DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/16/2023 FORM APPROVED OMB NO. 0938-0391

CENTERS	S FOR MEDICARE &		OMB NO. 0930-0391				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		B, WING	B. WING			03/2023	
NAME OF PROVIDER OR SUPPLIER LAKE ANDES SENIOR LIVING				74	REET ADDRESS, CITY, STATE, ZIP CODE 0 EAST LAKE ST AKE ANDES, SD 57356		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ;		PREF	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIATE OF CROSS-REFERENCE)		3E	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted from 5/1/23 through 5/3/23. Lake Andes Senior Living was found in compliance.		F	000			
	1/11/11/06	γ			Grantua Ni Octav		S-17-23
LABORATORY	DIRECTOR'S OF PROVIDE	USUPPLIER REPRESENTATIVE'S SIGNATU	RE		Executive Director		(X6) DATE
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Any deficiency statement ending with an asterisk (Oderates a deficience which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patterns. It see instructions of 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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FORM CMS-2587(02-99) Previous Ve sions Obsolete

Event D: YF1Y11

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Facility ID: 0062

If continuation sheet Page 1 of 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/16/2023 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICARD SERVICES			T CANON PARTIE	riol c	CONSTRUCTION	(X3) DATE	SURVEY	
SIMILIMENT OF DELIGITIONS			(X2) MULTIPLE CONSTRUCTION A, BUILDING		COMPLETED			
AND FERN OF CONTROLLOR			A, politino					
435097			B. WING			05/	05/03/2023	
NAME OF PR	ROVIDER OR SUPPLIER			\$	TREET ADDRESS, CITY, STATE, ZIP CODE			
LANCEAND	SEC CENIOD LIVING				40 EAST LAKE ST			
LAKE ANI	DES SENIOR LIVING			L	AKE ANDES, SD 57356			
(X4) ID PREFIX TAG	EXCH DEFICIENCY MUST BE PRECEDED BY FOLL			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		E ATE	(X5) COMPLETION DATE	
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E 000	Initial Comments		E	000				
	A recertification surv	ey for compliance with 42						
	CFR Part 482, Subpa	art B, Subsection 483.73,						
	Emergency Prepared	iness, requirements for Long						
	Term Care facilities w	vas conducted from 5/1/23 Andes Senior Living was						
	found in compliance.			0,000				
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		ST-21						
	MILLIACK	71)			Court of Direct		5-11-23	
	Mouldiver	//		_	Executive Director		(X6) DATE	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (XS) DATE								

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 place 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

Event ID: YF Y11

Facility ID: 0062

If continuation sheet Page 1 of 1

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

PRINTED: 05/16/2023 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER LAKE ANDES SENIOR LIVING PRESENT AND	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
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DOUBLE SUBSPICIENCY MUST BE PRECISED BY FILL PRIEFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) ROOD INITIAL COMMENTS A recertification survey for compliance with the LIfe Safety Code (LSC) (2012 existing health care occupancy) was conducted on 5/2/23. Lake Andes Senior Living was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities. Executive Director Executive Director Street Frenk TAG ROOD K 000 K 000 K 000 Frenk TAG ROOD K 000 Frenk TAG CROCK-CORRECTIVE ARTHOROPHIATE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE	NAME OF PROVIDER OR SUPPLIER				740 EAST LAKE ST				
A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 5/2/23. Lake Andes Sanior Living was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	PREFIX	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	FIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		BE ATE	COMPLETION	
Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 5/2/3. Lake Andes Senior Living was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities. Term Care Facilities.	K 000	INITIAL COMMENTS		K 000					
Mumaa Executive Director 5-1723		Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 5/2/23. Lake Andes Senlor Living was found in compliance with 42 CFR 483,70 (a) requirements for Long					=		
Executive Director (XI) DATE (XI									
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	LABORATORY DIRECTOR'S DR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					Executive Director		S-1723 (X6) DATE	

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 on not a planted 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 factive. It definitions are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete AY

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Facility ID: 0062

If continuation sheet Page 1 of 1

South Dakota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B, WING 05/03/2023 10638 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 740 E LAKE ST POST OFFICE BOX 130 LAKE ANDES SENIOR LIVING LAKE ANDES, SD 57356 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 Compliance/Noncompliance Statement S 000 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 5/1/23 through 5/3/23. Lake Andes Senior Living was found in compliance. S 000 S 000 Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Alde, requirements for nurse aide training programs, was conducted from 5/1/23 through 5/3/23. Lake Andes Senior Living was found in compliance. Executive Director

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

