

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 68198	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/02/2025
NAME OF PROVIDER OR SUPPLIER WASHINGTON CROSSING SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4709 E 6TH ST SIOUX FALLS, SD 57110		
(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 Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted on 12/2/25. Washington Crossing Senior Living was found not in compliance with the following requirements: S201 and S285.	S 000		
S 201	44:70:03:02 General Fire Safety Each facility must be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of occupants from fire, smoke, fumes, or resulting panic during the period of time reasonably necessary for escape from the structure in case of fire or other emergency. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, the facility must conduct monthly drills to provide training for all personnel. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to maintain smoke barriers for: *Two of two laundry room doors that were held in the open position by magnetic devices that would not automatically release in the event of a fire. *One of one cross-corridor smoke barrier doors by resident room G58 that had a quarter-inch gap between the doors from top to bottom. Findings include: 1. Observation and interview on 12/2/25 at 1:30 p.m. in the laundry room with facilities coordinator D revealed: *Both laundry room doors were held open by	S 201	LAL Inc/Washington Crossing Response to S 201-44:10:03:02 General Fire Safety: The door in the laundry room will have a magnetic door retainer unit installed by a certified electrician and fire alarm organization. This automated closure device will release automatically on activation of the fire alarm pull system. Installation of this will enable the door to be open and in the event of a fire alarm emergency will close automatically. The door will be inspected by the facilities coordinator immediately upon completion. A monthly test will be activated to ensure proper installation. 100% compliance is to be expected. This will continue to be tested, monitored and reported for six month and a status report of tests will be reported by the Executive Director at scheduled QA Committee meetings. At the end of a six months of successful operations the QA committee will determine if additional testing is required. The barrier doors by room G58 were identified to be missing a smoke seal. The seals were installed on December 15, 2025. Installing this seal closed the quarter inch gap and will resist the passage of smoke in an emergency. The doors have been inspected for proper installation by the facilities coordinator. 100% compliance has been established and will be reported by the Executive Director at the next scheduled QA Committee meeting. This will continue to be tested, monitored and reported for six month and a status report of tests will be reported by the Executive Director at scheduled QA Committee meetings. At the end of a six months of successful operations the QA committee will determine if additional testing is required.	12/18/2025

STEVEN H THOMPSON

EXECUTIVE DIRECTOR

12/17/2025

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S 201	Continued From page 1 magnetic devices. *Those doors separated the laundry room from the exit corridor. *Those magnetic devices were not tied into the fire alarm system and the doors would not automatically release in the event of a fire. *Facilities coordinator D agreed those magnetic devices were not tied into the fire alarm panel and the doors would not close in the event of a fire. 2. Observation and interview on 12/2/25 at 1:45 p.m. of the cross-corridor smoke barrier doors by resident room G58 with facilities coordinator D revealed: *When the doors were closed there was a quarter inch gap between the doors from top to the bottom. *Those doors would not resist the passage of smoke. *One door was missing the smoke seal which created the gap. *Facilities coordinator D confirmed the finding. *He was not aware the smoke seal was missing from one door.	S 201		
S 285	44:70:04:03 Personnel The facility shall have a sufficient number of qualified personnel to provide effective and safe care. Personnel on duty must be awake at all times, except as provided in § 44:70:03:02.01. Any supervisor must be eighteen years of age or older. The facility shall make available written job descriptions and personnel policies and procedures to personnel of all departments and services. The facility may not knowingly employ any person with a conviction for abusing another person. The facility shall establish and follow policies regarding special duty or personnel on	S 285	LAL Inc/Washington Crossing Response to S 285-44:70:04:03 Personnel: Employees A, C, E, and F, along with all other existing employees will be re-educated on the specific topics of abuse and neglect, as well as mandatory state reporting by the end of 2025. Moving forward, background checks will be conducted on all current employees and will be included in the new hire process and added to our new hire checklist. Documentation of these background checks will be maintained in employee's personnel files. The Executive Director will conduct an on-going monthly audit to ensure compliance and the results of this audit will be reported by the at scheduled QA Committee meetings. Also, a procedure policy will be created and education provided to all hiring managers regarding the importance and compliance with ensuring background checks are completed prior to employment.	01/15/2026

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S 285	<p>Continued From page 2</p> <p>contract.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel file review, interview, and policy review, the provider failed to implement a pre-employment screening process to ensure they had not knowingly hired any person with an abuse conviction for four of four sampled employees (A, C, E, and F). Findings include:</p> <p>1. Review of the following employee personnel files revealed: *Employee A had a hire date of 6/2/25. -He had been hired as the executive director. *Employee C had a hire date of 8/18/25. -She had been hired as the clinical manager/registered nurse (RN). *Employee E had a hire date of 6/1/23. -She had been hired as a housekeeping assistant. *Employee F had a hire date of 4/15/25. -She had been hired as a certified medication assistant (CMA). *There was no documentation in the above employee's personnel files of any type of pre-employment screening process had been completed including a criminal background check.</p> <p>2. Interview on 12/2/25 at 3:30 p.m. with operational manager B and clinical manager/RN C revealed: *Executive director A: -Had identified they did not have a process in place to ensure they did not knowingly hire someone with a history of abuse or neglect for new employees.</p>	S 285			

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S 285	<p>Continued From page 3</p> <p>-Had discussed that in a Quality Assurance Performance Improvement (QAPI) meeting.</p> <p>-Was in the process to begin background checks.</p> <p>*Clinical manager/RN C stated the above conversations with executive director A regarding reference checks were not documented.</p> <p>3. Review of the provider's undated Abuse and Neglect policy revealed:</p> <p>*"SCREENING:</p> <p>-Every department with staff that deals directly with residents will check all pertinent State nurse aide registries, other licensing authorities or character references to ascertain existence of abuse histories.</p> <p>-This facility will not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and will report any knowledge of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities."</p> <p>*"The facility should check all references and make reasonable efforts to uncover information about any past criminal prosecutions. -There may be a requirement to conduct criminal background checks."</p>	S 285		