STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 432517	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONUMENT HEALTH DIALYSIS LLC	132 YANKEE STREET POST OFFICE BOX 6000, SPEARFISH, South Dakota, 57783

(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
V0000	INITIAL COMMENTS A recertification health survey for compliance with 42 CFR Part 405, Subpart U, requirements for End Stage Renal Disease Services, was conducted from 5/13/26 through 5/14/26. Monument Health Dialysis, LLC was found not in compliance with the following requirements: V113, V116, and V402.	V0000	V 113 The facility will meet the standard as evidenced by review and re-education of all clinical staff on Policy #301 "Universal Precautions" Policy # 305 titled "Hand Hygiene and Use of alcohol based sanitizers" and Policy # 304 "Use of Gloves including Hand Hygiene" The staff will both read the policy and have an educational interaction with the Nurse Manager. They will sign review and understanding by 6/3/2026. 1. The facility Nurse Manager will post Hand Hygiene Policy # 305 will be in both the staff break room and nursing station for review and reference by 6/3/26. 2. The facility Nurse Manager will post WHO "How to Hand Hygiene" and "How to Handwash" will be posted by the Nurse Manager at the sinks in the clinical area for daily reference and in personnel only areas by 6/3/26. 3. The Nurse Manager will perform audits (using the CDC Dialysis Collaborative audit tool) beginning Monday, June 8, 2026 twice a week for 4 weeks consecutively to observe different staff working the clinical floor. This will include a minimum of 1 hour and all staff scheduled for the day. Direct feedback will be given at point of observation to individual team members to improve practice and will be documented. Completion by June 6, 2026, and ongoing. 4. The facility IDT will review results in June QAPI and documented. Outcomes will determine ongoing need for twice weekly audits and documented. 95% compliance for 4 weeks will result in an additional once a week audits for four more weeks starting July beginning July 6, 2026. Findings will be reported and assessed at the monthly QAPI meeting. Random Hand Hygiene audits will be accomplished The standard and reviewed and documented by the QAPI team for future action. QAPI minutes reflect the IDT review and plan with completion by June 26, 2026	6/26/26
V0113	IC-WEAR GLOVES/HAND HYGIENE CFR(s): 494.30(a)(1) Wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station. Staff must remove gloves and wash hands between each patient or station. This STANDARD is NOT MET as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure that staff performed hand hygiene (washing with soap and water or sanitizing with an alcohol-based hand rub) and wore personal protective equipment (PPE) when moving between treatment stations, before touching patient care equipment (dialysis machines), by two of two registered nurses (RN) (A and C). Findings include: 1. Observation on 5/13/26 at 10:00 a.m. in the dialysis treatment area revealed that RN A entered station 1, put on a clean pair of gloves, touched the dialysis treatment machine, removed both of her gloves and discarded them in the trash can, did not perform hand hygiene, and then touched the dialysis machine without gloves. At 10:24 a.m., she moved to station 6. She put a glove on her left hand, walked to the nurses' station, turned over a clipboard that was lying on the desk with that gloved hand, returned to station 6, put a glove on her right hand, touched the dialysis machine, assessed patient 7's arteriovenous (AV) fistula (direct connection between an artery and a vein) access site, and listened to the patient's lung sounds with a stethoscope. She removed her	V0113		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Area Operations Director	6/9/26

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V0113	Continued from page 1 gloves, left station 6 to grab a new pair of gloves, and failed to perform hand hygiene before putting them on. At 10:37 a.m., RN A was disconnecting patient 7 from the dialysis machine and applying pressure with her left gloved hand to his AV fistula access site. With her left gloved hand, she touched her face, then touched the patient's AV fistula access site again with the same hand without removing her gloves or performing hand hygiene. At 10:40 a.m., RN A entered station 7 (an isolation room) that had a patient who needed contact isolation precautions, requiring the staff to wear an additional gown and gloves before entering the room and providing patient care. She did not put on a gown or a pair of gloves before taking the patient's temperature. 2. Interview on 5/13/26 at 11:10 a.m. with dialysis manager B regarding the above observations confirmed that hand hygiene should be performed between treatment stations, after removing gloves, before touching patient care supplies, and before touching patient care equipment. Appropriate PPE should be practiced before entering an isolation room, including wearing an additional gown. 3. Observation on 5/13/26 at 2:00 p.m. with RN C revealed that before entering station 1, without performing hand hygiene, she wrapped a glove around her right index finger and touched the patient's dialysis machine instead of putting on the glove. At 2:40 p.m., RN C entered station 1, did not perform hand hygiene, touched the patient's dialysis machine without putting on a pair of gloves, and then performed hand hygiene. 4. Observation on 5/14/26 at 8:13 a.m. with RN C revealed that before entering station 5, she performed hand hygiene, and then wrapped a glove around her right index finger to touch the dialysis machine instead of putting on gloves. She performed hand hygiene, grabbed another glove, wrapped it around her right index finger, entered station 6, and touched the dialysis machine instead of putting on a pair of gloves. 5. Interview on 5/14/26 at 8:25 a.m. with dialysis manager B confirmed the staff should not be wrapping a glove around their fingers to touch the dialysis machines. She stated, "Staff are expected to wear the gloves to perform tasks." 6. Review of the provider's 1/1/25 Use of Gloves	V0113		

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V0113	Continued from page 2 Including Hand Hygiene policy revealed, "Staff will wear disposable gloves when caring for the patient or touching the patient's equipment at the dialysis station." Gloves will be changed when soiled, when moving from a dirty area to a clean area, and after touching a patient or their equipment. "Hand hygiene will be performed after touching blood, body fluids, secretions, excretions, and potentially contaminated items; before and after direct contact with patients; immediately after gloves are removed; after contact with inanimate objects, including medical equipment or environmental surfaces at the patient station; before entering and on exiting the patient treatment areas; when moving from a contaminated body site to a clean body site of the same patient." Review of the provider's 1/1/25 Hand Hygiene and Use of Alcohol-Based Hand Sanitizer policy revealed, "Staff must remove gloves and wash hands between each patient and station." Hand hygiene should occur, "before eating; before and after having direct contact with a patient's intact skin; after contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings; after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient; if hands will be moving from a contaminated-body site to a clean-body site during patient care; after glove removal." Review of the provider's 1/1/25 Universal Precautions policy revealed, "Gloves will be used when caring for the patient or the equipment at the dialysis station at all times. Gloves will be changed when moving from patient to patient and/or from machine to machine, and the employee will wash hands in between. Gloves must be placed on the hand completely and correctly prior to using it. It is not acceptable to pick up a glove and touch the machine with it before putting it on."	V0113		
V0116	IC-IF TO STATION=DISP/DEDICATE OR DISINFECT CFR(s): 494.30(a)(1)(i) Items taken into the dialysis station should either be disposed of, dedicated for use only on a single patient, or cleaned and disinfected before being taken to a common clean area or used on another patient. -- Nondisposable items that cannot be cleaned and disinfected (e.g., adhesive tape, cloth covered blood pressure cuffs) should be dedicated for use only on a single patient.	V0116		

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V0116	Continued from page 3 -- Unused medications (including multiple dose vials containing diluents) or supplies (syringes, alcohol swabs, etc.) taken to the patient's station should be used only for that patient and should not be returned to a common clean area or used on other patients. This STANDARD is NOT MET as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure a stethoscope was disinfected before patient use for two of two patient vital sign checks (measurements of the basic functions, such as temperature, blood pressure, pulse, and respiration rate). Findings include: 1. Observation on 5/13/26 at 9:52 a.m. of the nursing station revealed a plexi-glass (shatter resistant glass) partition labeled clean on one side and dirty on the other side of the desk. There were two stethoscopes placed on the dirty side of the glass. Registered nurse (RN) A picked up one of the stethoscopes and went to the waiting room to take an unknown patient's vital signs. She did not disinfect the dirty stethoscope before checking the patient's vital signs. She walked back to the nurse's station, disinfected the stethoscope, and placed it on the dirty side of the glass. A couple of minutes later she picked up the same stethoscope and went to station 3 to check the patient's vital signs. She did not disinfect the stethoscope before checking the patient's vital signs. 2. Interview on 5/13/26 with RN A revealed she was not sure why she did not disinfect the dirty stethoscope before patient use. She should have placed the disinfected stethoscope where they store the clean stethoscopes. She agreed this was not how they should disinfect and store stethoscopes. 3. Review of the provider's 1/1/25 General Facility Infection Control policy revealed items taken into the dialysis station should be disinfected before being taken to a clean area or used on another patient.	V0116	V 116 The facility will meet the standard by re-educating staff on Policy #302 "General Facility Infection Control". The staff will both read the policy and have an educational interaction with the Nurse Manager. They will sign review an understanding by 6/3/2026. 1. The facility Nurse Manager will post Policy #302 "General Facility Infection Control" in the break room and nurses station for review and reference by 6/3/26. 2. The facility Nurse Manager will audit (using the CDC audit tool titled Hemodialysis station routine disinfection Observations) staff implementation of Standard and Contact Precautions by performing weekly audits of environmental and equipment disinfection for 6 consecutive weeks beginning 6/8/26. The Nurse Manager will audit clinical practices of station and equipment disinfection between patient use and provide and document feedback to staff at the time of observation to be completed by June 26, 2026, and ongoing. 3. The facility will review and assess the results of the Standard and Contact Precautions audit in the IDT QAPI meeting and document June 26, 2026. Results will determine ongoing need for monitoring. Additional audits will be performed randomly 3 times additionally between end of 6-week audit period and end of the calendar year to assure continued compliance. The AOD will ensure the QAPI minutes reflect the results of audits and the response each month until complete.	6/26/26 6/26/26 6/26/26

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V0402	PE-BUILDING-CONSTRUCT/MAINTAIN FOR SAFETY CFR(s): 494.60(a) The building in which dialysis services are furnished must be constructed and maintained to ensure the safety of the patients, the staff and the public. This STANDARD is NOT MET as evidenced by: Based on observation and interview, the provider failed to ensure ventilation grilles above seven of seven dialysis stations were maintained in a clean condition. This had the potential to contaminate potential sterile (being free of living organisms such as bacteria, viruses, and fungi) areas required for access of central venous catheters (CVC) (a long flexible tube inserted into a large vein in the chest, neck, arm or groin and threaded to just above the heart) and arteriovenous (AV) fistula (direct connection between an artery and a vein) for 29 of 29 patients receiving dialysis. Findings include: 1. Observation on 5/13/26 at 3:00 p.m. revealed that the ventilation grille above dialysis station 2 had a large amount of dust and dirt accumulated on it. Further observation revealed that similar ventilation grilles were positioned above seven of seven dialysis stations. When the grille was touched with a paper towel, dirt and dust could be seen falling onto the dialysis station and chair. 2. Interview on 5/13/26 at 3:00 p.m. with dialysis technician E revealed that she had developed a cleaning checklist six weeks before the survey for the nighttime cleaning staff to follow and the ventilation grilles were to be cleaned as needed, but this was not done yet. 3. Interview on 5/13/26 at 3:05 p.m. with dialysis manager B revealed that she agreed that the dirty/dusty ventilation grilles presented a potential source of infection for patients requiring sterile access to their CVC.	V0402	V402 The facility will meet the standard by ensuring compliance with facility maintenance and cleanliness by adding a "ventilation cleanliness check" to the existing Dialysis Clinic, Inc. (DCI) monthly facility safety inspection process. Beginning in June 2026 1. The technical bio med staff will write the "ventilation cleanliness" observation on the form monthly. 2 individuals will walk and inspect the facility for optimal observation. 2. The DCI Monthly facility safety inspection wil l be reviewed with the IDT at the monthly QAPI meeting and the result will be documented in the QAPI minutes with completion on June 26, 2026 and ongoing. 3. Ongoing compliance will be enforced and email communication with the contracted company will address and any findings on the safety inspection will be recorded and addressed by bio med lead that same month and documented.	6/26/26