

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>11064</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/30/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>EDGEWOOD WATERTOWN MC 2 LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>225 14TH AVE. NE</b> <b>WATERTOWN, SD 57201</b>		
(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 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 4/29/25 to 4/30/25. The area surveyed was resident safety related to an unexpected death following a choking incident and a fall with a burn injury. Edgewood Watertown MC 2 LLC was found in compliance.</p>	S 000			

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

Amanda Prokop

*Amanda Prokop*

TITLE

Executive Director

(X6) DATE

5/7/2025