

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 47882	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/22/2024
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NAME OF PROVIDER OR SUPPLIER EDGEWOOD GREENLEAF SIOUX FALLS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3409 EAST 5TH STREET SIOUX FALLS, SD 57103
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(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	<p>Compliance Statement</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 5/22/24. Areas surveyed included quality of life, abuse and neglect, and nursing services. Edgewood Greenleaf Sioux Falls LLC was found in compliance.</p> <p style="text-align: right;">Susan Huver</p>	S 000	<p style="text-align: right;">Executive Director</p>	05/23/24

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

TITLE

(X6) DATE

