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

PRINTED: 05/19/2020 FORM APPROVED OMB NO. 0938-0391

CENTERO I ON MEDIONIE & MEDIONID CENTROLO							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		435078	B. WING		0	05/06/2020	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIF	CODE		
AVERA EUREKA HEALTH CARE CENTER				202 J AVENUE POST OFFICE BOX	( 40		
AVEKA EL	KEKA HEALIH GARE G	ENIER		EUREKA, SD 57437			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	X (EACH CORRECTIVE A CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5)		
F 000		:	F	000			
	was conducted by the of Health Licensure a 5/6/20. Avera Eureka found in compliance infection control regu						
:		Care Center was found in FR Part 483.73 related to					
	Total residents: 52						
	DIRECTOR'S OF PROVIDER	ISLIDDI IED DEDRESENTATIVE'S SICNATI	IRF	TITLE		(X6) DATE	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Carmen Weber				Administ	rator	5/19/20	

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.) Exception hypering the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nutsing tromes, 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: 6UX711 Facility ID: 0964

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