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| <b>Statement of Deficiencies</b>   | <b>(X1) Provider/Supplier/CLIA Identification Number</b><br><br>43D2189598 | <b>(X3) Date Survey Completed</b><br><br>03/08/2022 |
| <b>Name of Provider or Supplier</b><br><br>Freeman Regional Health Services  | <b>Street Address, City, State</b><br><br>510 East 8th St, Freeman, 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>   |
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| <b>D0000</b>              | A remote survey for compliance with 42 CFR Part 493.41, Reporting of SARS-CoV-2 Test Results was conducted on 3/8/22. The Freeman Regional Health Services laboratory was found in compliance. |