

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

PRINTED: 07/22/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 430091		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/17/2026	
NAME OF PROVIDER OR SUPPLIER BLACK HILLS SURGICAL HOSPITAL LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 216 ANAMARIA DR RAPID CITY, SD 57703			
(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
A 000	INITIAL COMMENTS			A 000			
A 701	A complaint health survey for compliance with 42 CFR Part 482, Subparts A-D; and Subsection 482.66 requirements for hospitals was conducted from 6/16/26 through 6/17/26. Areas surveyed included the Governing Body, Patient Rights, Quality Assurance Performance Improvement (QAPI), Surgical Services, and the Physical Environment. Black Hills Surgical Hospital LLC was not in compliance with the following requirement: A-0701. MAINTENANCE OF PHYSICAL PLANT CFR(s): 482.41(a) The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured. This STANDARD is not met as evidenced by: Based on observation, interview, infection prevention rounding report review, policy review and Administrative Rules of South Dakota review, the provider failed to ensure that three of twelve observed operating room (OR) floors (3, 4, and 5) and adjacent OR hallway flooring surfaces were maintained as smooth, nonporous, and cleanable surfaces to prevent the potential for the growth and transmission of pathogenic organisms. Findings include: 1. Observation on 6/16/26 at 3:30 p.m. of ORs 3 and 5 revealed multiple defects in the flooring system, including uneven floor surfaces, divots, gouges, and coved (curves up the wall a few inches instead of ending where the floor meets the wall) bases that were not integral with the floor and contained visible voids and gaps. These			A 701			

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

TITLE

(X6) DATE

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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A 701	Continued From page 1 defects prevented effective cleaning and disinfection of the surfaces and created areas where dust, debris, moisture, and potentially harmful microorganisms could accumulate and harbor bacteria. Areas of clear sealant were applied to portions of the flooring; however, the sealant had deteriorated and contained visible accumulations of dirt and debris. The flooring defects prevented the surfaces from being maintained as smooth and readily cleanable and created areas where dust, debris, and moisture could accumulate. 2. Interview on 6/16/26 at 3:52 p.m. with the director of surgery F confirmed the above findings. She stated the maintenance staff had performed repairs to the exposed areas as needed; however, those repairs did not provide a long-term solution. She further stated the OR floors would ultimately require replacement to support effective cleaning and disinfection. 3. Interview on 6/17/26 at 8:45 a.m. with chief executive officer (CEO) A, chief operating officer (COO) C, and chief nursing officer (CNO) B revealed leadership were aware of the compromised condition of the OR flooring and had monitored the issue. Leadership stated that the replacement of the OR flooring was included in the capital budget discussions; however, the project was not approved. 4. Observation on 6/17/26 at 10:30 a.m. in OR 4 identified multiple divots and gouges in the center and perimeter areas of the room. The coved bases were separating from the wall and floor surfaces, and portions of the flooring material were loose. Dirt and debris were observed within the divots, gaps, and uneven flooring surfaces.	A 701			

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A 701	Continued From page 2 5. Observation on 6/17/26 at 10:45 a.m. of the surgical hallway surrounding ORs 3, 4, 5, and 6 identified similar flooring defects, including divots, gouges, uneven flooring surfaces, and deteriorated flooring material. 6. Interview on 6/17/26 at 10:50 a.m. with director of surgery F and clinical care leader G confirmed the above findings and stated that the condition of the flooring affected the ability to effectively clean and disinfect the surfaces. 7. Interview and review of the infection prevention (IP) rounding report on 6/17/26 at 12:30 p.m. with CNO B and director of quality E revealed that environmental rounds were conducted monthly on a rotating basis throughout the surgical hospital, with the OR areas evaluated twice annually. The OR area had last been assessed on 1/24/26 by IP staff. Findings were communicated to the department managers for corrective action and follow-up reporting. The 1/24/26 IP rounding report revealed holes, chips, visible cracks, and compromised flooring surfaces had been identified in ORs 1, 2, 8, and 9, as well as in the adjacent hallway. The report recommended repair or replacement of the flooring to restore smooth, intact, and cleanable surfaces consistent with infection prevention requirements. The flooring in ORs 3, 4, and 5 was not mentioned in the rounding report, but it was reported that throughout the OR, "Given the widespread and structural nature of the damaged surfaces, bringing the OR into compliance through routine maintenance alone would not be feasible, and that a comprehensive OR remodel should be done."	A 701			

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A 701	Continued From page 3 CNO B was aware of the flooring concerns throughout the OR but acknowledged a gap in the process for communicating and following up on major capital improvement items. The director of quality E confirmed that the integrity of the ORs and adjacent hallway flooring, and the ability to effectively clean and disinfect the surfaces was an ongoing concern. 8. During the observations, ORs 1, 2, 8, and 9 were unable to be observed due to OR surgical procedures. 9. Review of the provider's 4/30/25 Operating Room Environmental Sanitation policy revealed the purpose was: "To provide guidelines for minimizing exposure to potentially infectious waste with the goal of providing a clean environment for both the surgical patient and the healthcare worker." The floors were mopped with a hospital EPA (Environmental Protection Agency) registered disinfectant between surgical procedures, and at the end of the day, terminal cleaning was performed on the entire floor using mechanical friction with an EPA-registered disinfectant. "Multiple measures should be used to assess environmental cleaning practices (visual inspection of cleanliness, visual observation, and fluorescent marking)." 10. Review of the Administrative Rules of South Dakota 44:75:13:20 wall and ceiling finish revealed, "Wall bases in any areas used for surgical and obstetrical procedures shall be integral with either the wall or the floor surface material and shall be without voids that can harbor harmful bacteria."	A 701			