

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 43D0406780	(X3) Date Survey Completed 03/25/2026
Name of Provider or Supplier Brookings Health System	Street Address, City, State 300 22nd Avenue, Brookings, SD	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D0000	A recertification survey for compliance with 42 CFR Part 493, Requirements for Laboratories, was conducted on 3/25/26. The Brookings Health System laboratory was found not in compliance.
D6120	<p>TECHNICAL SUPERVISOR RESPONSIBILITIES CFR(s): 493.1451(b)(7)(8)</p> <p>(b)(7) Identifying training needs and assuring that each individual performing tests receives regular in-service training and education appropriate for the type and complexity of the laboratory services performed; (b)(8) Evaluating the competency of all testing personnel and assuring that the staff maintain their competency to perform test procedures and report test results promptly, accurately and proficiently.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, technical supervisor (TS) (A) failed to ensure that one of fifteen testing personnel (TP) (B) had received a yearly competency assessment in 2025 and through the date of the survey for the test methods they performed under the laboratory's certificate. Findings include: 1. Review on 3/25/26 at 10:30 a.m. of the employee competency assessment records revealed that TP B did not receive an annual competency assessment since 11/13/24. A request was made to TS A for any additional documentation of an annual competency assessment completed in 2025. No additional documentation was provided during the survey. Review of the CMS 209 Laboratory Personnel Form revealed that TS A was listed as a technical supervisor. TP B was listed as a testing personnel. Review of the laboratory's Quality Assessment Program-Competency Assessment policy, last approved on 1/4/24, revealed that competency assessments were part of the Quality Assessment program and were completed once a calendar year for regular employees and reviewed by the laboratory manager and laboratory director. Interview on 3/25/26</p>

at 12:30 p.m. with TS A revealed that TP B had performed patient sample testing from 2025 through 2026 to date. TS A confirmed she failed to complete TP B's annual competency assessment in 2025.