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

PRINTED: 01/11/2021 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			01/07/2021	
NAME OF PROVIDER OR SUPPLIER  BETHEL LUTHERAN HOME				STREET ADDRESS, CITY, STATE, ZIP CODE  1001 S EGAN AVE  MADISON, SD 57042			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD B			(X5) COMPLETION DATE
F 000	was conducted by the of Health Licensure a 1/7/21. Bethel Lutherr compliance with 42 C rights and 42 CFR Paregulation(s): F550, F F882, F885, and F886 Bethel Luthern Home with 42 CFR Part 483 Total residents: 57	Infection Control Survey South Dakota Department and Certification Office on Home was found in FR Part 483.10 resident art 483.80 infection control 562, F563, F583, F880, 3.  was found in compliance 73 related to E-0024(b)(6).	F	000			
	DIRECTOR'S OR PROVIDER/S MASON	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE Administrator		(X6) DATE 01/11/2021
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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.

FORM CMS-2567(02-99) Previous Versions Obsolete JAN 1 2020 Event D: Y3TH