

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 43D0658864	<b>(X3) Date Survey Completed</b> 06/16/2026
<b>Name of Provider or Supplier</b> Landmann Jungman Memorial Hospital	<b>Street Address, City, State</b> 600 Billars Avenue, Scotland, SD	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	A recertification survey for compliance with 42 CFR Part 493, Requirements for Laboratories, was conducted on 6/16/26. The Landmann Jungman Memorial Hospital laboratory was found not in compliance.
<b>D6125</b>	<p><b>TECHNICAL SUPERVISOR RESPONSIBILITIES</b> CFR(s): 493.1451(b)(8)(v)</p> <p>(b)(8)(v) Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples; and</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the laboratory failed to assess the staff's competency through the testing of blind samples or external proficiency testing (PT) events on all testing platforms for two of four testing personnel (A and B) from 2025 through the date of the survey. Findings include: 1. Review on 6/16/26 at 9:15 a.m. of the laboratory staff's annual competency assessment records revealed that testing personnel A started working in the laboratory on 3/6/26. Her initial competency assessment was completed on 4/17/26. No blind sample testing or PT events were documented for the departments of chemistry, urinalysis, microbiology, hematology, and coagulation. Testing personnel A performed testing in the departments of chemistry, urinalysis, microbiology, hematology, and coagulation since her hire date. Testing personnel B started working in the laboratory in June of 2025. Her competency assessments were completed on 8/6/25, 12/12/25, and 4/30/26. No blind sample testing or PT events were documented for the departments of chemistry, urinalysis, microbiology, hematology, and coagulation. Testing Personnel B performed testing in the departments of chemistry, urinalysis, microbiology, hematology, and coagulation since her hire date. Review on 6/16/26 of the Quality Assurance Plan policy, last reviewed by the laboratory director on 3/28/26, revealed competencies were to be evaluated annually and to include a review of PT results to ensure personnel competency. Interview on 6/16/26 at 12:00 p.m. with technical</p>

supervisor C revealed that she had completed the 2025 and 2026 competency assessments for testing personnel A and B, and that testing personnel A and B had processed patient specimens in all testing areas within the laboratory.