South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10558 S	A. BUILDING: _____ B. WING _____	C 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONUMENT HEALTH RAPID CITY HOSPITAL	353 FAIRMONT BLVD POST OFFICE BOX 6000 RAPID CITY, SD 57701

(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	Compliance/Noncompliance Statement A complaint health survey for compliance with the Administrative Rules of South Dakota, Article 44:75, Hospital, Specialized Hospital, and Critical Access Hospital Facilities, was conducted from 9/16/25 through 9/17/25. Areas surveyed included emergency services and nurse assessment and reassessment. Monument Health Rapid City Hospital was found not in compliance with the following requirement: S252.	S 000		
S 252	44:75:06:03 Nursing Policies and Procedures The facility shall establish and maintain policies and procedures that assist the nursing staff with meeting its administrative and technical responsibilities in providing care to patients including: (1) The noting of diagnostic and therapeutic orders; (2) Assigning the nursing care of patients; (3) Administration and control of medications; (4) Charting by nursing personnel; (5) Infection control; (6) Patient safety; (7) Delineation of orders from nonphysician practitioners; and (8) Discharge planning. This Administrative Rule of South Dakota is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) complaint intake report, record review, interview, and policy review, the provider failed to ensure follow-up assessments were completed and documented by nursing staff for five of twelve sampled patients (4, 5, 8, 11, and 12) who were triaged and placed back in the emergency department (ED) waiting room according to the	S 252	Director and Manager of the Emergency Department (ED) reviewed the "Interdisciplinary Assessment and Reassessment' policy, waiting room rounding expectations, and ESI algorithm. ED Director developed education for waiting room rounding. Waiting room rounding expectations include hourly vital signs (heart rate, Sp02, respiratory rate), notification of out-of-range vital signs or status change to triage nurse, and documentation. Education will be provided to all ED Registered Nurses (RN), Licensed Practical Nurses (LPN), Technicians, Nurse Aides, and Paramedics via staff meeting, huddle, and iLearn by October 24, 2025. Any ED RN, LPN, ED Technician, NA, or Paramedic on leave will be required to complete education prior to the first worked shift. Department Director or designee will monitor education completion and report to the Vice President of Nursing and Vice President of Quality, Safety, & Risk Management by October 24, 2025. Monitoring: Department Director or designee will review 10% of monthly ED patients with a wait time greater than one hour after triage for hourly rounding documentation until placed into an ED. Department Director or designee will perform audits weekly. Monitoring will continue until 90% compliance has been sustained for 3 consecutive months. Results will be reported monthly to the Vice President of Nursing and Vice President of Quality, Safety, & Risk Management.	11/1/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S 252	Continued From page 1 provider's policy and procedures. Findings include: 1. Review of the SD DOH 7/21/25 complaint intake report revealed a patient who presented to the provider's emergency department was not further assessed or checked after they were triaged. 2. Review of patient 4's electronic medical record (EMR) revealed: *She arrived at the ED on 6/20/25 at 5:34 p.m. by ambulance from an urgent care clinic with a chief complaint of flank (kidney) pain. *At 5:36 p.m., ED registered nurse (RN) G triaged her. *At 5:39 p.m., patient 4's vital signs (measurements of the body's basic functions, such as temperature, blood pressure, pulse, and respiration rate) she had: -A temperature of 37.1 degrees Fahrenheit (F). -A heart rate (HR) of 105 beats per minute (bpm). -A blood pressure (BP) of 160 systolic over 105 diastolic. -Respirations of 20. -An oxygen saturation reading of 99% on room air (no oxygen delivered). -A pain rating of a ten on a scale of zero to ten to her left flank. *Per the provider's Emergency Severity Index (ESI), which classifies patients into five acuity (severity of illness) levels from 1 (most urgent) to 5 (least urgent), she was assigned a level 3 acuity. -A level 3 ESI acuity level indicated the patient was stable but would have required multiple types of resources (labs or diagnostic imaging) for diagnosis or treatment. *At 5:40 p.m., her triage assessment was	S 252		

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completed by RN G, and she was placed back into the ED waiting room due no open ED beds.
-There was no documentation in the EMR that indicated patient 4 had been assessed or checked on for two hours and twenty-six minutes while the patient waited in the ED waiting room.
*At 8:06 p.m., a call was made by ED RN I to be roomed with no response.
*At 8:14 p.m., a second call was made by ED RN H to be roomed with no response.
*At 8:26 p.m., a third and final call was made by ED RN H for patient 4 to be roomed with no response.
*At 8:26 p.m., patient 4 was discharged due to leaving the ED before being roomed and assessed by a physician.

Review of patient 5's EMR revealed:
*She arrived at the ED on 6/20/25 at 4:41 p.m. with a chief complaint of back pain.
*At 4:55 p.m., her triage assessment was completed by ED RN G. She was assigned an acuity level of 3. She was placed back into the ED waiting room due to having no open ED beds.
-There was no documentation in patient's 5 EMR that indicated the patient had been assessed or checked on for one hour and forty-six minutes while the patient waited in the ED waiting room.
*At 6:41 p.m., she was taken to an ED room to be assessed by a physician.

Review of patient 8's EMR revealed:
*He arrived at the ED on 6/20/25 at 4:51 p.m. with a chief complaint of ankle pain.
*At 4:56 p.m., his triage assessment was completed. He was assigned an acuity level of 3. He was placed back into the ED waiting room due to having no open ED beds.
-There was no documentation in patient 8's EMR

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S 252	Continued From page 3 that indicated the patient had been assessed or checked on for two hours and twenty minutes while the patient waited in the ED waiting room. *At 7:16 p.m., he was taken to an ED room to be assessed by a physician. Review of patient 11's EMR revealed: *She arrived at the ED on 8/1/25 at 2:08 p.m. with a chief complaint of right arm pain and difficulty speaking. *At 2:15 p.m., her triage assessment was completed. She was assigned an acuity level of 2 and was placed back into the ED waiting room due to having no open ED beds. -There was no documentation in the EMR showing that the patient had been assessed or checked on for two hours and twenty-one minutes while waiting in the ED waiting room. *At 4:36 p.m., she was taken to an ED room to be assessed by a physician. Review of patient 12's EMR revealed: *She arrived at the ED on 8/1/25 at 2:26 p.m. with a chief complaint of having fallen. *At 2:32 p.m., her triage was completed. She was assigned an acuity level of 3 and was placed back into the ED waiting room due to having no open ED beds. -There was no documentation in patient 12's EMR showing that the patient had been assessed or checked on for two hours and fifteen minutes while waiting in the ED waiting room. *At 4:47 p.m., she was taken to an ED room to be assessed by a physician. Interview on 9/16/25 at 9:38 a.m. with ED physician director A and ED RN C revealed: *When patients presented to the ED, a chief complaint, HR, and oxygen saturation level were to be documented in the EMR.	S 252		

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S 252	Continued From page 4 *Patients were then to be triaged based on acuity levels. *If the ED was full, patients may have to return to the waiting room until an ED room became available. *ED RN C stated that patients placed back into the waiting room should have hourly rounding documented. -Those hourly rounds were to include obtaining a patient's HR, BP, oxygen saturation, and/or pain level, depending on the patient's chief complaint. Interview on 9/16/25 at 10:17 a.m. with ED RN D revealed: *Patients presenting to the ED would come to the triage window where a RN asked for the patient's date of birth, chief complaint, and obtained the patient's vital signs. *An ESI acuity level was to be assigned at the end of the triage assessment. *Patients who arrived at the ED by ambulance were to immediately go to triage for assessment, and assignment of an acuity level. *Depending on a patient's acuity level and the ED's capacity, patients may have to return to the waiting room until a room opened. *RNs or ED techs were to complete hourly rounds on all patients in the waiting room and document the patient's assessments in the EMR. Interview on 9/16/25 at 10:33 a.m. with ED RN E revealed: *A triage RN would have obtained a chief complaint, HR, and oxygen saturation when patients arrive at the ED. *If able to be triaged, a complete set of vital signs and an acuity level was assigned. *When the ED was full, patients who were triaged would have gone back into the waiting room until an ED room was available.	S 252		

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S 252	Continued From page 5 *She stated, "Per our policy and protocol, hourly rounding would be completed with at least a heart rate and oxygen saturation documented. If patients have high blood pressure, we should be rechecking that too." *RNs and ED techs could have performed those hourly rounding assessments. *Any abnormal vital signs taken by the ED techs were to be reported to the RNs for further assessment. Interview on 9/16/25 at 10:55 am with ED technician F revealed: *Patients who arrived in the ED would present to the triage window, an RN would ask the patient for a chief complaint and obtain a HR and oxygen saturation level. *When the ED was at capacity, and patients were triaged, they would have to go back into the waiting room. *Rounding was to be done hourly for patients in the and the patient's HR and oxygen saturation was to be documented. *Abnormal vital signs were to be reported to the RN. Interview on 9/16/25 at 12:00 p.m. with ED nurse manager B revealed rounding of the patients in the waiting room should have occurred hourly and been documented in the EMR by a technician or RN. Interview on 9/16/25 at 3:05 p.m. with ED RN G revealed: *RNs would have obtained the patient's chief complaint and vital signs during triage and assigned an acuity level. *If patients returned to the waiting room after triage, rounding was to be completed hourly with documentation of a patient's HR and oxygen	S 252		

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S 252	Continued From page 6 saturation. *She stated, "We ensure we lay eyes on the patients." Interview on 9/16/25 at 4:15 p.m. with ED RN H revealed she confirmed with the same process noted above. Interview on 9/17/25 at 9:28 a.m. with ED nurse manager B regarding rounding of patients in the waiting room revealed: *All nursing staff in triage were expected to complete patient rounding hourly and document those assessment findings in the EMR. *That expectation was communicated to all nursing staff through a staff huddle twice daily and via email. Review of the provider's July 2023 Interdisciplinary Assessment and Reassessment policy revealed: *" Ongoing Assessment: -An RN/LPN/Paramedic [will] perform reassessment at department specific or level of care specific time intervals. -The reassessment is based upon but not limited to the following order, physical status related to the medical diagnosis, identified inpatient care plan, response to treatment or change in condition. *All patients receiving inpatient, outpatient, or ED services will have an initial assessment and appropriate follow-up assessment based up their individual needs including physical, psychological, social/cultural status, discharge needs, education status and treatment setting." *The goals of the assessment/reassessment process is to provide safe care and treatment." Review of the provider's March 2025 and July	S 252		

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S 252	Continued From page 7 2025 Hourly Rounding education revealed: *" Reminder for lobby rounding-please complete and document hourly. *If it's too busy for triage staff to complete, notify the CRN [charge registered nurse] who can find a replacement (CRN, flex RN, tech, leadership). *This is critical for safety and just good customer service-communication is expected."	S 252		