

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD GREENLEAF BROOKINGS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2015 8TH STREET SOUTH BROOKINGS, SD 57006
---	---

(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 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 8/27/24 through 8/30/24. Edgewood Greenleaf Brookings LLC was found not in compliance with the following requirements: S095, S145, S167, S169, S173, S201, S305, S450, S630, S670, S820, and S1050.</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 8/27/24 through 8/30/24. The areas surveyed included abuse and neglect. Edgewood Greenleaf Brookings LLC was found not in compliance with the following requirement: S838.</p>	S 000		
S 145	<p>44:70:02:12 Ventilation</p> <p>Electrically powered exhaust ventilation shall be provided in all soiled areas, wet areas, toilet rooms, and storage rooms. Clean storage rooms may also be ventilated by supplying and returning air from the building's air-handling system.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to install exhaust ventilation for one of three storage rooms (assisted living utility room). Findings include:</p> <p>1. Observation on 8/30/24 at 9:00 a.m. revealed the utility room in the assisted living unit across the corridor from the kitchen was less than fifty square feet in area, held chemical storage, and</p>	S 145		

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

TITLE

(X6) DATE

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD GREENLEAF BROOKINGS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2015 8TH STREET SOUTH BROOKINGS, SD 57006
---	---

(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 145	Continued From page 1 had a janitor's floor sink. The utility room was not equipped with exhaust ventilation. The room had no ventilation whatsoever. Interview with maintenance technician D at the time of the observations confirmed those conditions.	S 145		
S 167	44:70:02:17(3) Occupant Protection The facility shall: (3) Provide an emergency staff call system for resident use to summon assistance from staff. The system must be capable of being easily activated by a resident and must register both visually and audibly at the staff station. The system must be utilized and maintained in a manner to ensure it is a consistent and effective means for a resident to alert staff of the need for assistance. The call system must also: (a) Utilize fixed call stations convenient for resident use and activated by a pull cord or other department-approved device. The fixed call stations must be located at each bed, toilet, and bathing facility used by a resident; (b) Be a wireless system with a device carried by a resident; or (c) Have been submitted for review and approved by the department; A call station or device is not required in the resident room of a cognitively impaired resident if a nursing assessment determines the resident would not benefit from the availability; This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider	S 167		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD GREENLEAF BROOKINGS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2015 8TH STREET SOUTH BROOKINGS, SD 57006
---	---

(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 167	Continued From page 2 failed to maintain nurse calls for two of two resident bathing rooms in the memory care unit (spa shower room and spa tub room). Findings include: 1. Observation on 8/30/24 at 8:15 a.m. revealed the spa shower room in the memory care unit had a nurse call mounted on the wall adjacent to the water closet. The nurse call did not have a cord. 2. Observation on 8/30/24 at 8:25 a.m. revealed the spa tub room in the memory care unit had a nurse call mounted on the wall adjacent to the water closet. The nurse call cord was wrapped around the side grab bar. 3. Interview with maintenance technician D at the time of the above observations confirmed those conditions.	S 167		
S 169	44:70:02:17(5) Occupant Protection The facility shall: (5) Install an electrically activated audible alarm, if required by other sections of this article, on any unattended exit door. Any other exterior door must be locked or alarmed. The alarm must be audible at a designated staff station and may not automatically silence if the door is closed; This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, testing, and interview, the provider failed to install or maintain door alarming for two of four exterior doors (assisted living	S 169		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD GREENLEAF BROOKINGS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2015 8TH STREET SOUTH BROOKINGS, SD 57006
---	---

(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 169	Continued From page 3 lounge and main entrance). Findings include: 1. Observation on 8/30/24 at 8:50 a.m. revealed the exterior door from the lounge in the assisted living was equipped with a door alarm. Testing the alarm by opening the door revealed the alarm did not sound. Interview with maintenance technician D at the time of the observation and testing confirmed that condition. He stated the door alarm had been disabled. Further interview revealed the main entrance door was not equipped with a door alarm. Interview with executive director A at 10:00 a.m. revealed the assisted living had residents with some cognitive impairment who were not housed in the memory care unit. Neither the lounge exterior door nor the main entrance could be considered monitored door locations.	S 169		
S 173	44:70:02:17(8-9) Occupant Protection The facility shall: (8) Ensure that any clothes dryer must have a galvanized metal transition duct for exhaust or flexible transition duct listed and labeled in accordance with UL 2158A; and (9) Ensure that the storage and transfilling of oxygen cylinders or containers meet the requirements of the NFPA 99 Health Care Facilities, 2012 Edition, chapter 11. A resident may store in the resident's room a maximum of three E-cylinders or seventy-two cubic feet, or 2.040 cubic meters of oxygen on an as-needed basis, in addition to oxygen in use by the resident. If a facility admits or retains a resident not capable of self-preservation, the facility must meet NFPA 101 Life Safety Code, 2012 edition,	S 173		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD GREENLEAF BROOKINGS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2015 8TH STREET SOUTH BROOKINGS, SD 57006
---	---

(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 173	<p>Continued From page 4</p> <p>health care occupancy standards in chapter 18 or 19, or equip the facility with complete automatic sprinkler protection.</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to install galvanized metal exhaust ductwork for two of two residential dryer locations (memory care laundry and assisted living laundry). Findings include:</p> <p>1. Observation on 8/30/24 at 8:40 a.m. revealed the memory care laundry room had two Samsung residential style dryers. The dryers had foil paper exhaust ducting installed. Interview with maintenance technician D at the time of the above observations confirmed those conditions. He further stated the two dryers in the assisted living also had foil paper ducting installed.</p>	S 173		
S 201	<p>44:70:03:02 General Fire Safety</p> <p>Each facility must be constructed, arranged, equipped, maintained, and operated to avoid undue danger to the lives and safety of occupants from fire, smoke, fumes, or resulting panic during the period of time reasonably necessary for escape from the structure in case of fire or other emergency. The facility shall conduct fire drills quarterly for each shift. If the facility is not operating with three shifts, the facility must conduct monthly drills to provide training for all personnel.</p>	S 201		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD GREENLEAF BROOKINGS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2015 8TH STREET SOUTH BROOKINGS, SD 57006
---	---

(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 201	<p>Continued From page 5</p> <p>This Administrative Rule of South Dakota is not met as evidenced by:</p> <p>A. Based on record review and interview, the provider failed to continuously maintain automatic sprinklers in reliable operating condition (quarterly flow tests were not completed dating back to 2018 and a 5-year internal obstruction inspection had not been performed dating back to 2018). Findings include:</p> <ol style="list-style-type: none"> Record review on 8/30/24 at 8:00 a.m. revealed the required quarterly sprinkler flow tests had not been performed dating back to 2018. Record review on 8/30/24 at 8:10 a.m. revealed the required 5-year internal sprinkler obstruction inspection had not been performed dating back to 2018. <p>Interview with maintenance technician D at the time of the record review confirmed that condition.</p> <p>Failure to continuously maintain the automatic sprinkler system as required increased the risk of death or injury due to fire.</p> <p>B. Based on observation and interview, the provider failed to maintain proper separation of two of four hazardous areas (memory care storage rooms). Findings include:</p> <ol style="list-style-type: none"> Observation on 8/30/24 at 8:33 a.m. revealed the unlabeled storage room was over 100 square feet in area and contained copious amounts of combustible items (toilet paper, plastic liners for trash, paper envelopes) and cleaning chemicals. The door to the storage room was not equipped with a self-closing device. 	S 201		

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD GREENLEAF BROOKINGS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2015 8TH STREET SOUTH BROOKINGS, SD 57006
---	---

(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 201	Continued From page 6 2. Observation on 8/30/24 at 8:33 a.m. revealed the mechanical room adjacent to room 116 was over 100 square feet in area and contained copious amounts of combustible items (kleenex, paper towels, and cardboard boxes) and cleaning chemicals. The door to the mechanical room was not equipped with a self-closing device. Interview with maintenance technician D at the time of the observations confirmed those findings. Doors to hazardous areas were required to be self-closing.	S 201		
S1050	44:70:10:33 Lighting Illumination of at least 30 footcandles (2.79 lumens per square meter) shall be provided in any dining area, in any physical and restorative therapy area, and at any bathing facility. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation and interview, the provider failed to maintain lighting for one of two resident bathing areas (memory care spa shower room). Findings include: 1. Observation on 8/30/24 at 8:20 a.m. revealed the spa shower room in the memory care unit had a domed light fixture over the shower and a four-foot fluorescent light fixture on the ceiling in the center of the room. One of the bulbs in the fluorescent fixture was not working. The overall lighting in the room did not then maintain the minimum 30 foot candles of lighting. Interview with maintenance technician D at the time of the observations confirmed those conditions.	S1050		