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

PRINTED: 11/24/2020 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	
		43A113	B. WING_	G		11/18/2020		
NAME OF PROVIDER OR SUPPLIER AVERA OAHE MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 700 E GARFIELD GETTYSBURG, SD 57442				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	Surveyor: 18560 A COVID-19 Focused was conducted by the of Health Licensure a 11/18/20. Avera Oahe compliance with 42 C rights and 42 CFR Pa regulations: F550, F5 F882, F885, and F886 Avera Oahe Manor was	Infection Control Survey South Dakota Department Certification Office on Manor was found in FR Part 483.10 resident at 483.80 infection control FS 7563, F583, F880,	TAG	0000	CROSS-REFERENCED TO THE APPROPRIA			
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE								

Kristi Livermont Administrator 11.24.20

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.) 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 NOV 2 4 202 Event ID: R8QW11

SO DUM-DLC

Facility ID: 0112

If continuation sheet Page 1 of 1