| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 435132 | A. BUILDING _____ B. WING _____ | 03/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AURORA BRULE NURSING HOME INC | 408 SOUTH JOHNSTON STREET WHITE LAKE, SD 57383 |

| (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) COMPLETION DATE |
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| F 000 | INITIAL COMMENTS<br><br>A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 3/3/24 through 3/6/24. Aurora Brule Nursing Home Inc was found not in compliance with the following requirement: F851. | F 000 | The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged on conclusions set forth in the statement of deficiencies. The plan of correction prepared for this deficiency was executed solely because it is required by provisions of state and federal law. Without waiving the foregoing statement, the facility states that with respect to. | |
| F 851 SS=D | Payroll Based Journal<br>CFR(s): 483.70(q)(1)-(5)<br><br>§483.70(q) Mandatory submission of staffing information based on payroll data in a uniform format.<br>Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.<br><br>§483.70(q)(1) Direct Care Staff.<br>Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping).<br><br>§483.70(q)(2) Submission requirements.<br>The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following:<br>(i) The category of work for each person on direct care staff (including, but not limited to, whether | F 851 | Business Office Manager re-educated on proper PBJ submission and timeliness.<br><br>Outside consultant was engaged to ensure proper PBJ submissions and timeliness.<br><br>Administrator will audit PBJ submission monthly for 3 months to ensure proper PBJ submission and timeliness.<br><br>Administrator will present audits at monthly QAPI meetings for review and consideration. | 04/12/2024 |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Kathleen Styles | Administrator | 03/20/2024 |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 435132 | A. BUILDING _____ B. WING _____ | 03/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AURORA BRULE NURSING HOME INC | 408 SOUTH JOHNSTON STREET WHITE LAKE, SD 57383 |

| (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) COMPLETION DATE |
|---|---|---|---|---|
| F 851 | Continued From page 1<br>the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS);<br>(ii) Resident census data; and<br>(iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual).<br><br>§483.70(q)(3) Distinguishing employee from agency and contract staff.<br>When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency.<br><br>§483.70(q)(4) Data format.<br>The facility must submit direct care staffing information in the uniform format specified by CMS.<br><br>§483.70(q)(5) Submission schedule.<br>The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly.<br>This REQUIREMENT is not met as evidenced by:<br>Based on Certification and Survey Provider Enhanced Reports (CASPER) data review, observation, record review, interview, and policy review, the provider failed to ensure:<br>*Payroll Based Journal (PBJ) (information of the provider's daily staffing hours for the appropriate care of the residents) data was accurately completed prior to submission to the Center for | F 851 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 435132 | A. BUILDING _____ B. WING _____ | 03/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AURORA BRULE NURSING HOME INC | 408 SOUTH JOHNSTON STREET WHITE LAKE, SD 57383 |

| (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) COMPLETION DATE |
|---|---|---|---|---|
| F 851 | Continued From page 2<br>Medicare and Medicaid Services (CMS) for three of four federal fiscal quarters (Quarter 1, 2023; Quarter 2, 2023; and Quarter 4, 2023).<br>*PBJ data was submitted to CMS for one of four federal fiscal quarters (Quarter 3, 2023).<br>Findings include:<br><br>1. Review of the PBJ data submitted to CMS for the three quarters listed above revealed:<br>*The following items were triggered:<br>-Excessively low weekend staffing.<br>-Failed to have licensed nursing coverage 24 hours per day.<br>*That data also included a one-star staffing rating for Quarters 2 and 4, 2023.<br><br>2. Review of the PBJ data submitted to CMS for Quarter 3, 2023 revealed no PBJ data had been submitted to CMS for the time period of April 1, 2023 through June 30, 2023.<br>*A one-star staffing rating was triggered.<br>*The following metrics were suppressed for invalid data:<br>-Excessively Low Weekend Staffing.<br>-No RN hours.<br>-Failed to have licensed nursing coverage 24 hours per day.<br><br>3. Observation and review of the posted daily staffing schedule upon initial entrance into the facility on 3/3/24 at 1:45 p.m. on a Sunday afternoon, revealed:<br>*The facility was clean and without odor.<br>*There were two nurses on staff, one of whom was a registered nurse.<br>-There were four certified nurse's aides and a medication aide on staff.<br>-None of the staff appeared hurried or rushed in their interactions with the residents. | F 851 | | |

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| | 435132 | A. BUILDING _____ B. WING _____ | 03/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AURORA BRULE NURSING HOME INC | 408 SOUTH JOHNSTON STREET WHITE LAKE, SD 57383 |

| (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) COMPLETION DATE |
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| F 851 | Continued From page 3<br>*The residents were appropriately dressed, groomed, and without body odor.<br>-The residents appeared content and were enjoying a variety of activities.<br><br>4. Review of the provider's 2023 through March 2024 employee staffing schedules, August 2023 facility assessment, and resident's electronic medical records documentation revealed the provider had licensed nursing coverage 24 hours per day and sufficient staffing on the weekends for the periods referenced above.<br><br>5. Interview and review of staffing schedules and PBJ data on 3/05/24 at 9:50 a.m. with administrator A revealed:<br>*She had been the administrator for three years.<br>*She confirmed the staffing schedules were correct and they had met the RN, licensed nurse, and weekend staffing coverage requirements.<br>*The staffing information from their TKS (time keeping system) was gathered by the business office and they would send her a PDF (personal data file) for her to review.<br>-She was responsible for reviewing the PDF and uploading that information into CMS's PBJ data system.<br>-She reviews the PDF for correctness before submission into the PBJ system, but felt the facility's PDF was "virtually unreadable."<br>-She had been shown the PDF and PBJ system by the prior administrator and was not aware if there were any other ways to make it easier to verify and submit accurate information.<br>-She had not attempted to seek CMS's assistance with the PBJ data submission system.<br>*Temporary and per diem (pay by the day) staff also utilized the TKS system and that should have been accurately reflected in the PDF that was | F 851 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 435132 | A. BUILDING _____ B. WING _____ | 03/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| AURORA BRULE NURSING HOME INC | 408 SOUTH JOHNSTON STREET WHITE LAKE, SD 57383 |

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| F 851 | Continued From page 4 | F 851 | | |

submitted.
*She had not reviewed the facility's CMS PBJ staffing data reports.
-She was not aware that the PBJ data had not been received by CMS for Quarter 3, 2023.
*Stated a new TKS was added two years ago to address the PBJ requirements and she assumed it was working correctly.
*Confirmed the TKS information entered into the PBJ program had not correctly reflected the facility's staffing schedules.

6. Interview and review of the PBJ data on 3/06/24 at 8:33 a.m. with business office manager B revealed:
*She had not been aware of the PBJ data results as she only ran the TKS report, uploaded it into a PDF, and submitted it to administrator A for review.
-She agreed the PDF file was very difficult to review for accuracy as it only contained employee ID numbers and not staff names or credentials.
*During the interview, business office manager B conducted a brief review of the CMS PBJ data reports against the timekeeping system and staffing schedules for 2023.
-She revealed the discrepancies identified on the PBJ data report had occurred during temporary and per diem staff's scheduled assignments.
-Stated those discrepancies may have been related to incorrect staffing data that was entered into their TKS system.
-She stated temporary and per diem staff had filled many key shifts for RNs, licensed nurses, and CNAs in the last year.
*She would discuss the discrepancies with the TKS engineer, as he was the support manager.
*Confirmed they needed to identify and correct the PBJ data reporting issues.

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| | 435132 | A. BUILDING _____ B. WING _____ | 03/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| AURORA BRULE NURSING HOME INC | 408 SOUTH JOHNSTON STREET WHITE LAKE, SD 57383 |

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|---|---|---|---|---|
| F 851 | Continued From page 5<br><br>Review of the provider's July 2023 Administrator Job Description revealed:<br>*"Duties include:"<br>-"Obtain, analyze and interpret data of program and building needs[.]"<br>-"Supervises the preparation of reports for local, state, and national requirements[.]" | F 851 | | |

South Dakota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 10709 | A. BUILDING: _____ B. WING _____ | 03/06/2024 |

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|---|---|
| AURORA BRULE NURSING HOME INC | 408 S JOHNSTON ST WHITE LAKE, SD 57383 |

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|---|---|---|---|---|
| S 000 | Compliance/Noncompliance Statement<br><br>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 3/3/24 through 3/6/24. Aurora Brule Nursing Home Inc was found in compliance. | S 000 | | |
| S 000 | Compliance/Noncompliance Statement<br><br>A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 3/3/24 through 3/6/24. Aurora Brule Nursing Home Inc was found in compliance. | S 000 | | |

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

Kathleen Styles | Administrator | 03/20/2024

South Dakota Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 59424 | A. BUILDING: _____ B. WING _____ | 03/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AURORA-BRULE NURSING HOME, INC. ALC | 408 SOUTH JOHNSTON ST WHITE LAKE, SD 57383 |

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|---|---|---|---|---|
| S 000 | Compliance Statement<br><br>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 3/3/24 through 3/6/24. Aurora Brule Nursing Home Inc. ALC was found in compliance. | S 000 | | |

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

Kathleen Styles | Administrator | 03/20/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| AURORA BRULE NURSING HOME INC | 408 SOUTH JOHNSTON STREET WHITE LAKE, SD 57383 |

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| E 000 | Initial Comments<br><br>A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 3/3/24 through 3/6/24. Aurora Brule Nursing Home Inc was found in compliance. | E 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kathleen Styles
TITLE: Administrator
(X6) DATE: 03/20/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.