

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER LANDMANN-JUNGMAN MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 600 BILLARS ST SCOTLAND, SD 57059		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
C 000	INITIAL COMMENTS	C 000			
C 888	<p>EMERGENCY AND SUPPLIES CFR(s): 485.618(b)(2)</p> <p>Equipment and supplies commonly used in life-saving procedures, including airways, endotracheal tubes, ambu bag/valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tubes, splints, IV therapy supplies, suction machine, defibrillator, cardiac monitor, chest tubes, and indwelling urinary catheters. This STANDARD is not met as evidenced by: Based on observation, interview, policy review, and manufacturer's instructions for use (IFU) review, the provider failed to ensure: *Two of two Lifepak 15 defibrillators located in two of two emergency department (ED) trauma rooms (1 and 2) had been checked per the manufacturer's IFU. *One Lucas (machine that provides chest compressions) device located in the ED trauma room 1 had been checked per the manufacturer's IFU. Findings include: 1. Observation and interview on 12/9/24 at 1:24 p.m. in trauma room 1 and 2 with director of nursing (DON) A revealed: *Two Lifepak 15 defibrillators and a Lucas device. *She stated the Life Pak 15 defibrillators had</p>	C 888	<p>Lifepak 15 monitor/Defibrillator and LUCAS was not maintained properly. Daily checks were not performed according to the manufacturer's recommendations.</p> <p>Plan of correction: Manufacturer's instructions for daily inspection copied from Physiocontrol operators manual. Manufacturers recommendations for routine checks copied from LUCAS Chest Compression System Instructions for Use Manual. These were laminated and placed on a clipboard with the daily checklist. Daily checklist was modified to instruct staff to follow instructions on Lifepak 15 checklist and LUCAS checklist. Lifepak 15 checks to be performed daily and LUCAS checks to be performed weekly on Mondays. All staff will be educated and observed for competency of new process by Director of Patient Care Services by 12/24/24. Daily checklist will be monitored monthly for compliance with completion of checks by Director of Patient Care Services.</p>	12/24/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Melissa Gale, CEO 12/19/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER LANDMANN-JUNGMAN MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 600 BILLARS ST SCOTLAND, SD 57059	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C 888	<p>Continued From page 1</p> <p>been checked daily and signed off on the provider's day shift checklist.</p> <p>-There were no instructions on the shift checklist on how to check the defibrillators.</p> <p>*Staff should have performed the user test and printed off the pass/fail slip.</p> <p>*She stated the Lucas device's battery was switched out monthly for charging as indicated on the provider's night shift checklist.</p> <p>*No manufacturer's IFU were located on either the defibrillator or the Lucas device for staff to reference on how to check the devices.</p> <p>*She was unaware of what the manufacturer's IFU required for routine checks for the defibrillators and the Lucas device.</p> <p>Observation and interview on 12/9/24 at 2:15 p.m. in trauma room 1 with registered nurse (RN) B revealed she:</p> <p>*Stated the Lifepak 15 defibrillators in the two trauma rooms had been checked daily.</p> <p>*Performed the daily check as indicated on the provider's checklist.</p> <p>-Pressed the analyze button and was unsure of what to press next.</p> <p>-Selected user test and the machine printed out a slip indicating it had passed.</p> <p>-Stated this was all they did for their daily checks.</p> <p>*Was unsure of how to charge the defibrillator to deliver the appropriate joules (amount of energy delivered to a patient's heart from a shock).</p> <p>-Stated, "I can't remember how to perform the shock test."</p> <p>*Stated there were no operator instructions on how to perform these checks on the defibrillator.</p> <p>*Stated they had not unplugged the defibrillator from the wall during those daily checks.</p> <p>*Stated the Lucas device's battery was changed monthly per the provider's checklist and signed</p>	C 888	<p>Monthly metrics will be added to facility quality metric scorecard and reported to Quality Committee monthly starting in January 2025.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER LANDMANN-JUNGMAN MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 600 BILLARS ST SCOTLAND, SD 57059		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
C 888	<p>Continued From page 2 off. *Was unaware of any weekly checks regarding the Lucas device. *Stated, "We just make sure the battery is charged every day."</p> <p>Interview on 12/9/24 at 2:51 p.m. with DON A confirmed staff had not been performing the recommended daily and weekly checks as instructed per the manufacturer's IFU for the Lifepak 15 defibrillators and Lucas device.</p> <p>Review of the provider's 11/23 Code Cart Check policy revealed: "Purpose: -To ensure the availability of medication and supplies in emergency situations and ensure professional staff maintain familiarity with the drugs that are administered and the equipment/supplies that are used in an emergency situation. *Procedure: -The processional licensed staff will be involved with checking and stocking of the crash carts to make sure medications and supplies are stocked and equipment is working properly after each use. -The Lifepak 15 is checked every 24 hours and documented on the checklist."</p> <p>Review of the 10/11 Lifepak 15 Monitor/Defibrillator manufacturer's operating instructions for use (IFU) checklist revealed: *"Daily inspection and testing of the Lifepak 15 monitor/defibrillator is recommended. *1. Inspect physical condition for: -Foreign substances -Damage or cracks</p>	C 888			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER LANDMANN-JUNGMAN MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 600 BILLARS ST SCOTLAND, SD 57059	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C 888	Continued From page 3 *2. Inspect power source for: -Broken, loose, or work battery pins -Damaged or leaking battery -Spare battery available -Damage to power adapter and cables *3. Inspect ECG cable and cable port for: -Cracking, damage, broken, or bent parts or pins *4. Check ECG electrodes and therapy electrodes for: -Use By date -Spare electrodes available -Damaged, opened package *5. With batteries installed, disconnect from power adapter, press ON and observe for: -Momentary illumination of self-test messages and LED's, and speaker beep -Two fully charged batteries *6. With batteries installed, reconnect power adapter to device and check for: -Power adapter LED strip is illuminated -Auxiliary power LED on device is illuminated -Battery charging LED on device is illuminated or flashing 7. Perform QUIK-COMBO therapy cable check in Manual mode: -a. Disconnect and examine cable for cracking, damage, broken, or bent parts or pins. -b. Connect therapy cable to defibrillator and the Test Load. -c. Select 200 JOULES and press CHARGE. -d. Press shock button -e. Confirm ENERGY DELIVERED message appears. -f. Remove Test Load from cable and verify either PADDLES LEADS OFF or CONNECT ELECTRODES appears." Review of the 2009 Manufacturer's IFU for the Lucas 2 Chest Compression System revealed:	C 888		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LANDMANN-JUNGMAN MEMORIAL HOSPITAL - CAH	STREET ADDRESS, CITY, STATE, ZIP CODE 600 BILLARS ST SCOTLAND, SD 57059
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

C 888	Continued From page 4 "Weekly, and after each use of the LUCAS Check Compression System, do the following: -1. Make sure that the device is clean. -2. Make sure that a new Suction Cup is installed. -3. Make sure that the Patient Straps are attached. -4. Make sure that the two support leg straps of the Stabilization Strap are attached around the support legs. -5. Pull the release rings upward to make sure that the claw locks are open. -6. Make sure that the Battery is fully charged. -7. Push ON/OFF to make LUCAS do a self-test. Make sure the ADJUST LED illuminated with no alarm or warning LED. 8. Push ON/OFF to power down LUCAS again."	C 888		
-------	---	-------	--	--

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431317	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER LANDMANN-JUNGMAN MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 600 BILLARS ST SCOTLAND, SD 57059	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A recertification survey was conducted on 12/10/24 for compliance with 42CFR 485.623(d) (1), requirements for critical access hospitals and swing bed. Landmann-Jungman Memorial Hospital was found not in compliance. The building will meet the requirements of the 2012 LSC for existing health care occupancies upon correction of deficiencies identified at K351 and K361 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		12/31/24
K 351	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: Based on observation and interview the provider failed to maintain the fire sprinkler system	K 351	K 351: Ceiling tiles missing from IT rooms which poses threat to appropriate function of sprinkler system. Plan of Correction: Ceiling tiles were replaced in both locations described (12/11/24 and 12/18/24) so sprinkler can operate as intended. IT rooms will be checked on a weekly basis by maintenance staff and logged to ensure all tiles are in place. This will be tracked and converted into a quality metric by the maintenance director and shared at the monthly facility quality committee meetings.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Melissa Gale, CEO 12/26/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431317	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER LANDMANN-JUNGMAN MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 600 BILLARS ST SCOTLAND, SD 57059		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 351	Continued From page 1 reaction time as designed in two randomly observed locations (InformationTechnology (IT) closet and IT room) Findings include: 1. Observation on 12/11/24 at 12:02 p.m. revealed approximately one-quarter of the ceiling in the IT closet near the nurse station was missing. That missing portion of the ceiling would allow smoke and hot gasses to bypass the sprinkler head and slow the response of the building's fire suppression system. Interview with the administrator at that same time revealed she was unaware of that condition. The deficiency had the potential to affect 100% of the occupants of that smoke compartment. 2. Observation on 12/11/24 at 12:32 p.m. revealed a six inch by one foot ceiling tile in the IT room near the reception desk was missing. That missing portion of the ceiling w would allow smoke and hot gasses to bypass the sprinkler head and slow the response of the building's fire suppression system. Interview with the administrator at that same time revealed She was unaware of that condition. The deficiency had the potential to affect 100% of the occupants of that smoke compartment.	K 351			
K 361	Corridors - Areas Open to Corridor CFR(s): NFPA 101 Corridors - Areas Open to Corridor Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance	K 361			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431317	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER LANDMANN-JUNGMAN MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 600 BILLARS ST SCOTLAND, SD 57059	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 361	<p>Continued From page 2 with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the provider failed to maintain a corridor separation from areas not protected by an approved electrically supervised automatic smoke detection system (fire alarm) in one randomly observed areas (employee dining/break room). Finding include:</p> <p>1. Observation and interview on 12/10/24 at 12:47 p.m. revealed the employee dining/break room area had previously had 2 doors that opened into the corridor. Those doors had been removed and therefore left that area open to the corridor. That area did not have smoke detectors connected to the building's fire alarm system.</p> <p>Interview with the administrator at that same time confirmed those findings.</p> <p>The deficiency could affect 100% of the smoke compartment occupants. Ref: LSC 19.3.6.1(1)(c), NFPA 72 chapter 17.</p>	K 361	<p>K 361: Smoke detector will be installed in employee dining/break room that connects with the buildings fire alarm system.</p> <p>Plan of correction: Electrician wired fire alarm system for additional smoke detector in employee dining/break room.on December 17, 2024. Fire alarm system vender will install the smoke detector on December 27, 2024. Maintenance director will verify detector weekly until QA deems verification is no longer necessary.</p>	12/31/24

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/19/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 431317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER LANDMANN-JUNGMAN MEMORIAL HOSPITAL - CAH			STREET ADDRESS, CITY, STATE, ZIP CODE 600 BILLARS ST SCOTLAND, SD 57059		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 485, Subpart F, Subsection 485.625, Emergency Preparedness, requirements for Critical Access Hospitals, was conducted on 12/10/24. Landmann-Jungman Memorial Hospital was found in compliance.	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Melissa Gale, CEO 12/19/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10561S	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LANDMANN-JUNGMAN MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 600 BILLARS SCOTLAND, SD 57059
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Compliance/Noncompliance Statement</p> <p>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:75, Hospitals, Specialized Hospital, and Critical Access Hospital facilities, was conducted from 12/09/2024 through 12/11/2024. Landmann-Jungman Memorial Hospital was found in compliance.</p>	S 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Melissa Gale, CEO 12/19/2024