

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2024
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NAME OF PROVIDER OR SUPPLIER EDGEWOOD PRAIRIE CROSSINGS MITCHELL, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 N WISCONSIN MITCHELL, SD 57301
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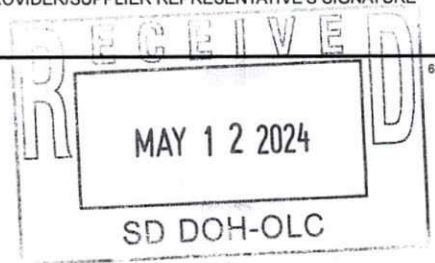
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S 000	Compliance Statement A complaint survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers, was conducted from 4/23/24 to 4/24/24. Areas surveyed included resident abuse and failure to report in a timely manner. Edgewood Prairie Crossings Mitchell, LLC was found not in compliance with the following requirements: S030.	S 000		
S 030	44:70:01:07 Reports To The Department Each facility shall report the following events to the department through the department's online reporting system within twenty-four hours of the discovery of the event: (1) An attempted suicide; (2) Any cause to suspect abuse or neglect of a resident; (3) Any death resulting from other than natural causes that originated on facility property; (4) A missing resident; (5) A fire in the facility; (6) Any loss of utilities, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than twenty-four hours; or (7) Any unsafe drinking water samples, or samples from pools or spas. The facility shall conduct an internal investigation for the event and report the results to the department no later than five working days after the event. The department may request additional information from the facility and investigate any reported event.	S 030	S 030: ED/LPN completed a review of the online reporting DOH system for reportable incidents.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Billie Tuttle

STATE FORM



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If continuation sheet 1 of 4

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S 030	Continued From page 1 This Administrative Rule of South Dakota is not met as evidenced by: Based on South Dakota Department of Health (SD DOH) facility reported incident (FRI), interview, job description review, and policy review the provider failed to ensure seven of seven FRI rejected final reports were corrected and resubmitted to the SD DOH. Findings include: 1. Review of the 12/1/23 6:13 p.m. FRI revealed: *The incident occurred on 11/27/23 at 5:00 p.m. *The report was rejected on 12/4/23, 1/6/24, 1/17/24, and 2/12/24 with no follow-up . 2. Review of the providers 12/1/23 6:30 p.m. FRI revealed: *The incident occurred on 11/30/23 at 5:00 p.m.. *The report was rejected on 12/4/23, 1/6/24, 1/9/24, 1/17/24, 2/6/24, and 2/12/24 with no follow-up. 3. Review of the providers 12/7/23 10:30 a.m. FRI revealed: *The incident occurred on 12/6/23 at 4:10 p.m. *The report was rejected on 12/7/23 with no follow-up. 4. Review of the providers 12/8/23 7:00 p.m. FRI revealed: *The incident occurred on 12/7/23 at 2:30 a.m. *The report was rejected on 12/11/23, and 2/12/24 with no follow-up. 5. Review of the providers 2/12/24 12:11 p.m. FRI revealed: *The incident occurred on 2/1/24 at 3:15 p.m. *The report was rejected on 2/12/24 with no follow-up.	S 030	1. Internal investigation was completed. Law enforcement was notified and incident was reported to officer Fuchs. State report corrected and accepted on 4/24/2024. 2. Internal investigation was completed. Law enforcement notified on 12/5/2024 and incident reported to Officer Vanderpol. CSD notified APS and BON. State report corrected, resubmitted and accepted. Staff mtg completed on 12/5/2023. CSD and ED educated all staff on resident dignity, abuse and neglect, reporting, resident rights, social media policy. 3. Internal investigation completed. State report corrected, resubmitted and accepted on 4/24/2024 4. Internal investigation completed. State report corrected, resubmitted and accepted on 4/24/2024. Fall protocol put in place along with toileting schedule. 5. Internal investigation completed. APS notified online by CSD on 2/5/2024. CSD completed education on resident safe handling with LPN on 2/1/2024. CSD provided education and all staff signed off on safe resident handling by 3/31/2024. State report was corrected, resubmitted and accepted.	4/24/2024

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S 030	<p>Continued From page 2</p> <p>6. Review of the providers 4/2/24 1:11 p.m. FRI revealed: *The incident occurred on 3/29/24 at 5:30 p.m. *The report was rejected on 4/2/24 with no follow-up.</p> <p>7. Review of the providers 4/2/24 12:07 p.m. FRI revealed: *The incident occurred on 3/29/24 at 5:30 p.m. *The report was rejected on 4/2/24 with no follow-up.</p> <p>8. Interview on 4/23/24 at 1:05 p.m. with LPN C regarding the FRIs revealed: *The clinical services director (CSD) was responsible for filing FRIs. *The CSD left at the end of March. *Clinical specialist B was assisting in closing the past FRIs. *She was unaware of the timeline and the reporting process for a FRI.</p> <p>9. Interview on 4/24/24 at 10:00 a.m. with executive director A revealed: *She was not aware that the executive director's job description indicated that she was responsible for maintaining compliance in all areas of operation and the primary contact for investigations. *She was not aware that the policy indicated the executive director was responsible for reporting.</p> <p>10. Review of the provider's May 2021 Executive Director-12-36 bed property Job Description revealed: *"Duties and responsibilities" -"Maintain compliance with federal, state, local, and company requirements in all areas of operation and resident care..."</p>	S 030	<p>6. Internal investigation completed. LPN educated staff on new interventions for redirecting during behaviors or altercations on 4/1/2024. State report corrected, resubmitted and accepted.</p> <p>7. internal investigation completed. LPN educated staff on new interventions for redirecting during behaviors or altercations on 4/1/2024. State report corrected, resubmitted and accepted.</p> <p>8. State reporting guidelines will be reviewed further with LPN along with reporting guidelines.</p> <p>9/10/11 ED will further review Job description, and incident reporting policy, as well as the abuse and neglect, and reporting and investigating.</p> <p>Plan of Correction: Audits implemented on all incidents that required online state reporting to be reviewed by ED to audit timeliness and status of report. ED will take to QA meeting for review monthly x 2 months, then quarterly thereafter.</p>	<p>5/10/2024</p> <p>5/10/2024</p> <p>5/31/2024</p>

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S 030	<p>Continued From page 3</p> <p>-"Primary contact for all regulatory agency surveys, investigations, and communications to include the responsibility of correct plans as required."</p> <p>11. Review of the provider's March 2024 Abuse Prevention, Intervention, Reporting and Investigation policy revealed: **"Reporting"</p> <p>--"2. The executive director notifies the following of a suspected abuse or incidents:" --"a. Law enforcement officials." --"b. Adult Protective Services." --"c. Resident's attending physician." --"d. State licensing/certification agency." --"e. Resident's legal representative on record" --"g. Local ombudsman."</p> <p>--"4. A completed report and written summaries of witness interviews, if any, are provided to the executive Director, Regional Nursing Director and Chief Nursing Officer per community and state guidelines."</p>	S 030		

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S 000	<p>Compliance Statement</p> <p>A revisit survey for compliance with the Administrative Rules of South Dakota, Article 44:70, Assisted Living Centers, requirements for assisted living centers was conducted on 7/15/24 for deficiencies cited on 4/24/24. All deficiencies have been corrected, and no new noncompliance was found. Edgewood Prairie Crossings Mitchell, LLC is in compliance with all regulations surveyed.</p>	S 000		

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TITLE

(X6) DATE