

South Dakota Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                           |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>47882</b>                            | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>08/06/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EDGEWOOD GREENLEAF SIOUX FALLS LLC</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3409 EAST 5TH STREET</b><br><b>SIOUX FALLS, SD 57103</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| S 000   | <p><b>Compliance Statement</b></p> <p>A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted on 8/6/25. Areas surveyed included nursing services, medication administration and storage, and resident safety. Edgewood Greenleaf Sioux Falls LLC was found in compliance.</p> | S 000  |  |  |

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

TITLE

(X6) DATE

**Susan Huver, Executive Director**

**8/13/2025**