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

PRINTED: 05/19/2020 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	
435130		B. WNG		05/	05/12/2020		
NAME OF PROVIDER OR SUPPLIER BETHANY HOME - BRANDON			3	STREET ADDRESS, CITY, STATE, ZIP CODE 1012 E ASPEN BLVD CORSON, SD 57005			
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION		
F 000	0 INITIAL COMMENTS		F 000				
	Surveyor: 33265 A COVID-19 Focused was conducted by the of Health Licensure a 5/12/20. Bethany Hocompliance with 42 Control regulation: F8	d Infection Control Survey e South Dakota Department and Certification Office on me - Brandon was found in CFR Part 483.80 infection 880, F884 and F885.					
						(Ve) DATE	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE HUNTER Winkleplack				TITLE Administrator	(X6) DATE 05/19/2020		
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. The ficiencies are diffed, an above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. The ficiencies are diffed, an above findings and plans of correction is requisite to continued program participation. FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: VPHG11 MAY 19 Facility ID: 0120 If continuation sheet Page 1 of 1							

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