PRINTED: 08/08/2025 FORM APPROVED South Dakota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ 59424 07/24/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **408 SOUTH JOHNSTON ST** AURORA-BRULE NURSING HOME, INC. ALC WHITE LAKE, SD 57383 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) The preparation of the following plan of S 000 Compliance Statement S 000 correction for these deficiencies does not constitute and should not be interpreted as an A licensure survey for compliance with the admission nor an agreement by the facility of the Administrative Rules of South Dakota, Article truth of the facts alleged on conclusions set forth 44:70, Assisted Living Centers, requirements for in the statement of deficiencies. The plan of assisted living centers, was conducted from correction prepared for these deficiencies was 7/22/25 through 7/24/25. Aurora Brule Nursing executed solely because it is required by provision of state and federal law. Without Home Inc. ALC was found not in compliance with waiving the foregoing statement, the facility the following regulations: S165, S285, S337, and S455. states that with respect to: S 165 44:70:02:17 Occupant Protection S 165 The storage of supplies policy and 9-1-2025 procedure will be reviewed and Each facility must be constructed, arranged, revised as necessary by Director of equipped, maintained, and operated to avoid injury or danger to any occupant. The extent and Nursing complexity of occupant protection precautions are determined by the services offered and the Care supplies will be stored in a clean, physical needs of any resident admitted to the facility. dry place free of contamination. Nurses will be educated on any revisions of the policy and procedure of storage of supplies. Completed This Administrative Rule of South Dakota is not met as evidenced by: 08/11/25 by Director of Nursing. Based on observation, interview, and policy review, the provider failed to ensure: Infection control preventionist or \*Resident care supplies, such as nebulizer designated staff will complete audits machines and tube feed pumps, were stored in a manner that minimized risk of contamination from once weekly for four weeks, then plumbing under the sink in one of one medical monthly for two months and report supply room. to OAPI for review. \*Resident care supplies, such as wound dressings, indwelling catheter systems (urine

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

collection devices that are inserted into the body), and ostomy supplies, were disposed of after the

1. Observation on 7/23/25 at 11:15 a.m. and 1:44 p.m. in the storage room near the dining room

Kathleen Styles

manufacturer's expiration date.

Finding include:

TITLE

(X6) DATE

Administrator

HHDD11

8/15/25

FORM APPROVED South Dakota Department of Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING 59424 07/24/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 408 SOUTH JOHNSTON ST AURORA-BRULE NURSING HOME, INC. ALC WHITE LAKE, SD 57383 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE. PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 165 S 165 Continued From page 1 revealed: \*There was one tube feeding pump and one nebulizer machine stored underneath the sink with nothing to protect the equipment from potential splash contamination from the plumbing. \*Multiple patient care supplies available in the storage room that were past the expiration date including: five packages of closed catheter system with expiration date of 6/28/25, 16 uncoated intermittent catheter packages with expiration date of 5/31/24, three packages of silicone coated foley catheters with expiration date of "281120," one box of protective skin wipes with expiration date of 4/1/25, and one tube of ostomy (a surgical opening connecting an organ to the abdomen) paste with an expiration date of 10/2/22. The ostomy paste had leaked in the box that it was being stored in. \*The bottom two drawers in a plastic storage cabinet were filled with loose abdominal pads. 2. Interview on 7/24/25 at 2:27 p.m. with licensed practical nurse (LPN) I revealed: \*To her knowledge, the patient care equipment had always been stored under the sink since she had been working at that facility. \*She confirmed there was a risk for contamination from leaking pipes and infection with resident care items stored under the sink. \*Everyone in the building was responsible for keeping the storage room organized and discarding outdated products. \*She was primarily responsible for monitoring the wound care supplies and discarding the expired

2025.

\*The abdominal pads that were not in sterile packaging when they were delivered in May of

3. A request was made on 7/23/25 at 5:50 p.m.

South Dakota Department of Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 07/24/2025 59424 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **408 SOUTH JOHNSTON ST** AURORA-BRULE NURSING HOME, INC. ALC WHITE LAKE, SD 57383 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 165 S 165 Continued From page 2 for the provider's medical supply storage policy. The policy was not provided by the end of the survey on 7/24/25 at 4:09 p.m. S 285 S 285 44:70:04:03 Personnel The Business Manager will review 9-1-2025 and revise as necessary the policy The facility shall have a sufficient number of and procedure of Employee qualified personnel to provide effective and safe care. Personnel on duty must be awake at all background screening. times, except as provided in § 44:70:03:02.01. Any supervisor must be eighteen years of age or Employees H,S, and V background older. The facility shall make available written job screenings have been completed. descriptions and personnel policies and procedures to personnel of all departments and 08/04/25 by Business Manager. services. The facility may not knowingly employ any person with a conviction for abusing another Business Manager and nurse person. The facility shall establish and follow manager educated on any revisions policies regarding special duty or personnel on contract. of policy and procedure of Employee background screening, completed 08/04/25 by Administrator. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy Business Manager or designated review the provider failed to perform background employee will audit five employee checks on three of five sampled employees (H, S, files weekly and any new employees and V) for compliance. Findings include: until all files are audited and findings 1. Employee record review for annual education, will be brought to QAPI for review health screening, and background checks and consideration. revealed: \*Employee H was hired on 8/14/24. \*There was no documentation a criminal background check was performed. \*Employee S was hired on 10/1/24. \*There was no documentation a criminal background check was performed.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	COMPLETED
		59424	B. WING		07/24/2025
	ROVIDER OR SUPPLIER BRULE NURSING HOME	INC. ALC	DRESS, CITY, STATH JOHNSTON S		
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S 285	*Employee V was hire *There was no docum background check was *Interview and record p.m. with administrate *A new business office 5/12/25. *Employee backgroun completed by the bus *Administrator A had exclusion background S, and V dated 7/24/2 *She confirmed no office the completed by the bus *She expected that end would be completed to the ensure no employme history of a conviction person.  Review of the provide Employee Background *"[Provider] will not kn who has a history of a *"This facility will cond background screening criminal background offi *"The administrator, of resource director will background screening cresource director will background screening	ed on 5/20/24. nentation a criminal as performed.  review on 7/24/25 at 1:20 or A revealed: e manager was hired  and checks were to be iness office staff. completed government of checks for employees H, 25. ther employee background ed for employees H, S. and employee background checks with the hiring process to not of someone with a known of for abusing another  er's revised 7/26/23 and screening policy revealed: abusing other persons." duct employment g checks, and will conduct checks on individuals or employment." department head or human conduct employee g which will include thes, reference checks, and	S 285		
S 337	44:70:04:11 Care Pol	licies	S 337		
	Each facility shall est	ablish and maintain policies,			

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bringing to QAPI for review.

record (EMR) revealed a 2/16/23 physician's

order for "Systane Bal Sol Restor" eye drops, "instill 1 drop into each eye four times daily."

Interview on 7/24/25 at 8:20 a.m. with RN G revealed she expected staff to refrain from touching the resident's eyes with the eye drop medication bottle when administering eye drops

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activities."

revealed:

-Have residents use prior to eating or group

Review of the provider's 8/21/23 Glove Use policy

\*"Policy: Glove will be worn whenever there is potential to come into contact with bodily secretions, blood, body fluids, mucous

South Da	kota Department of He	ealth			FORWAPPROVED
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	8 8	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
a		59424	B. WING		07/24/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
*****	DDIII E NIIDOINO IIOME	408 SOU	TH JOHNSTON	ST	
AURORA	BRULE NURSING HOME	WHITE L	AKE, SD 57383		
(X4) ID	[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	
S 337	Continued From page	6	S 337		
	accessing ports, start -"B. Miscellaneous5. Perform hand I gloves6. Disposable (sir replaced as soon as p contaminated, torn, p of deterioration, or the a barrier is compromiWhen to use glove1. Gloves shouldc. When cleaning blood or body fluidsd. When handlin itemse. When it is like contact with blood, bo	nygiene after removing ngle-use) gloves must be oractical when unctured, they exhibit signs en their ability to function as sed.			
	DROPS policy reveal  "Equipment: -Medication Administration - Prescribed eye medication ball or tissue -Gauze pads, dressing solution (if applicable "Procedure: -1. Verify medication against physician ord label. Comments: Malabeled for ophthalmic sterility and compatibulation clear bottle, observe or precipitates [particut-2. Identify resident. Ed. Wash hands.	ration Record (MAR) cation  gs, warm water or saline  order on MAR. Check er. Check medication and ke certain medication is c [eye] use (assumes ility for use in the eye). If medication for discoloration less.  explain procedure.  eye is to be instilled and			

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		X3) DATE SURVEY COMPLETED
		59424	B. WING		07/24/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	
AURORA-	BRULE NURSING HOME	. INC. ALC	TH JOHNSTON AKE, SD 57383		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
S 337	6. Have resident list. Head should be tils side of the affected eysolution should drain prevent systemic absorbucosa [the tissue instear duct leads to the8. Before instilling look up and away. Codome-shaped cover opupil] up and away frospace between the eyand minimizes risk of dropper, particularly if -9. Gently pull down to conjunctival sac10. Eye drops: Hold approximately [one-haabove conjunctival sae eye. Shake suspension eye can retain maxim"  44:70:06:02 Food Saff Hot foods must be he Fahrenheit or 57.2 de served promptly after temperature holding of held at or below 41 definitions.	e supine [on their back] or ted back and toward the ye. Comments: Excess away from inner canthus to corption through nasal side a person's nose as the nose].  drop, instruct resident to comments: Moves cornea [the over a person's iris and comments: Moves cornea [the over a person's iris and comments are [the over a person's iris and comment are [the over a pers	S 337	The Dietary Manager will review and revise necessary the policy on Food Preparation a Handling. Education provided on reviewed policy an procedures on food safety was provided to T. 08/08/25 by Dietary Manager All staff that would be responsible for Food Preparation and Handling will be educated policy and procedures to ensure all food its served to the residents will be handled and stored appropriately. 08/11/25 by dietary manager	d o cook d d on ems
	met as evidenced by: Based on observation	ule of South Dakota is not n, interview, record review, provider failed to follow food		The Dietary Manager or designated staff w perform weekly audits for four weeks, then monthly for two months to ensure all food served to residents will be safe and report QAPI for review.	items

	T OF DEFICIENCIES OF CORRECTION		ER/SUPPLIER/CLIA CATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY
	6	59424		B. WING		07/	24/2025
	ROVIDER OR SUPPLIER  BRULE NURSING HOME,	INC. ALC	408 SOUT	DRESS, CITY, STA H JOHNSTON KE, SD 57383	ST	1	
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L:	MUST BE PRE	EFICIENCIES CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S 455	Continued From page safety standards by no documented food temperature from 6/1 Findings include:  Observation and interval many revealed:  *A clipboard hanging of temperature log.  *Dietary manager D stocheck and document the each meal on that log.  *He expected the cook temperatures checked temperature log.  Review of the temperature from the first temperatures recorded temperatures recorded temperatures recorded temperatures recorded temperatures recorded temperatures for each first temperature log.  Interview on 7/23/25 arregarding food temperature before serving it.  *He would sanitize the check the temperature before serving it.  *He would document the temperature log.  Interview on 7/24/25 arregarding food temperature log.  Interview on 7/24/25 arranding and document staff should be check food temperatures for each condition of the check food temperatures for each check food temperatures for eac	ot having more peratures for /25 through /	or 29 of 153 or 7/21/25.  2/25 at 9:10 kitchen  ord labeled on staff were to operatures from  ent all food eal on the food  om 6/1/25  ot have the food  were some temperature or if those foods e.  with cook T mentation  er and would a few minutes  ture on the  with operature realed: outperature realed:	S 455			

South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 07/24/2025 59424 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **408 SOUTH JOHNSTON ST** AURORA-BRULE NURSING HOME, INC. ALC WHITE LAKE, SD 57383 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 455 S 455 Continued From page 9 \*She expected the dietary staff to follow the provider's policy regarding safe food temperatures. Review of the provider's undated Food Preparation and Handling policy revealed: \*"All food items served to the residents are prepared in a central kitchen according to standardized recipes. Food items are prepared using methods and techniques that are designed to preserve maximum nutritive value, enhance flavor, and assure that what is served is free of injurious organisms and substances." \*"20. Food temperatures are taken and recorded daily, by [the] cook, for each meal, and [the] temp log [is] kept on file in [the] kitchen."

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

Kathleen Styles

TITLE

(X6) DATE

Administrator

8/15/25

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items.

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\*Employee H was hired on 8/14/24. \*There was no documentation a criminal background check was performed.

\*Employee S was hired on 10/1/24. \*There was no documentation a criminal background check was performed.

PRINTED: 08/08/2025 FORM APPROVED South Dakota Department of Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING 07/24/2025 59424 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **408 SOUTH JOHNSTON ST** AURORA-BRULE NURSING HOME, INC. ALC WHITE LAKE, SD 57383 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 285 S 285 Continued From page 3 \*Employee V was hired on 5/20/24. \*There was no documentation a criminal background check was performed. \*Interview and record review on 7/24/25 at 1:20 p.m. with administrator A revealed: \*A new business office manager was hired 5/12/25. \*Employee background checks were to be completed by the business office staff.

ensure no employment of someone with a known history of a conviction for abusing another person. Review of the provider's revised 7/26/23

\*Administrator A had completed government exclusion background checks for employees H,

\*She confirmed no other employee background checks were completed for employees H, S. and

\*She expected that employee background checks would be completed with the hiring process to

S, and V dated 7/24/25.

V.

Employee Background screening policy revealed: \*"[Provider] will not knowingly hire any individual who has a history of abusing other persons." \*"This facility will conduct employment background screening checks, and will conduct criminal background checks on individuals making application for employment." \*"The administrator, department head or human resource director will conduct employee background screening which will include employment references, reference checks, and

S 337 44:70:04:11 Care Policies

contacting licensing."

Each facility shall establish and maintain policies,

S 337

South Dakota Department of Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ R WING 59424 07/24/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **408 SOUTH JOHNSTON ST** AURORA-BRULE NURSING HOME, INC. ALC WHITE LAKE, SD 57383 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 337 S 337 Continued From page 4 The Administrator will review and 9-1-2025 revise the Medication Administration procedures, and practices that follow accepted standards of professional practice to govern care, policy as needed. and related medical or other services necessary to meet the residents' needs. Education provided to CMA K on policies and procedures. Eye drop This Administrative Rule of South Dakota is not administration, pain documentation, met as evidenced by: proper preparation of medications, Based on observation, interview, record review, general medication administration and policy review, the provider failed to follow policies and procedures, ensuring infection prevention and control processes to ensure certified medication aide (CMA) K the knowledge of the 6"R" s of performed proper hand hygiene, glove use, and medication pass. 07/25/25 by proper eyedrop administration during resident 2's Director of Nursing. medication administration. Findings include: CMA K med pass will be monitored Observation on 7/23/24 at 4:24 p.m. of CMA K for safe practices. revealed: \*He did not perform hand hygiene when he entered resident 2's room or before putting on a All other CMA will be educated on pair of gloves. updated medication administration \*With his gloved hands, he removed the cap from policy. 08/11/25 by director of the eyedropper bottle, touched the resident's nursing. face, touched the eye drop applicator tip to the resident's eye and inner eyelid, and administered two to three drops of the medication. Director of Nursing or Administrator \*He placed the cap back onto the bottle of or Designee will audit medication eyedrops, and placed it back in the medication passes daily for two weeks, then cart. weekly for two more weeks, then Record review of resident 2's electronic medical monthly for two more months record (EMR) revealed a 2/16/23 physician's bringing to QAPI for review. order for "Systane Bal Sol Restor" eye drops, "instill 1 drop into each eye four times daily." Interview on 7/24/25 at 8:20 a.m. with RN G revealed she expected staff to refrain from touching the resident's eyes with the eye drop medication bottle when administering eye drops

FORM APPROVED South Dakota Department of Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WNG 59424 07/24/2025 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 408 SOUTH JOHNSTON ST AURORA-BRULE NURSING HOME, INC. ALC WHITE LAKE, SD 57383 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (FACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 337 Continued From page 5 S 337 to keep it free from possible contamination and resident infection. Interview on 7/24/25 at 2:08 p.m. with LPN I revealed: \*She had performed a Performance Improvement Project (PIP) on expectations for hand hygiene with facility staff. She expected staff to have been performing hand hygiene according to the facility's Hand Hygiene Policy. \*She said that the tip of an eye drop applicator should not touch the resident's eye to prevent contamination of the applicator bottle. Review of the provider's 3/2023 Hand Hygiene Policy and Procedure revealed: \*"Policy: Handwashing/hand hygiene is generally considered the most important single procedure for preventing healthcare associated infections. Antiseptics control or kill microorganisms contaminating skin and other superficial tissues..." \*" ... When to use alcohol-based hand rub -Only when visible soil is absent -After contact with a resident's intact skin (as in taking a pulse or blood pressure) -After contact with inanimate objects (including medical equipment) -Before donning [putting on] gloves -After doffing [taking off] gloves -Before entering a resident's room -Before exiting a resident's room -Have residents use prior to eating or group activities."

Review of the provider's 8/21/23 Glove Use policy

\*"Policy: Glove will be worn whenever there is potential to come into contact with bodily secretions, blood, body fluids, mucous

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBER	ED: ( )	MULTIPLE BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		59424	B. V	VING		07/24/2025	
S TELEVISION	ROVIDER OR SUPPLIER  BRULE NURSING HOME	, INC. ALC	STREET ADDRESS, 408 SOUTH JOH WHITE LAKE, S	INSTON S			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FUI SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPL	LETE
S 337	membranes, non-intagaccessing ports, starti-"B. Miscellaneous5. Perform hand higloves6. Disposable (sin replaced as soon as produced as	ct skin, drawing blood, ing IVs."  hygiene after removing agle-use) gloves must be practical when unctured, they exhibit sign their ability to function sed.  By be used grup skills or slashes of grotentially contaminately that hands will come and fluids, or other potentially contaminately fluids, or other potentials at the cation Record (MAR) cation  gs, warm water or saling and cation are secretary and cation are secretary for use in the eye). In medication for discolorates.  Explain procedure.	e igns n as ed in ntially MIC	337			

South Dakota Department of Health
STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1)

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING:

(X3) DATE SURVEY COMPLETED

59424

B. WNG \_

07/24/2025

If continuation sheet 8 of 10

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

AURORA-BRULE NURSING HOME, INC. ALC 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) COMPLETE DATE				
S 337	Continued From page 7 6. Have resident lie supine [on their back] or sit. Head should be tilted back and toward the side of the affected eye. Comments: Excess solution should drain away from inner canthus to prevent systemic absorption through nasal mucosa [the tissue inside a person's nose as the tear duct leads to the nose]. 8. Before instilling drop, instruct resident to look up and away. Comments: Moves cornea [the dome-shaped cover over a person's iris and pupil] up and away from conjunctival sac [the space between the eyelid and white of the eye] and minimizes risk of touching cornea with dropper, particularly if patient blinks9. Gently pull down lower lid to expose conjunctival sac10. Eye drops: Hold dropper in dominant hand approximately [one-half to three-quarters inches] above conjunctival sax. Do not touch dropper to eye. Shake suspensions well. Comments: The eye can retain maximum of two drops at one time"	S 337	The Dietary Manager will review and revise as necessary the policy on Food Preparation and	9-1-2025				
S 455	Hot foods must be held at or above 135 degrees Fahrenheit or 57.2 degrees centigrade and served promptly after being removed from the temperature holding device. Cold foods must be held at or below 41 degrees Fahrenheit or 5 degrees centigrade and served promptly after being removed from the holding device.  This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, record review, and policy review the provider failed to follow food	S 455	Handling. Education provided on reviewed policy and procedures on food safety was provided to cook T. 08/08/25 by Dietary Manager All staff that would be responsible for Food Preparation and Handling will be educated on policy and procedures to ensure all food items served to the residents will be handled and stored appropriately. 08/11/25 by dietary manager The Dietary Manager or designated staff will perform weekly audits for four weeks, then monthly for two months to ensure all food items served to residents will be safe and report to QAPI for review.					

PRINTED: 08/08/2025 FORM APPROVED South Dakota Department of Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING 59424 07/24/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 408 SOUTH JOHNSTON ST AURORA-BRULE NURSING HOME, INC. ALC WHITE LAKE, SD 57383 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 455 S 455 Continued From page 8 safety standards by not having monitored and documented food temperatures for 29 of 153 meals served from 6/1/25 through 7/21/25. Findings include: Observation and interview on 7/22/25 at 9:10 a.m. with dietary manger D in the kitchen revealed: \*A clipboard hanging on a cupboard labeled temperature log. \*Dietary manager D stated kitchen staff were to check and document the food temperatures from each meal on that log. \*He expected the cooks to document all food temperatures checked for each meal on the food temperature log. Review of the temperature logs from 6/1/25 through 7/22/25 revealed: \*29 of the 153 meals served did not have the food temperatures recorded. \*Dietary manager D agreed there were some missing temperatures on the food temperature log and there was no way to know if those foods were served at a safe temperature. Interview on 7/23/25 at 3:35 p.m. with cook T regarding food temperature documentation revealed: \*He would sanitize the thermometer and would check the temperature of the food a few minutes

If continuation sheet 9 of 10

HHDD11

before serving it.

temperature log.

\*He would document the temperature on the

Interview on 7/24/25 at 1:20 p.m. with administrator A regarding food temperature monitoring and documentation revealed: \*Staff should be checking and documenting the

food temperatures for every meal.

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