

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 66437	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/23/2025
NAME OF PROVIDER OR SUPPLIER EDGEWOOD PIERRE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1950 EAST FOURTH STREET PIERRE, SD 57501		
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S 000	<p>Compliance Statement</p> <p>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.</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 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.</p>	S 000		
S 096	<p>44:70:02:05 Housekeeping Cleaning Methods And Equipment</p> <p>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.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, document review, and policy review the provider failed to ensure housekeeper F was trained on infection</p>	S 096		

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

Melissa Johnson

TITLE

Administrator

(X6) DATE

11/07/2025

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S 096	Continued From page 1 control and storage procedures for housekeeping chemicals. Findings include: 1. Observation and interview on 10/22/25 at 8:30 a.m. with housekeeper (HSKPR) F on the MC unit revealed: *She cleaned all MC rooms every Wednesday with the help of HSKPR G. *She entered a resident room and set window cleaner, disinfectant, and bleach water bottles on the resident's side table outside of the bathroom. She did not place a barrier between the table and bottles. She cleaned the table outside of the bathroom, lifting each bottle and setting them back onto the table. *She had left a bottle of glass cleaner and toilet cleaner on the housekeeping cart outside of that resident room unattended. *She did not disinfect the table again or the bottles after leaving the resident's room and carried them into a different resident's room and set them on the bathroom floor. She stated that she had not thought of leaving the cleaners on the cart outside of the door unattended regarding resident safety on MC unit. *She had not thought about disinfecting the bottles of cleaner before carrying the bottle out of one resident room and carrying them into another resident room. *She had been at the facility 3 years and was trained by HSKPR G. She was unsure of how often she had been reeducated on housekeeping policy and procedure. *She stated she thought she had been observed by a supervisor "maybe every 6 months" when cleaning a resident room. 2. Observation on 10/22/25 at 9:06 a.m. HSKPR F was vacuuming a resident room and she left a	S 096	The maintenance director put a caddy in place to store the cleaning chemicals in while cleaning rooms to avoid cross contamination. The maintenance director educated the HKPR's on the use of the chemical caddy. The maintenance director will educate the HKPR's on the storage of cleaning chemicals. The maintenance director will educate the HKPR's on locking the cleaning chemicals on the cleaning cart. The maintenance director will implement the use of the job specific training checklists for HKPR's. HKPR's will be retrained using these training checklists. All staff will be educated on cleaning chemicals using the CARETRACK training at the next all staff meeting by the administrator and maintenance director. A quiz will be completed. The maintenance director will complete an audit on a weekly basis for 6 months to ensure the cleaning chemicals are being cleaned and stored appropriately. Audits will continue until compliance is maintained for 2 quarters. The audit results will be reviewed at the next QA meeting.	12/01/2025	12/01/2025
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S 096	<p>Continued From page 2</p> <p>tote with chemicals in it unattended across the hall.</p> <p>3. Interview on 10/22/25 at 9:29 a.m. with Maintenance Director (MD) D regarding cleaning resident rooms and storage and cleaning of chemical bottles revealed: *He expected the chemicals be locked in the carts or within staff view while they were be used. *He expected the chemical bottles be disinfected after being used in one resident room and taken into another resident room. *He stated that HSKPR's receive quarterly training rgarding chemicals.</p> <p>4. Interview on 10/22/25 at 10:46 a.m. with Assistant Clinical Services Director (ACSD) C revealed: *She was involved in some staff training and infection control. *She did not train housekeepers but expected items being used in multiple resdient rooms to be disinfected between use.</p> <p>5. Interview on 10/22/25 at 11:00 a.m. with Executive Director (ED) A regarding housekeeping revealed: *She xpected chemicals be locked up when not in use. *She expected chemical bottles to be disinfected when used between resident rooms. *She did not find a housekeeping training checklist in HSKPR F's file.</p> <p>6. Interview on 10/22/25 at 3:15 p.m. with HSPKR G revealed: *She trained HSKPR F. *She was not aware of a written process to clean resident rooms. *She had not seen a housekeeper orientation</p>	S 096		

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S 096	Continued From page 3 checklist before. 7. Record review of HSKPR F's file revealed: *She did not have a housekeeper orientation checklist in the file. *Employee review dated 11/15/24 indicated she knew her job well. *New hire process checklist dated 1/16/24 indicated she had completed her training topics and her computer training courses. *She completed a 30-day self-survey for new employees dated 2/20/23 [2/20/24] which indicated she felt she had proper training to perform the expected job duties. 8. Review of the provider's undated safe chemical storage policy revealed, "...When chemicals must be used, proper storage and handling can reduce or eliminate associated risks."	S 096		
S 295	44:70:04:04 Personnel Training The facility shall have a formal orientation program and an ongoing education program for all healthcare personnel. Ongoing education programs must cover the required subjects annually. This Administrative Rule of South Dakota is not met as evidenced by: Based on employee file review, and interview the provider failed to ensure the required annual training was completed for one of six sampled employees (E). Findings include: 1. Review of dining services director (DSD) E employee file revealed:	S 295		

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S 685	Continued From page 5 This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview and policy review the provider failed to ensure the resident's ability to safely self-administer medications for one of one sampled resident (1) who self-administered medications was assessed quarterly. Findings include: 1. Review of resident 1's electronic medical record (EMR) revealed: *She was admitted on 9/9/24. *Her 10/2/24 Saint Lewis University Mental Status (SLUMS) evaluation score was 26 out of 30, which indicated her cognition was mildly impaired. *Her self-administration of medication assessments were completed on 9/10/24, 10/7/24, 8/18/25 and 9/9/25. *There were no other self-administration of medication assessments in her EMR. *She had a physician's order for medication self-administration dated 9/6/24. *Her 9/9/25 self-administration of medication assessment noted certified medication aide (CMA) supervised self-administration of insulin injections, eye drops and cough drops. 2. Interview on 10/23/25 at 8:45 a.m. with assistant clinical services director (ACSD) C revealed: *She expected that self-administration of medication assessments were to be completed every 90 days or quarterly. *She confirmed that resident 1's self-administration of medication assessments	S 685	Clinical Services Director will assign in Residex the self-administer assessment training to all clinical nursing staff. Clinical Services Director will create a quarterly audit for those needing a self-administer assessment completed. The Clinical Services Director or designee will audit the completed assessments to ensure compliance. Audits will continue until compliance is maintained for 2 quarters. The completed quarterly audits will be reviewed at the next QA meeting.	12/01/2025 12/01/2025 12/01/2025

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S 685	<p>Continued From page 6</p> <p>had not been completed quarterly.</p> <p>Interview on 10/23/25 at 9:02 a.m. with clinical services director (CSD) B revealed she expects self-administration of medication assessments to be completed on admit, quarterly and with change of condition.</p> <p>3. Review of the provider's revised September 2025 Self-administration of medication policy revealed:</p> <p>*The community strives to promote resident safety. Residents who wish to administer their own medications and are deemed medically competent to do so, are assessed periodically for their ability to comply with prescriptions and/ or over the counter medications and instructed how to safeguard their medications for the safety of other residents."</p> <p>**H. A periodic reassessment for self-administration is made. This is accomplished per state regulations or with any change in the resident's condition affecting their ability to self-administer."</p>	S 685		