PRINTED: 06/26/2025 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 R WING 47882 06/17/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3409 EAST 5TH STREET **EDGEWOOD GREENLEAF SIOUX FALLS LLC** SIOUX FALLS, SD 57103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 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 on 6/17/25. Areas surveyed included pharmaceutical services, educational services, administration/personnel, and neglect. Edgewood Greenleaf Sioux Falls LLC was found not in compliance with the following regulation: \$296. 44:70:04:04(1-11) Personnel Training S 296 These programs must be completed within thirty days of hire for all healthcare personnel and must include the following subjects: (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

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

(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

impairment or challenging behaviors if admitted

and retained in the facility; and

(X6) DATE

Susan Huver

retained in the facility.

**Exec Director** 

July 2, 2025

TITLE

FORM APPROVED South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: \_\_ C R WING 47882 06/17/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3409 EAST 5TH STREET **EDGEWOOD GREENLEAF SIOUX FALLS LLC** SIOUX FALLS, SD 57103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 296 S 296 Continued From page 1 Any personnel whom the facility determines will have no contact with residents are exempt from the training required by subdivision (8). This Administrative Rule of South Dakota is not met as evidenced by: Based on employee file review, interview, policy review, and new employee hire orientation list review, the provider failed to ensure the required training was completed within 30 days of hire for one of three newly hired sampled employee (B) Employee B was brought into facility who had not completed any of the eleven on 06/19/2025 and was provided personnel training topics. with the new hire orientation. Findings include: Employee completed the online training as well on 06/19/2025. 1. Review of employee B's personnel file revealed: Business Office Assistant hired on \*A hire date of 4/2/25. June 23, 2025. BOA primary \*She had been hired as a certified medication responsibilities are to ensure that aide (CMA). all new hire training is provided and \*There was no documentation she had received training on: completed within first 30 days of -Fire prevention and response. employment. -Emergency procedures and preparedness. -Infection control and prevention. BOA/ED to audit employee files monthly beginning on July 31,2025 Accident prevention and safety procedures. -Resident rights. for the next 12 mos to ensure all -Confidentiality. new hire training has been -Incidents and diseases subject to mandatory completed in both paper reporting and the facility's reporting mechanism. files and in electronic learning -Nutrition risks and hydration. system This data will be -Abuse, neglect, and misappropriation of resident documented through relias (online

property and funds.

-Problem solving and communication techniques

related to residents with cognitive impairment or

learning system) and excel

spreadsheet.

PRINTED: 06/26/2025 FORM APPROVED South Dakota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ R WING 47882 06/17/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3409 EAST 5TH STREET EDGEWOOD GREENLEAF SIOUX FALLS LLC SIOUX FALLS, SD 57103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DESICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) S 296 S 296 Continued From page 2 challenging behaviors. -Education based on the resident care needs (oxygen and hospice). Review of an email sent on 6/17/25 at 1:00 p.m. by executive director A to one of the surveyors on the team for this survey regarding CMA B revealed: \*"In following up on [CMA's name] employee file. She was scheduled for 30 day orientation that was held on 04/16/2025 and did not attend. -On April 21st, I sent message to her to schedule individual onboarding with me at that time. -She did not follow through with me. -I have her on for the new hire orientation that is scheduled for June 24th. -I will pull her from the schedule until training is completed as well. -She is a prn [when needed] employee." Interview on 6/17/25 at 1:13 p.m. with executive director A regarding CMA B's required training within 30 days of hire confirmed CMA B: \*Had not completed the training. \*Should have completed the training. Review of the provider's revised June 2025 Staff Training policy revealed: \*"In order to provide a safe environment for residents, staff members develop and maintain the skills necessary to provide appropriate care and services." \*"The community provides formal orientation and

regular, ongoing in-services to promote adequate training of staff members and to meet the needs

\*"A thorough and effective staff development program is fundamental to risk management

-Documentation of employee orientation,

of the resident population."

practices.

FORM APPROVED South Dakota Department of Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_ C B. WNG 47882 06/17/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3409 EAST 5TH STREET **EDGEWOOD GREENLEAF SIOUX FALLS LLC** SIOUX FALLS, SD 57103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 296 S 296 Continued From page 3 attendance at educational sessions, and competency checklists verify that the community has taken steps to promote a prepared and competent workforce." Review of the provider's 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. -These programs must be completed within 30 days of hire."