

South Dakota Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10746 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED C 04/04/2025 |
| NAME OF PROVIDER OR SUPPLIER EDGEWOOD PRAIRIE CROSSINGS WATERTOWN AL, | | | STREET ADDRESS, CITY, STATE, ZIP CODE 420 9TH ST. SE WATERTOWN, SD 57201 | | |
| (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 from 4/3/25 through 4/4/25. Areas surveyed included resident elopement and a resident death related to a choking incident. Edgewood Prairie Crossings Watertown AL, LLC was found in compliance.</p> | S 000 | | | |

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

Amanda Prokop

TITLE

Executive Director

(X6) DATE

4/9/2025

STATE FORM

5899

L5KQ11

If continuation sheet 1 of 1