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

PRINTED: 10/28/2020 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. WING		9	10/22/2020	
NAME OF PROVIDER OR SUPPLIER  BETHANY HOME - BRANDON				STREET ADDRESS, CITY, STATE, ZIP CODE 3012 E ASPEN BLVD BRANDON, 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 CORRE  (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 000	was conducted by the of Health Licensure a 10/22/20. Bethany Ho compliance with 42 C rights and 42 CFR Pa regulations: F550, F5 F882, F885, and F886 Bethany Home - Bran	Infection Control Survey South Dakota Department and Certification Office on ame - Brandon was found in FR Part 483.10 resident art 483.80 infection control 62, F563, F583, F880, 63.	F	DEFICIENCY)			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Hunton (Winklaslaslask)				TITLE Administrator		(X6) DATE 10/28/2020	

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. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

OCT 2 8 EVENDED: UZL2

SD DOH-OLD

Facility ID: 0120

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