

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 43D1048618	(X3) Date Survey Completed 01/31/2023
Name of Provider or Supplier Prairie Health	Street Address, City, State 230 Main Street, Corsica, 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 remote survey for compliance with 42 CFR Part 493.41, Reporting of SARS-CoV-2 Test Results was conducted on 1/31/23. The Prairie Health laboratory was found in compliance.