

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/16/2025
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NAME OF PROVIDER OR SUPPLIER EDGEWOOD SIOUX FALLS SENIOR LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 RALPH ROGERS RD. SIOUX FALLS, SD 57108
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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 4/14/25 through 4/16/25. Edgewood Sioux Falls Senior Living LLC was found not in compliance with the following requirements: S296, S305, S331, and S654.</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 4/14/25 through 4/16/25. Areas surveyed included elopement and physical environment. Edgewood Sioux Falls Senior Living LLC was found in compliance.</p>	S 000		
S 296	<p>44:70:04:04(1-11) Personnel Training</p> <p>These programs must be completed within thirty days of hire for all healthcare personnel and must include the following subjects:</p> <ol style="list-style-type: none"> (1) Fire prevention and response; (2) Emergency procedures and preparedness, including responding to resident emergencies and information regarding advanced directives; (3) Infection control and prevention; (4) Accident prevention and safety procedures; (5) Resident rights; (6) Confidentiality of resident information; (7) Incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms; (8) Nutritional risks and hydration needs of residents; (9) Abuse and neglect; (10) Problem solving and communication techniques related to individuals with cognitive 	S 296	<p>S 296 44:70:04:04(1-11) Personnel Training</p> <p>All new hires will be enrolled in the new hire live orientation through Relias. Topics covered in this session are the required training of Edgewood and OSHA</p> <p>All state specific mandated training will be covered in a biweekly orientation in the community for all new hires.</p> <p>Ongoing education will be done following our annual training calendar along with our Relias online training program, and in person training during scheduled staff meetings.</p> <p>ED and Nurse will audit all new hire charts monthly for 6 months to ensure compliance on orientation. Audit findings will be reviewed at monthly QA meetings for 6 months.</p>	May 31, 2025

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

Amber Satter

TITLE

Executive Director

(X6) DATE

May 8th, 2025

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S 296	<p>Continued From page 1</p> <p>impairment or challenging behaviors if admitted and retained in the facility; and (11) Any additional healthcare personnel education necessary based on the individualized resident care needs provided by the healthcare personnel to the residents who are accepted and retained in the facility.</p> <p>Any personnel whom the facility determines will have no contact with residents are exempt from the training required by subdivision (8).</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on employee personnel file review, interview, and new hire orientation checklist review, the provider failed to ensure the required training was completed within 30 days of hire for two of two newly hired sampled employees (C and D) for any of the eleven personnel training topics. Findings include:</p> <p>1. Review of employee C's personnel file revealed: *A hire date of 9/25/24. *She had been hired as a certified medication aide. *There was no documentation that she had completed required training within 30 days of hire on: -Fire prevention and response. -Emergency procedures and preparedness. -Infection control and prevention. -Accident prevention and safety procedures.</p>	S 296		
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S 296	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Resident rights. -Confidentiality. -Incidents and diseases subject to mandatory reporting and the facility's reporting mechanism. -Nutrition risks and hydration. -Abuse, neglect, and misappropriation of resident property and funds. -Problem solving and communication techniques related to residents with cognitive impairment or challenging behaviors. -Education based on the residents' care needs (oxygen and hospice). <p>2. Review of employee D's personnel file revealed: *A hire date of 6/27/24. *She had been hired as a personal care attendant. *There was no documentation that she had completed required training within 30 days of hire on:</p> <ul style="list-style-type: none"> -Fire prevention and response. -Emergency procedures and preparedness. -Infection control and prevention. -Accident prevention and safety procedures. -Resident rights. -Confidentiality. -Incidents and diseases subject to mandatory reporting and the facility's reporting mechanism. -Nutrition risks and hydration. -Abuse, neglect, and misappropriation of resident property and funds. -Problem solving and communication techniques related to residents with cognitive impairment or challenging behaviors. -Education based on the residents' care needs (oxygen and hospice). <p>3. Interview on 4/16/25 at 10:00 a.m. with executive director A revealed employees C and D</p>	S 296		

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S 296	Continued From page 3 had not completed the required training within 30 days of hire and should have. 4. Review of the provider's updated 4/2/25 South Dakota New Hire Orientation Checklist revealed: *"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. *These programs must be completed within 30 days of hire for all healthcare employees."	S 296		
S 305	44:70:04:05 Personnel Health Program The facility shall have a personnel health program for the protection of the residents. All personnel must be evaluated by a licensed health professional for a reportable communicable disease that poses a threat to others before assignment to duties or within fourteen days after employment including an assessment of previous vaccinations and tuberculin skin tests. This Administrative Rule of South Dakota is not met as evidenced by: Based on employee personnel file review and interview, the provider failed to ensure two of five sampled employees (C and D) health status for communicable diseases was evaluated by a licensed health professional within 14 days of hire. Findings include: 1. Review of employee C's personnel file revealed: *Her date of hire was 9/25/24. *There was no health evaluation in her personnel file.	S 305	S 305 44:70:04:05 Personnel Health Program The RN will be responsible to evaluate on newly hired employees on their first day of employment for communicable diseases. A form will be completed and filed in their chart. Audit will be completed by ED for compliance monthly for 6 months. Employee C and D evaluation will be completed by May 31st.	May 31, 2025

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S 305	Continued From page 4 2. Review of employee D's personnel file revealed: *Her date of hire was 6/27/24. *There was no health evaluation in her personnel file. 3. Interview on 4/16/25 at 10:00 a.m. with executive director A regarding the above health evaluations for employees C and D revealed she: *Was unaware health evaluations needed to be completed by a licensed health professional. *The health evaluations had not been completed for employees C and D.	S 305		
S 331	44:70:04:10(1) Tuberculin Screening... Requirements Tuberculin screening requirements for healthcare personnel and residents are as follows: (1) Each healthcare personnel or resident shall receive an initial individual TB risk assessment that is documented and the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within twenty-one days of employment or admission to a facility. Any two documented tuberculin skin tests completed within a twelve-month period prior to the date of admission or employment are considered two-step. A TB blood assay test completed within a twelve-month period prior to the date of admission or employment is an adequate baseline test. Skin testing or TB blood assay tests are not necessary if a new healthcare personnel or resident transfers from one licensed healthcare facility to another licensed healthcare facility within this state if the facility received documentation from the transferring healthcare facility, healthcare personnel, or resident, of the	S 331	S 331 44:70:04:10 Tuberculin Screening Requirements RN will audit all current employee and resident charts and perform necessary testing. These will be documented on a spreadsheet with results. An audit will be done by the ED on all current employees to be sure this has been complete upon hire. Audits will be done every month for 6 months.	May 31, 2025

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S 331	<p>Continued From page 5</p> <p>last skin or blood assay TB testing having been completed within the prior twelve months. Skin testing or TB blood assay tests are not necessary if documentation is provided by the transferring healthcare facility, healthcare personnel, or resident, of a previous positive reaction to either test. Any healthcare personnel or resident who has a newly recognized positive reaction to the skin or TB blood assay test must have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease;</p> <p>This Administrative Rule of South Dakota is not met as evidenced by: Based on employee personnel file review, interview, and new hire orientation checklist, the provider failed to ensure the tuberculin (TB) risk screening and the two-step TB testing was completed within twenty-one days of hire for two of two sampled newly hired employees (C and D). Findings include:</p> <p>1. Review of employee C's personnel file revealed: *Her date of hire was 9/25/24. *There was no documentation she had received the two-step TB test within twenty-one days of hire.</p> <p>2. Review of employee D's personnel file revealed: *Her date of hire was 6/27/24. *There was no documentation she had received the two-step TB test within twenty-one days of hire.</p> <p>3. Interview on 4/16/25 at 10:00 a.m. with executive director A regarding the TB risk</p>	S 331		

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S 331	Continued From page 6 screening and testing for employees C and D revealed they had not been completed within a twenty-one day time frame from the employee's hire date and should have been. 4. Review of the provider's updated 4/2/25 South Dakota New Hire Checklist revealed: **Each healthcare personnel shall receive an initial individual TB risk assessment that is documented and the two-step method tuberculin skin test or a TB blood assay test to establish a baseline within twenty-one days of employment. *Any two documented tuberculin skin tests completed within a twelve-month period prior to the date of employment is considered two-step."	S 331		
S 654	44:70:07:06 Drug Disposal Any medication held for disposal must be physically separated from the medications being used in the facility and locked with access limited in an area with a system to reconcile, audit, or monitor them to prevent diversion. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, record review, interview, and policy review, the provider failed to ensure three of three sampled resident's (5, 6, and 7) controlled medications (medications with risk for abuse and addiction) were secured and accounted for. Findings include: 1. Observation and interview on 4/15/25 at 10:05 a.m. with registered nurse (RN)/clinical services director B regarding controlled medication storage for one of two medication carts revealed:	S 654	S 654 44:70:07:06 Drug Disposal RN will audit medication carts to be sure medication is disposed properly. This will be done montly for 6 months and will be documented on our cart audit form. Staff education will be done with all CMA's with live training on safe handling of medication and how to properly dispose medication. This will be done at our monthly QA meetings for 6 months.	May 31, 2025

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S 654	<p>Continued From page 7</p> <p>*The controlled medications were kept on one of the two medication carts. *Inside the second drawer of the medication cart was a locked drawer. -Inside that drawer were several residents' controlled medications. *The controlled medications were counted each shift by two staff. *The controlled medication count was then recorded on the electronic medication administration record. *The controlled medication count revealed: -Resident 5's medication bubble pack labeled clonazepam 0.5 milligrams (mg). --The medication slots numbered #8 and #16 had the tablet taped back into the package. -Resident 6's had a medication bubble pack labeled lorazepam 0.5 mg. --The medication slot numbered #18 had the tablet taped back into the package. -Resident 7's medication bubble pack labeled lorazepam 0.5 mg, 1/2 tab. --The medication slot numbered #17 had the 1/2 tablet taped back into the package.</p> <p>Interview at that time with RN/clinical services director B regarding the above medications revealed: *Those medications should not have been taped back into the bubble pack. *When a medication had not been given to a resident because it had been refused, dropped, or punched out of the bubble pack, the certified medication aide was to place the medication into an envelope, label the envelope, and place the envelope in the locked drawer in the medication cart until it could be destroyed.</p> <p>Review of the provider's January 2025 Medication Administration policy revealed:</p>	S 654		

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S 654	Continued From page 8 **Purpose: To ensure optimal and safe medication handling, storage and administration for all residents." **Policy: All medications will be handled, stored, and administered based on the state and Community requirements." **Practice: -O. All medications that are refused or discarded by the resident will be documented in the electronic medical record and destroyed appropriately."	S 654		