South Dakota Department of Health

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION :	(X3) DATE SURVEY COMPLETED		
	49736		B. WING		C <b>02/11/2025</b>	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
EDGEW	OOD SPEARFISH SEN	MOR LIVING LLC	CON CREST			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
S 000	Compliance Statem	nent	S 000			
	Administrative Rule 44:70, Assisted Living sisted living center 2/11/25. Areas surviving services. Ecliving LLC was four	for compliance with the es of South Dakota, Article ing Centers, requirements for ers, was conducted on reyed included elopement and dgewood Spearfish Senior and not in compliance with the ents: S030 and S337.				
S 030	44:70:01:07 Report	s To The Department	S 030			
	the department thro	eport the following events to ough the department's online ithin twenty-four hours of the ent:				
	resident; (3) Any death resulcauses that original (4) A missing resid (5) A fire in the faci (6) Any loss of utilitalarm, sprinklers, anecessary for operathan twenty-four ho	uspect abuse or neglect of a  Iting from other than natural ted on facility property; ent; ility; ties, emergency generator, fire nd other critical equipment ation of the facility for more urs; or nking water samples, or	e			
	for the event and re	nduct an internal investigation port the results to the r than five working days after				
		ay request additional e facility and investigate any				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY PLETED		
	49736		B. WING			C <b>02/11/2025</b>	
EDGEWOOD SPEAREISH SENIOR LIVING LLC 540 FALC		540 FALC	ORESS, CITY, S ON CREST I SH, SD 5778				
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S 030	Continued From pa	ge 1		S 030			
	met as evidenced to Based on a South I (SD DOH) facility-re review, interview, a failed to: *Investigate three e without staff knowle resident (1). *Report to the SD I one sampled reside Findings include:  1. Review of the proto the SD DOH by of (CSD)/registered nown and "was un back inside of the fahad observed the resident had been of than half [an] hour.' *The corrective action was: "Resident nown us to use geofencing-That corrective action was: "Resident nown us to use geofencing-That corrective action was: "Resident nown us to use geofencing-That corrective action was already "Neither the FRI not explained: -How it was determines than a half how the was, and what helpopement, or if the had contributed to the total was already that the property of the had contributed to the total was already the incident of the had contributed to the total was already the incident of the had contributed to the total was already the incident of the had contributed to the total was already the incident of the had contributed to the total was already the incident of the had contributed to the total was already the incident of the had contributed to the had contributed t	Dakota Department of eported incident (FRI and policy review, the alopements (a resider edge) by one of one set (FRI and policy review, the alopements (a resider edge) by one of one set (FRI and policy and pol	of Health ), record provider Int left sampled by one of  ubmitted tor i: his s brought driver who g lot. "The r, less the FRI t "enables ice." I CSD/RN I the wristband. I note had butdoors r, where he cors that viewed				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED		
49736			B. WING 02			C / <b>11/2025</b>	
	PROVIDER OR SUPPLIER	NOR LIVING LLC 540 FALC	ORESS, CITY, S' ON CREST D SH, SD 5778				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
S 030	uninjured" after the CSD/RN B was not survey to have been Review of resident (EMR) revealed: *A 1/7/25 progress clinical services dire (RN) B: -Resident 1 "was one employees cars. In was looking for his directed back into coll the was discovered. The progress are sident that dete daily activity and be room, so there was building." -"geofencing [tect geographic boundanthe Tempo wristbarentered or left a paresident's Tempo for resident's whereabout the tempo wistbarentered or left a paresident's whereabout the tempo wistbarentered or left a paresident's whereabout the tempo wistbarentered or left a paresident's whereabout the tempo wistbarentered or left a paresident of the	ement. ined the resident "was elopement.  available on the day of the interviewed.  1's electronic medical record note that was documented by ector (CSD)/registered nurse utside getting in & out of formed that resident stated he car & that resident was easily our building." 'resident [1] had taken his o device [a wristband worn by cts changes in that resident's chavior patterns] off while in his no alert when resident left the nnology that created a virtual ry that activated an alert when and identified the resident had rticular area] can be set up on or better monitoring of outs."  v of resident 1's EMR	S 030				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING.	<del></del>		
		49736	B. WING		02/1	) 1/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EDGEW	EDGEWOOD SPEARFISH SENIOR LIVING LLC SPEARE					
	0.11.41.42.72.4.07.4		SH, SD 5778			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 030	Continued From pa	ige 3	S 030			
	CSD/RN C revealed *She had not report elopement to the Stone have done so. *She confirmed resolvent and elopement but the 'the should have alerted exited the front doo investigated why ithe *Assistant CSD/RN -Any staff interviews the resident was seen he was, and what he elopement, or if the had contributed to the was brought in the lift the resident's me notified of the elopement in the elopement.	ted resident 1's 1/30/25 D DOH but she was expected dident 1 was wearing his t the time of his 1/30/25 'geofence was not yet started." anding the Tempo wristband distaff that resident 1 had or on 1/30/25. She had not had not alerted. I C had not documented: Is to have known the last time then before he eloped, where he was doing before the the elopement. Ident had been outdoors before by staff. edical provider had been tement. the resident's physical				
	revealed: *A progress note co	on of resident 1's EMR				
	[certified medication	found outside by CMA n aide] entering the building. easily redirected back into the				
	building." *CSD/RN B had no -If the resident was	t documented: wearing his Tempo wristband				
	the resident had be	s to have known the last time				

South Dakota Department of Health							
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE	R/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
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		49736		B. WING		02/1	1/2025
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY S	STATE, ZIP CODE		
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<b>EDGEW</b> (	OOD SPEARFISH SE	NIOR LIVING LLC					
			SPEARER	SH, SD 5778	33		
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					,		
S 030	Continued From pa	ige 4		S 030			
	•						
		opement, or if there h					
		d contributed to the el					
		lent had been outdoo	rs before				
	he was brought in b						
		edical provider had be	een				
	notified of the elope						
		the resident's physical	al				
	condition after that	elopement.					
	Interview on 2/11/2						
	administrator A rega	arding resident 1's eld	opements				
	revealed:						
	*She confirmed the	SD DOH had not be	en				
	notified of resident	1's 1/30/25 and 2/7/2	5				
	elopements.						
	•	or assistant CSD/RN	C should				
		se reports but they ha					
	*Elopement investig						
		her the FRI form or in	а				
	progress note form		_				
	,	7/25 FRI and the abo	ve 1/7/25				
		progress notes had					
		investigations of resid					
	three elopements h		JOHE 13				
	•	locumented nurse as:	sessment				
		ave been completed for					
	resident following a		or arry				
	resident following a	in elopement.					
	Peview of the provi	ider's January 2025 E	lonement				
		ssing Resident policy					
	*Document in the re		revealed.				
			4				
		and precipitating fac					
		ized to return the resi	ueni io				
	the unit.						
		sponse to the interve					
		essment upon the res	sident 's				
		dition of the resident.					
	e. Care rendered.	_	_				
		v enforcement, physic					
	family, managemer	nt, Regional Nursing [	Directors,				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION ( A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		49736		B. WING		l l	C <b>11/2025</b>
	EDGEWOOD SPEARFISH SENIOR LIVING LLC 540 FAL			ORESS, CITY, S ON CREST I SH, SD 5778			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S 030	agency per state re g. Physician orders	idents, and the appropri		S 030			
S 337	procedures, and prostandards of profes	stablish and maintain po actices that follow accep sional practice to govern I or other services neces	oted n care,	S 337			
	met as evidenced be Based on a South I (SD DOH) facility-re review, interview, jo policy review, the propolicy review of the propolicy review, and review of the propolicy review, the propolicy review r	Dakota Department of Heported incident (FRI), restricted incident (FRI), restricted incident (FRI), restricted incident (FRI), restricted incident	ealth ecord ad one s (1) ident's e it had the nitted sought er who				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
49736		B. WING		02/1	) 1/2025	
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE			
EDGEWOOD SPEARFISH SENIOR	RIVINGIIC	ON CREST I SH, SD 5778				
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it was determined the re Review of resident 1's e (EMR) revealed: *No documentation that completed an assessme condition after the 1/7/2! -The outdoor temperatu expected to have been I Fahrenheit.  2. Continued review of revealed: *A progress note complet assistant CSD/RN C: -"Resident [1] outside was seen coming in the entrance) with an emplo *There was no indication temperature was that da had been outdoors unac resident was wearing wh inside of the building after found himThere was no documer CSD/RN C had complet resident 1's physical cor elopement.  3. Continued review of revealed: *A progress note complet CSD/RN B: -"Resident was found ou medication aide] [who we	ntation that supported how esident "was uninjured." electronic medical record to CSD/RN B had ent of resident 1's physical to the sident and to the sident to the sident are on that day was less than zero degrees resident 1's EMR eted on 1/30/25 by valking around. Resident to side entrance (employee byee." In of what the outdoor ay, how long the resident occunted for, and what the then he was brought back ter an employee had Intation that assistant the day assessment of the normal to the sident of the side and the sident assessment of the sident assessment of the sident that assistant the sident assessment of the sident that assistant the sident that the sident that assistant the sident that assistant that assis	S 337				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	SURVEY LETED
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		49736	B. WING			1/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EDGEW	OOD SPEARFISH SE	NIOR LIVING LLC	ON CREST I SH, SD 5778			
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S 337	temperature was the had been outdoors resident was wearing inside of the building found him.  *There was no door had completed an aphysical condition at the predicted temperature of the expected to have been degrees Fahrenheir.  4. Review of resident and the family and the expected to have been degrees for the expected to have been de	cation of what the outdoor hat day, how long the resident unaccounted for, and what the ng when he was brought backing after an employee had numentation that CSD/RN B hassessment of resident 1's hater the 2/7/25 elopement. Superature on 2/7/25 was been between one and eight	S 337			
	a resident that detedaily activity and be room, so there was building."  -"geofencing [tecl geographic boundathe Tempo wristbarentered or left a paresident's Tempo for resident's whereabout the SD DOH regrevealed the correctincident was: "Resimenables us to use device."  CSD/RN B was not to have been interv	ected changes in that resident's chavior patterns] off while in his is no alert when resident left the hnology that created a virtual ary that activated an alert when and identified the resident had inticular area] can be set up on or better monitoring of couts."  25 FRI submitted by CSD/RN B larding resident 1's elopement betive action plan for that ident now has a Tempo." That geofencing on the Tempo				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.		c	
		49736	B. WING			, 1/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EDGEW	OOD SPEARFISH SEI	NIOR LIVING LLC	ON CREST I			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 337	CSD/RN C regarding same day: -"Resident [1] outsing was seen coming in entrance) with an entrance was wearing his was on. When I as of, he said the front geofencing"  Interview on 2/11/2 CSD/RN C regarding elopement revealed: *She confirmed resident resident reproductive was her understated the "geofence would have alerted exited the front document investigated why it.  6. Continued review revealed: *A 2/7/25 progress -"Resident [1] was was all entering the beasily redirected by the time of that elopindication if the geofence with the second contraction in the geofence was all the second contractions.	s note completed by assistant ng resident 1's elopement that de walking around. Resident in the side entrance (employee employee." "I asked resident if a Tempo, and he showed me it ked which door he walked out t." "Resident is now on  5 at 1:30 p.m. with assistant ng resident 1's 1/30/25 d: sident 1 was wearing his at the time of that elopement was not yet started." anding the Tempo wristband d staff that resident 1 had or on 1/30/25 but she had not	S 337	BLINGLY		
	care coordinator (C regarding the Temp geofencing to mitig elopements reveals	25 at 1:15 p.m. with clinical CCC) D and administrator A co wristband and the use of late the risk of resident 1's led: re Predict system (including				

South Dakota Department of Health

\*D. Documentation:

NAME OF PROVIDER OR SUPPLIER  B. WING	STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER  EDGEWOOD SPEARFISH SENIOR LIVING LLC  SUMMARY STATEMENT OF DEFICIENCIES SPEARFISH, SD 57783  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE RECEDED BY FILL) TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE RECEDED BY FILL) TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  S 337 Continued From page 9  the Tempo wristband and geofencing option) had been implemented "a few months ago." - A company representative had been on-site to provide staff training, but the facility was still learning all the functions of the system.  "Neither administrator A or CCC D had known on what date resident 1's Firmy wristband was first paired with the geofencing function to have alerted staff when he was exit-seeking CCC D was able to determine that alerts had been activated on 1/21/25, 27/125, 23/25, and 2/10/25. That suggested resident 1's first elopement attempts on those dates.  "Those above dates had suggested that: -It had taken two weeks between resident 1's first elopement attempt (1/7/25) and the first known alert (1/21/25) for the facility to have implemented their plan of correction to prevent further elopement attempts.  -Administrator A agreed that was too long to have waited for that plan to have been initiatedNo one had investigated why the Tempo wristband had not alerted staff on 1/30/25 and again on 27/725 while he was wearing it and eloped.  "Administrator A confirmed the facility did not have a system in place to have routinely tested the Tempo wristband do ensure it alerted staff when it had gone beyond the geofenced areas. "Administrator A had not known the Tempo wristband and geofencing had worked hand-in-hand. The wristband alone was not capable of alerting staff to a possible elopement.				7t. BOILBING.		ے	,
Summark statement of Deficiencies   Summark statement of Deficiencies   Search   Summark statement of Deficiencies   Search   S			49736	B. WING			
(XA)   D   SPEARRISH SENIOR LIVING LLC     (XA)   D   SUMMARY STATEMENT OF DEFICIENCIES   CACH DEFICIENCY MUST BE PRECEDED BY FULL     (EACH DEFICIENCY) MUST BE PRECEDED BY FULL     (EACH DEFICIENCY MUST BE PRECEDED BY FULL     (EACH DEFICIENCY) MUST BE PRECEDED BY FULL     (EACH CORRECTIVE ACTION SHOULD BE OWNERS BY FULL     (EACH CORRECTIVE ACTION SHOULD B	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SPEARFISH, SD 57783   SUMMARY STATEMENT OF DEFICIENCIES   CEACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX   TAG   CROSS-REFERENCED TO THE APPROPRIATE   DATE	FDGFW	OOD SPEARFISH SE	NIOR LIVING LLC				
EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  \$ 337  Continued From page 9  the Tempo wristband and geofencing option) had been implemented "a few months ago."  -A company representative had been on-site to provide staff training, but the facility was still learning all the functions of the system.  *Neither administrator A or CCC D had known on what date resident 1's Tempo wristband was first paired with the geofencing function to have alerted staff when he was exit-seeking.  -CCC D was able to determine that alerts had been activated on 1/21/25, 2/1/25, 2/3/25, and 2/10/25. That suggested resident 1 had made elopement attempts on those dates.  *Those above dates had suggested that:  -It had taken two weeks between resident 1's first elopement attempt, (1/7/25) and the first known alert (1/21/25) for the facility to have implemented their plan of correction to prevent further elopement attempts. Administrator A agreed that was too long to have waited for that plan to have been initiated.  -No one had investigated why the Tempo wristband had not alerted staff on 1/30/25 and again on 2/7/25 while he was wearing it and eloped.  **Administrator A confirmed the facility did not have a system in place to have routinely tested the Tempo wristband to ensure it alerted staff when it had gone beyond the geofenced areas.  **Administrator A had not known the Tempo wristband and geofencing had worked hand-in-hand. The wristband alone was not capable of alerting staff to a possible elopement		705 01 EART 1011 0E1	SPEARFI	SH, SD 5778	33		
the Tempo wristband and geofencing option) had been implemented "a few months ago."  -A company representative had been on-site to provide staff training, but the facility was still learning all the functions of the system.  *Neither administrator A or CCC D had known on what date resident 1's Tempo wristband was first paired with the geofencing function to have alerted staff when he was exit-seeking.  -CCC D was able to determine that alerts had been activated on 1/21/25, 2/1/25, 2/3/25, and 2/10/25. That suggested resident 1 had made elopement attempts on those dates.  *Those above dates had suggested that: -It had taken two weeks between resident 1's first elopement attempt (1/7/25) and the first known alert (1/21/25) for the facility to have implemented their plan of correction to prevent further elopement attempts. Administrator A agreed that was too long to have waited for that plan to have been initiatedNo one had investigated why the Tempo wristband had not alerted staff on 1/30/25 and again on 2/7/25 while he was wearing it and eloped.  *Administrator A confirmed the facility did not have a system in place to have routinely tested the Tempo wristband to ensure it alerted staff when it had gone beyond the geofenced areas.  *Administrator A had not known the Tempo wristband and geofencing had worked hand-in-hand. The wristband alone was not capable of alerting staff to a possible elopement	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	.D BE	COMPLETE
been implemented "a few months ago."  -A company representative had been on-site to provide staff training, but the facility was still learning all the functions of the system.  *Neither administrator A or CCC D had known on what date resident 1's Tempo wristband was first paired with the geofencing function to have alerted staff when he was exit-seeking.  -CCC D was able to determine that alerts had been activated on 1/21/25, 2/1/25, 2/3/25, and 2/10/25. That suggested resident 1 had made elopement attempts on those dates.  *Those above dates had suggested that: -It had taken two weeks between resident 1's first elopement attempt (1/7/25) and the first known alert (1/21/25) for the facility to have implemented their plan of correction to prevent further elopement attempts. Administrator A agreed that was too long to have waited for that plan to have been initiatedNo one had investigated why the Tempo wristband had not alerted staff on 1/30/25 and again on 2/7/25 while he was wearing it and eloped.  *Administrator A confirmed the facility did not have a system in place to have routinely tested the Tempo wristband to ensure it alerted staff when it had gone beyond the geofenced areas. *Administrator A had not known the Tempo wristband and geofencing had worked hand-in-hand. The wristband alone was not capable of alerting staff to a possible elopement	S 337	Continued From pa	age 9	S 337			
without the geofencing having been functional.  Review of the provider's January 2025 Elopement Risk Prevention/Missing Resident policy revealed:  *C. Intervention when a resident is found:		the Tempo wristbar been implemented -A company repres provide staff trainin learning all the func *Neither administra what date resident paired with the georalerted staff when r-CCC D was able to been activated on 2/10/25. That sugge elopement attempts *Those above date-It had taken two welopement attempts alert (1/21/25) for the their plan of correct elopement attemptsAdministrator A as have waited for tha -No one had invest wristband had not a again on 2/7/25 wheloped.  *Administrator A co have a system in plan thad gone b *Administrator A haw is than and geof hand-in-hand. The capable of alerting without the geofence Review of the province Review of th	and and geofencing option) had "a few months ago." centative had been on-site to ag, but the facility was still octions of the system. Ator A or CCC D had known on 1's Tempo wristband was first affencing function to have ne was exit-seeking.  To determine that alerts had alerts had alerted resident 1 had made son those dates. It is had suggested that: the eks between resident 1's first alerts had suggested that: the eks between resident 1's first alerted staff on the facility to have implemented the facility to have implemented the facility to have been initiated. The injuries and the facility did not alerted staff on 1/30/25 and alerted staff on 1/30/25 and alerted staff on 1/30/25 and alerted the facility did not alerted to have routinely tested and to ensure it alerted staff beyond the geofenced areas. The dot on the facility did not alerted the geofenced areas. The dot on the facility did not alerted the geofenced areas. The dot on the facility did not alerted the geofenced areas. The dot on the facility did not alerted staff beyond the geofenced areas. The facility did not alerted staff to a possible elopement a				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE A. BUILDING: COMP		SURVEY LETED		
		49736	B. WING		02/1	) 1/2025
NAME OF				STATE, ZIP CODE	02/1	1/2025
	PROVIDER OR SUPPLIER	540 FALC	ON CREST I			
EDGEW	OOD SPEARFISH SEN	NORTIVING LLC	SH, SD 5778			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 337	-"d. Results of reas return and the conde. Care rendered."  Review of the providanuary 2018 assist revealed both position nursing process incomplanning, intervention care according to [temperature]	sessment upon the resident's lition of the resident.  der's May 2021 CSD and the tant CSD job descriptions ions were "responsible for the sluding assessment, analysis, on, and evaluation of resident he] Nurse Practice Act, and accepted company	S 337			