

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

PRINTED: 05/06/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/23/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>AURORA BRULE NURSING HOME INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>408 SOUTH JOHNSTON STREET</b> <b>WHITE LAKE, SD 57383</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) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 689 SS=G	<p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 4/22/24 through 4/23/24. The areas surveyed included resident safety, accidents, and physical environment. Aurora Brule Nursing Home Inc was found to have past noncompliance at F689 for not assessing and ensuring resident safety needs when being served hot beverages.</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Substantial compliance was confirmed on 4/23/24 after record review revealed the facility had followed their quality assurance process; after the dietitian was contacted for acceptable hot beverage temperatures; after the hot beverage vender was contacted to lower the dispenser's temperature; after the dispensers were unplugged until the vender could arrive; after the facility created new policies and provided education to all staff regarding: acceptable hot beverage temperatures, monitoring of assisted dining, and first aid to a burn; after observations of residents and staff during the assisted dining meal service; after assisted dining residents were assessed for safety; after assisted dining resident</p>	F 689	Past noncompliance: no plan of correction required.		

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

TITLE

(X6) DATE

Kathleen Styles

Administrator

05/13/2024

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.

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F 689	Continued From page 1 interview confirming safety lids were provided and hot beverages were not served until staff were present; and after staff interviews confirming knowledge on the new policies.	F 689		