## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 06/10/2025 FORM APPROVED

OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING \_ 433433 06/04/2025 STREET ADDRESS, CITY, STATE. ZIP CODE NAME OF PROVIDER OR SUPPLIER

## BROOKINGS HEALTH SYSTEM ARLINGTON MEDICAL CENTER

104 W BIRCH POST OFFICE BOX 291

ARLINGTON SD 57212

	ARLINGTON, SD 57212									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE					
J 000	INITIAL COMMENTS		J 000							
	A recertification survey for compliance with 42 CFR Part 491, Subpart A, requirements for rural health clinics, was conducted on 6/4/25.  Brookings Health System Arlington Medical Center was found in compliance.		<							
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

President & CEO

TITLE

(X6) DATE

6/10/25

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		433433	B. WING _	3. WING		06/04/2025	
	ROVIDER OR SUPPLIER	RLINGTON MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 104 W BIRCH POST OFFICE BOX 291 ARLINGTON, SD 57212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
E 000	CFR Part 491.12, Sul Preparedness require clinics, was conducted	ey for compliance with 42 opart A, Emergency ements for rural health d on 6/4/25. Brookings con Medical Center was	E				
ABORATORY	RECTOR'S OR PROVIDER'S	UPFLIER REPRESENTATIVE'S SIGNATUR	F	TITLE		THE STATE OF THE S	(X6) DATE

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President & CEO

6/10/25