PRINTED: 10/30/2025 FORM APPROVED South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C 66437 10/23/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1950 EAST FOURTH STREET **EDGEWOOD PIERRE LLC PIERRE. SD 57501** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 Compliance Statement S 000 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 from 10/21/25 through 10/23/25. Edgewood Pierre LLC was found not in compliance with the following requirements: S096, S295, S685. 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 from 10/21/25 through 10/23/25. Area surveyed included quality of care regarding resident self harm. Edgewood Pierre LLC was found in compliance. S 096 44:70:02:05 Housekeeping Cleaning Methods S 096 And Equipment Equipment and supplies shall be provided for cleaning of all surfaces. Such equipment shall be maintained in a safe, sanitary condition. Hazardous cleaning solutions, chemicals, poisons, and substances shall be labeled, stored in a safe place, and kept in an enclosed section separate from other cleaning materials.

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

Based on observation, interview, document review, and policy review the provider failed to ensure housekeeper F was trained on infection

met as evidenced by:

This Administrative Rule of South Dakota is not

Melissa Johnson

TITLE

(X6) DATE

Administrator

11/07/2025

PRINTED: 10/30/2025 FORM APPROVED South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-COMPLETED A. BUILDING: _ C B. WNG 66437 10/23/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1950 EAST FOURTH STREET **EDGEWOOD PIERRE LLC** PIERRE, SD 57501 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 096 S 096 Continued From page 1 The maintenance director put a caddy in 12/01/2025 place to store the cleaning chemicals in control and storage procedures for housekeeping while cleaning rooms to avoid cross chemicals. Findings include: contamination. The maintenance director educated the HKPR's on the use of the 1. Observation and interview on 10/22/25 at 8:30 chemical caddy. a.m. with housekeeper (HSKPR) F on the MC unit revealed: The maintenance director will educate 12/01/2025 *She cleaned all MC rooms every Wednesday the HKPR's on the storage of cleaning with the help of HSKPR G. chemicals. *She entered a resident room and set window cleaner, disinfectant, and bleach water bottles on The maintenance director will educate the the resident's side table outside of the 12/01/2025 HKPR's on locking the cleaning chemicals bathroom. She did not place a barrier between the on the cleaning cart. table and bottles. She cleaned the table outside of the bathroom. lifting each bottle and setting them back onto the The maintenance director will implement table. 12/01/2025 the use of the job specific training checklists *She had left a bottle of glass cleaner and toilet for HKPR's. HKPR's will be retrained using cleaner on the housekeeping cart outside of that these training checklists. resident room unattended. *She did not disinfect the table again or the bottles after leaving the resident's room and All staff will be educated on cleaning carried them into a different resident's room and 12/01/2025 chemicals using the CARETRACK set them on the bathroom floor. training at the next all staff meeting by the She stated that she had not thought of leaving the administrator and maintenance director. A cleaners on the cart outside of the door quiz will be completed. unattended regarding resident safety on MC unit. *She had not thought about disinfecting the The maintenance director will complete bottles of cleaner before carrying the bottle out of 12/01/2025 an audit on a weekly basis for 6 one resident room and carrying them into another months to ensure the cleaning resident room. chemicals are being cleaned *She had been at the facility 3 years and was and stored appropriately. Audits will trained by HSKPR G. She was unsure of how

often she had been reeducated on housekeeping

*She stated she thought she had been observed

Observation on 10/22/25 at 9:06 a.m. HSPKR F was vacuuming a resdient room and she lfet a

by a supervisor "maybe every 6 mohts" when

policy and procedure.

cleaning a resdient room.

for 2 quarters.

continue until compliance is maintained

The audit results will be reviewed

at the next QA meeting.

South Dakota Department of Health

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		66437	B. WING		C 10/23/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
EDGEWO	OD PIERRE LLC		T FOURTH STR	EET		
		PIERRE, S				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
S 096	Continued From page	2	S 096			
	tote with chemicals in hall.	it unattended across the				
	resident rooms and significant chemical bottles reversed the chemical bottles reversed the chemical sor within staff virally the expected the chemical series after being used in oriento another resident the stated that HSKF training rgarding chemical series and chemical series are vealed: *She was involved in infection control. *She did not train hours.	r (MD) D regarding cleaning torage and cleaning of aled: emicals be locked in the ew while they were be used. emical bottles be disinfected are resident room and taken room. PR's receive quarterly micals. PS at 10:46 a.m. with vices Director (ACSD) C some staff training and assekeepers but expected aultiple resdient rooms to be				
	use.	D) A regarding ed: als be locked up when not in cal bottles to be disinfected esident rooms. usekeeping training				
	G revealed: *She trained HSKPR *She was not aware or resident rooms.	25 at 3:15 p.m. with HSPKR F. of a written process to clean				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1)	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	185 185	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			66437	B. WING		C 10/23/2025		
	ROVIDER OR SUPPLIER			DRESS, CITY, STATE, ZIP CODE FOURTH STREET				
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S 096	Continued From page checklist before.			S 096				
	knew her job well. *New hire process chindicated she had corand her computer trai *She completed a 30- employees dated 2/20- indicated she felt she perform the expected 8. Review of the prov storage policy reveals be used, proper stora or eliminate associate	eckl nple ning day 0/23 had job der' ed, "	ekeeper orientation 11/15/24 indicated she list dated 1/16/24 ted her training topics courses. self-survey for new [2/20/24] which proper training to duties. s undated safe chemicalWhen chemicals must and handling can reduce sks."					
S 295	all healthcare person programs must cover annually. This Administrative R met as evidenced by:	a foing nel. the	ormal orientation education program for Ongoing education required subjects of South Dakota is not eview, and interview the the required annual	S 295				
	Review of dining semployee file reveale		es director (DSD) E	-1				

South Dakota Department of Health								
**************************************			PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	ons perusalistica demperativa del 1907 ()			A. BUILDING:		JOIN L		
					l	C	:	
66437			66437	B. WNG		10/2	3/2025	
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE			
				FOURTH STE				
EDGEWO	OD PIERRE LLC		PIERRE, S					
(VA) ID	CLIMMADY ST	TEM	ENT OF DEFICIENCIES					
(X4) ID PREFIX	(EACH DEFICIENC	Y MU	ST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
TAG	REGULATORY OR I	SC II	DENTIFYING INFORMATION)	TAG				
					DEFICIENCY)			
S 295	Continued From page	4		S 295				
	*He was hired on 10/	1/21			The Dining Services Director comple	eted the	12/01/2025	
	*He had not complete				annual training on residents rights ar		12/01/2025	
			_		confidentiality.			
	resident rights and confidentiality.							
	2. Interview on 10/23	25 a	at 10:05 a.m. with	ĺ	A Clinical Services Coordinator has been hired full time.			
	executive director (EI	D) A	revealed:					
	*She stated the facilit							
	classes each quarter.			-	The Clinical Services Coordinator will be		12/01/2025	
	*There was no person	nnel	training policy.		implementing a new hire checklist for all			
	*She expected training	g to	be completed within 30		new hires.	n an		
	days of hire, and before	re s	tarting work on the floor.					
	*Annual training was	done	through an on-line					
	program.				The Clinical Services Coordinator wi			
		l tra	ining to be completed by				12/01/2025	
	the due date.				implement the job specific checklists for all new hires.			
	*She agreed that DSI							
	required annual traini	ng o	n confidentiality and	1	The Clinical Service Coordinator		10/04/0005	
	resident rights.				will complete a monthly audit of job specific		12/01/2025	
98 35 50			1	checklists for new hires for 6 months. A audit will continue until compliance is maintained				
S 685	44:70:07:09 Self-Administration of Medications					S 685		
		***			for 2 quarters.			
	A resident with the co				lor 2 quartors.			
	perform self-administration, may self-administer				The Assistant Executive Director or	doolanoo	10/04/0005	
	medications. At least every three months, a				The Assistant Executive Director or designed will complete an audit on a monthly basis for 6 months to ensure that all scheduled training is completed. Audits will continue until			
	registered nurse, or the resident's physician, physician assistant, or nurse practitioner shall determine and record the continued							
					compliance is maintained for 2 quarters.			
-	appropriateness of the resident's ability to self-administer medications.				Traintained for 2 quart	010.		
	The determination must state whether the			The audit results will be reviewed at the				
	resident or healthcare personnel is responsible for storage of the medication and include documentation of its administration in accordance with this chapter. Any resident who stores a medication in the resident's room or self-administers a medication, must have an order from a physician, physician				next QA meeting.		ı	
, and the second								
	assistant, or nurse practitioner allowing							
	self-administration.							

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revealed:

2. Interview on 10/23/25 at 8:45 a.m. with assistant clinical services director (ACSD) C

*She expected that self -administration of medication assessments were to be completed

self-administration of medication assessments

every 90 days or quarterly. *She confirmed that resident 1's South Dakota Department of Health

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION			PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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S 685	self-administration of be completed on admichange of condition. 3. Review of the provided 2025 Self-administrative revealed: *The community strive safety. Residents who own medications and competent to do so, at their ability to comply over the counter med to safeguard their medications." *"H. A periodic reassess."	at 900 B med dit, qui der's are as with icatical dicates made as made	co2 a.m. with clinical revealed she expects ication assessments to parterly and with a revised September of medication policy promote resident to administer their deemed medically seessed periodically for prescriptions and/ or one and instructed how ions for the safety of the ent for e. This is accomplished the any change in the	S 685				