

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 432518	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/29/2026
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NAME OF PROVIDER OR SUPPLIER MONUMENT HEALTH DIALYSIS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 955 EAST NORTH STREET STE 200 , RAPID CITY, South Dakota 57701
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR I-SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
0000	<p>INITIAL COMMENTS</p> <p>A complaint health survey for compliance with 42 CFR Part 405, Subpart U requirements for End Stage Renal Disease Services was conducted from 4/28/26 through 4/29/26. The areas surveyed were quality of care, infection control, and HIPPA (federal law to protect sensitive patient information) Violations. Monument Health Dialysis, LLC was found in compliance.</p>	0000		