

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 43D0658941	(X3) Date Survey Completed 07/09/2025
Name of Provider or Supplier South Dakota Public Health Laboratory	Street Address, City, State 615 East Fourth Street, Pierre, 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
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: Based on a review of patient test reports and interview with general supervisor #3, the laboratory failed to ensure patient test reports included the address of the reference laboratory location for one of one patient test report. Findings include: 1. On 07/09/25, GS #3 confirmed the laboratory sent patient samples to a reference laboratory for antibiotic susceptibility testing (AST). 2. Record review of one patient report (patient #712453) sent to a reference laboratory revealed the laboratory failed to include the address of the reference laboratory. 3. Interview on 07/10/25 at 11:30 am, confirmed the findings above.</p>