

South Dakota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 59424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/29/2026
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NAME OF PROVIDER OR SUPPLIER AURORA-BRULE NURSING HOME, INC. ALC	STREET ADDRESS, CITY, STATE, ZIP CODE 408 SOUTH JOHNSTON ST WHITE LAKE, SD 57383
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(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	Compliance Statement 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 7/26/26 through 7/29/26. Aurora-Brule Nursing Home, Inc. ALC was found not in compliance with the following requirements: S296 and S450.	S 000	The plan of correction prepared for this deficiency was executed solely because it is required by provision s of state and federal law. Without waiving the foregoing statement, the facility states that with respect to.	
S 296	44:70:04:04(1-11) Personnel Training 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 impairment or challenging behaviors if admitted and retained in the facility; and (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 retained in the facility. Any personnel whom the facility determines will have no contact with residents are exempt from	S 296	Business manager will complete root cause analysis. Business manager or designee will review and revise policy on required education as necessary. Business manager or designee will provide education to all department managers responsible for education policy changes. Business manager or designee will audit all current staff education for completion. Business manager or designee will audit all new hired staff orientation monthly for two months then quarterly x2 and report to QAPI for further review and consideration.	9/09/2026

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

Kathleen Styles

TITLE

Administrator

(X6) DATE

08/28/2026

South Dakota Department of Health

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S 296	Continued From page 1 the training required by subdivision (8). This Administrative Rule of South Dakota is not met as evidenced by: Based on personnel record review and interview, the provider failed to ensure that one of two newly hired employees reviewed (O) completed the required orientation training topics within 30 days of her hire date. Findings include: 1. Review of employee O's personnel file revealed she was hired on 2/17/26 as a dietary aide. She did not complete the following training topics within 30 days of her hire date: infection control and prevention, proper use of restraints, resident rights, confidentiality of resident information, incidents and diseases subject to mandatory reporting and the facility's reporting mechanisms, care of residents with unique needs, abuse and neglect, and advance directives. 2. Interview on 7/29/26 at 11:03 a.m. with certified dietary manager (CDM) E revealed that employee O was a dietary aide in the dietary department. CDM E completed the initial foodservice-related orientation and training topics with employee O. Business manager W completed the rest of the training, but she was not available for an interview at that time. 3. Interview on 7/29/26 at 12:10 p.m. with administrator A revealed that she did not know	S 296		

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S 296	Continued From page 2 why employee O did not finish her initial orientation training. She thought that it "just got lost in the chaos."	S 296		
S 450	44:70:06:01 Dietetic Services The facility shall have an organized dietetic service that meets the daily nutritional needs of residents and ensures that food is stored, prepared, distributed, and served in a manner that is safe, wholesome, and sanitary in accordance with the provisions of § 44:70:02:06. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure that handwashing and glove use were performed before touching ready-to-eat (RTE) foods by one of one dietary aide (L) during one of two meal services observed. Findings include: 1. Observation on 7/28/26 from 11:52 a.m. to 12:12 p.m. during the noon meal service in the kitchen revealed that the menu was chicken parmesan with noodles, lettuce salad, peaches in yogurt, and a slice of buttered bread. Dietary aide L was responsible for dishing the lettuce salad onto the plates, placing a plastic cup of salad dressing on the plates, and delivering the resident's meals using the pushcart. As he scooped the lettuce salad onto the plates, he used his bare left hand to touch the salad so it would stay on the plate. He placed the plastic cups of salad dressing directly on top of the food on the plates, rather than on the side. He went back and forth from the kitchen to the dining	S 450	Root cause analysis completed, dietary aide L educated on safe food handling policy on 8/4/2026. Safe Food Handling Policy was reviewed by CDM. Rest of dietary staff educated on food safe food handling policy 8/12/2026. Dietary Manager or designee will be auditing hand hygiene, proper glove use and safe food handling. Audits will be completed 3 times weekly at random shift times for four weeks and then 4 times monthly for two months. Dietary Manager will present findings to QAPI for further review and consideration.	09/09/2026

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S 450	Continued From page 3 room at least five times and did not perform hand hygiene or put gloves on his hands during that observation. 2. Interview on 7/28/26 at 12:12 p.m. with dietary aide L about the above observation revealed he confirmed he touched the lettuce salad with his bare hands and did not perform hand hygiene. 3. Interview on 7/28/26 at 2:46 p.m. with certified dietary manager (CDM) E revealed that he expected the staff to refrain from touching RTE foods with their bare hands. He expected the staff to use serving utensils or perform hand hygiene and put gloves on when touching RTE foods. He did not realize the potential for food contamination when placing the salad dressing cups directly on top of food. He expected the staff to perform hand hygiene when entering and exiting the kitchen. 4. Review of the provider's 4/8/26 Food Preparation and Handling Policy revealed that "foods are prepared and served with clean tongs, scoops, forks, spoons, spatulas, knives, plastic gloves, or other suitable implements to minimize handling and to avoid manual contact of food at all points during preparation and service." 5. Review of the provider's 4/8/26 Glove Use in Dietary policy revealed that the employees will "wear gloves when handling any ready to eat foods like salad bar items, produce, sandwiches, cooked foods, deli meats, cheeses, breads, and ice."	S 450		