING		COMPLETED	
ATTE CARE CENTER Sea SAST 7TH POST OFFICE BOX 200 PLATTE, SD 3758 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FOOD 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 12/3/20, Plate Care Center was found in compliance with 42 CFR Part 483.0 in resident rights and 42 CFR Part 483.8 of infection control regulation(s): F550, F562, F563, F583, F680, F882, F885, and F886. Platte Care Center was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 28							
PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS Surveyor: 25107 A COVID-19 Focused Infection Control Survey was conducted by the South Dakrola Department of Health Licensure and Certification Office on 12/3/20, Platte Care Center was found in compliance with 42 CFR Part 483. (b) Infection control regulation(s): F560, F562, F563, F580, F580, F582, F885, and F586. Platte Care Center was found in compliance with 42 CFR Part 483. (b) Infection control regulation(s): F560, F562, F563, F580, F580				STREET ADDRESS, CITY, STATE, ZIP CODE 609 EAST 7TH POST OFFICE BOX 200			
Surveyor: 25107 A COVID-19 Focused Infection Control Survey was conducted by the South Dakota Department of Health Licensure and Certification Office on 12/3/20. Platte Care Center was found in compliance with 42 CFR Part 483.10 resident rights and 42 CFR Part 483.40 infection control regulation(s): F550, F562, F563, F583, F580, F582, F885, and F886. Platte Care Center was found in compliance with 42 CFR Part 483.73 related to E-0024(b)(6). Total residents: 28	(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLETION	
		Surveyor: 25107 A COVID-19 Focused was conducted by the of Health Licensure a 12/3/20. Platte Care (compliance with 42 Crights and 42 CFR Paregulation(s): F550, F882, F885, and F889 Platte Care Center was 42 CFR Part 483.73 m Total residents: 28	Infection Control Survey South Dakota Department and Certification Office on Center was found in FR Part 483.10 resident art 483.80 infection control 5562, F563, F583, F880, 6. as found in compliance with related to E-0024(b)(6).		TITLE	(XS) DATE	
17/18/1/ CEO 12/9/20	3ORATORY I	DIRECTOR'S OR PROVIDERA	SUPPLIER REPRESENTATIVE'S SIGNATU	RE		12/9/20	

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.

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