



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

PRINTED: 06/04/2026  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>430779</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING</b><br><br>B. WING _____ |   | (X3) DATE SURVEY COMPLETED<br><br><b>05/28/2026</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LANDMANN JUNGMAN MEMORIAL HOSPITAL CORPORATION</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>600 BILLARS ST<br/>SCOTLAND, SD 57059</b>    |   |   |
| (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 321   | <p>Continued From page 1</p> <p>c. Repair, Maintenance, and Paint Shops<br/>d. Soiled Linen Rooms (exceeding 64 gallons)<br/>e. Trash Collection Rooms (exceeding 64 gallons)<br/>f. Combustible Storage Rooms/Spaces (over 50 square feet)<br/>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observation and interview, the provider failed to maintain proper storage for hazardous items in one randomly observed location (emergency preparedness storage closet) as required.</p> <p>Findings include:</p> <p>1. Observation on 5/28/26 at 11:20 a.m. revealed the emergency preparedness storage closet had a decontamination water heater equipped with a 20 pound propane tank stored in it. The storage closet did not meet the requirements for the storage of hazardous materials.</p> <p>2. Interview with the director of ancillary services at the time of the observation confirmed that finding. The propane tank was relocated to the exterior of the building.</p> <p>The deficiency affected one of numerous requirements for the storage of hazardous items.</p> | K 321  |   |   |
| K 918   | <p>Electrical Systems - Essential Electric System CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing<br/>The generator or other alternate power source</p>   | K 918  |   |   |

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| K 918   | <p>Continued From page 2</p> <p>and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is not met as evidenced by:<br/>Based on record review and interview, the provider failed to conduct monthly generator load runs as required for January 2026 through May 28, 2026.</p> <p>Findings include:</p> | K 918   | <p>Director of Maintenance or designee will complete monthly generator load testing. Director of Maintenance will add an item to maintenance monthly checklist to ensure that this is completed</p> <p>Monthly generator load testing will be added to the facility quality scorecard for tracking purposes and will be reported out by the Director of Maintenance monthly during our facility quality meeting.</p> | 6/9/26  |

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| K 918   | Continued From page 3<br>1. Record review on 5/28/26 at 12:15 p.m. revealed only partial documentation of the required generator preventive maintenance functions. Interview with the director of ancillary services at the time of the record review revealed the 100 kW Onan diesel generator started automatically on Monday every week. He stated he didn't know if the weekly runs consisted of the transfer of power and running under load. He further stated that Cummins had performed annual generator load bank testing on 8/6/24 and 7/16/25. Annual load bank testing would be required if any of the monthly load runs in a calendar year failed to achieve 30% of the nameplate value of the generator. There was no documentation of required monthly load runs from January 2025 through May 28, 2026.<br><br>The deficiency affected one of numerous generator maintenance requirements. | K 918   |   |   |

South Dakota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>10561S</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>05/28/2026</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LANDMANN JUNGMAN MEMORIAL HOSPITAL CORP</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>600 BILLARS<br/>SCOTLAND, SD 57059</b> |
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|--------------------|--|---------------|--|--------------------|
| S 000              | Compliance/Noncompliance Statement<br><br>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:75, Hospitals, Specialized Hospitals, Critical Access Hospital, and Rural Emergency Hospital facilities, was conducted from 5/26/26 through 5/28/26. Landmann Jungman Memorial Hospital Corporation was found not in compliance with the following requirement S166.   | S 000         |  | 6/17/26            |
| S 166              | 44:75:02:18(1-8) Occupant Protection<br><br>The facility shall:<br><br>(1) Develop and implement a written and scheduled preventive maintenance program;<br>(2) Provide securely constructed and conveniently located grab bars in all toilet rooms and bathing areas used by patients;<br>(3) Provide a call system for each patient bed and in all toilet rooms and bathing facilities routinely used by patients. The call system must be capable of being easily activated by the patient and must register at a nurses' station serving the unit. A wireless call system may be used;<br>(4) Provide grounded or double-insulated electrical equipment or protect the equipment with ground fault circuit interrupters. Ground fault circuit interrupters must be provided in wet areas and for outlets within six feet of sinks;<br>(5) Prohibit the use of a portable space heater, portable halogen lamp, household-type electric blanket, or household-type heating pad in the facility;<br>(6) Ensure that any light fixture located over a patient bed, bathing or treatment area, clean supply storage room, clean laundry and linen storage area, or medication set-up area be equipped with a lens cover or a shatterproof lamp; | S 166         | Staff education will be conducted with nursing and environmental services staff on correct free hanging cords on the call light system. As part of facility quality improvement, Director of Patient Care Services will add an item to nursing daily checklist to ensure that all call light cords in restrooms are hanging freely instead of wrapped around grab bars. Educational signage will be added to all restrooms with call light cords for ongoing visual education on the proper free hanging necessity. This item will be added to the facility quality scorecard for tracking purposes and reported out by Director of Patient Care Services monthly during our facility quality meeting. |                    |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br><b>Melissa Gale, CEO</b> | TITLE<br><br><b>6/9/26</b> | (X6) DATE |
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| S 166              | <p>Continued From page 1</p> <p>(7) Ensure that any clothes dryer have a galvanized metal transition duct for exhaust or flexible transition duct listed and labeled in accordance with UL 281A; and</p> <p>(8) Ensure that the storage and transfilling of oxygen cylinders or containers meet the requirements of the NFPA 99 Health Care Facilities, 2012 Edition, chapter 11.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by:<br/>Based on observation and interview, the provider failed to maintain nurse call cords in three randomly observed rooms (patient room toilet rooms 116, 126, and 127).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Observation on 5/28/26 beginning at 11:30 a.m. revealed the isolation patient room 127 toilet room call cord was wrapped around the side grab bar. Further observations for patient rooms 126 and 116 revealed that those toilet rooms also had the nurse call cords wrapped around the side grab bars. Those call cords were from 12 inches to 24 inches above the floor. Wrapping around the grab bars would hinder the use of the call cords by patients. The call cords should extend to within four to six inches of the floor.</li> <li>2. Interview with the director of ancillary services at the time of observations confirmed those findings. He stated the call cords were new and were recently installed.</li> </ol> | S 166         |   |                    |

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| O 000 | <p><b>INITIAL COMMENTS</b></p> <p>An initial health survey for compliance with 42 CFR Part 485, Subpart E, Subsections 485.500-485.544, requirements for Rural Emergency Hospitals, was conducted from 5/26/26 through 5/27/26. Landmann Jungman Memorial Hospital Corporation was found in compliance.</p> | O 000 |  |  |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br><b>Melissa Gale, CEO</b> | TITLE | (X6) DATE<br><b>6/4/26</b> |
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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.

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| E 000 | <p><b>Initial Comments</b></p> <p>An initial survey for compliance with 42 CFR Part 485, Subpart E, Subsection 485.542, Emergency Preparedness, requirements for Rural Emergency Hospitals, was conducted on 5/28/26. Landmann-Jungman Memorial Hospital Corporation was found in compliance or was found in compliance.</p> | E 000 |  |  |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br><b>Melissa Gale, CEO</b> | TITLE | (X6) DATE<br><b>6/4/26</b> |
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