

South Dakota Department of Health

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| 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 07/24/2025 |
| 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 | | |
| (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 7/22/25 through 7/24/25. Aurora Brule Nursing Home Inc. ALC was found not in compliance with the following regulations: S165, S285, S337, and S455. | S 000 | The preparation of the following plan of correction for these deficiencies 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 these deficiencies was executed solely because it is required by provision of state and federal law. Without waiving the foregoing statement, the facility states that with respect to: | |
| S 165 | 44:70:02:17 Occupant Protection Each facility must be constructed, arranged, equipped, maintained, and operated to avoid injury or danger to any occupant. The extent and complexity of occupant protection precautions are determined by the services offered and the physical needs of any resident admitted to the facility. This Administrative Rule of South Dakota is not met as evidenced by: Based on observation, interview, and policy review, the provider failed to ensure: *Resident care supplies, such as nebulizer machines and tube feed pumps, were stored in a manner that minimized risk of contamination from plumbing under the sink in one of one medical supply room. *Resident care supplies, such as wound dressings, indwelling catheter systems (urine collection devices that are inserted into the body), and ostomy supplies, were disposed of after the manufacturer's expiration date. Finding include: 1. Observation on 7/23/25 at 11:15 a.m. and 1:44 p.m. in the storage room near the dining room | S 165 | The storage of supplies policy and procedure will be reviewed and revised as necessary by Director of Nursing Care supplies will be stored in a clean, dry place free of contamination. Nurses will be educated on any revisions of the policy and procedure of storage of supplies. Completed 08/11/25 by Director of Nursing. Infection control preventionist or designated staff will complete audits once weekly for four weeks, then monthly for two months and report to QAPI for review. | 9-1-2025 |

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

Kathleen Styles

TITLE

Administrator

(X6) DATE

8/15/25

South Dakota Department of Health

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| S 165 | <p>Continued From page 1</p> <p>revealed:</p> <p>*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.</p> <p>*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.</p> <p>*The bottom two drawers in a plastic storage cabinet were filled with loose abdominal pads.</p> <p>2. Interview on 7/24/25 at 2:27 p.m. with licensed practical nurse (LPN) I revealed:</p> <p>*To her knowledge, the patient care equipment had always been stored under the sink since she had been working at that facility.</p> <p>*She confirmed there was a risk for contamination from leaking pipes and infection with resident care items stored under the sink.</p> <p>*Everyone in the building was responsible for keeping the storage room organized and discarding outdated products.</p> <p>*She was primarily responsible for monitoring the wound care supplies and discarding the expired items.</p> <p>*The abdominal pads that were not in sterile packaging when they were delivered in May of 2025.</p> <p>3. A request was made on 7/23/25 at 5:50 p.m.</p> | S 165 | | | |

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| 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 165 | | |
| S 285 | 44:70:04:03 Personnel The facility shall have a sufficient number of qualified personnel to provide effective and safe care. Personnel on duty must be awake at all times, except as provided in § 44:70:03:02.01. Any supervisor must be eighteen years of age or older. The facility shall make available written job descriptions and personnel policies and procedures to personnel of all departments and services. The facility may not knowingly employ any person with a conviction for abusing another person. The facility shall establish and follow policies regarding special duty or personnel on contract. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy review the provider failed to perform background checks on three of five sampled employees (H, S, and V) for compliance. Findings include: 1. Employee record review for annual education, health screening, and background checks 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. | S 285 | The Business Manager will review and revise as necessary the policy and procedure of Employee background screening. Employees H,S, and V background screenings have been completed. 08/04/25 by Business Manager. Business Manager and nurse manager educated on any revisions of policy and procedure of Employee background screening. completed 08/04/25 by Administrator. Business Manager or designated employee will audit five employee files weekly and any new employees until all files are audited and findings will be brought to QAPI for review and consideration. | 9-1-2025 |

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| 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. *Administrator A had completed government exclusion background checks for employees H, S, and V dated 7/24/25. *She confirmed no other employee background checks were completed for employees H, S, and V. *She expected that employee background checks would be completed with the hiring process to 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 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 contacting licensing." | S 285 | | |
| S 337 | 44:70:04:11 Care Policies Each facility shall establish and maintain policies, | S 337 | | |

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| S 337 | <p>Continued From page 4</p> <p>procedures, and practices that follow accepted standards of professional practice to govern care, and related medical or other services necessary to meet the residents' needs.</p> <p>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 infection prevention and control processes to ensure certified medication aide (CMA) K performed proper hand hygiene, glove use, and proper eyedrop administration during resident 2's medication administration. Findings include:</p> <p>Observation on 7/23/24 at 4:24 p.m. of CMA K revealed: *He did not perform hand hygiene when he entered resident 2's room or before putting on a pair of gloves. *With his gloved hands, he removed the cap from the eyedropper bottle, touched the resident's face, touched the eye drop applicator tip to the resident's eye and inner eyelid, and administered two to three drops of the medication. *He placed the cap back onto the bottle of eyedrops, and placed it back in the medication cart.</p> <p>Record review of resident 2's electronic medical 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."</p> <p>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</p> | S 337 | <p>The Administrator will review and revise the Medication Administration policy as needed.</p> <p>Education provided to CMA K on policies and procedures. Eye drop administration, pain documentation, proper preparation of medications, general medication administration policies and procedures, ensuring the knowledge of the 6"R" s of medication pass. 07/25/25 by Director of Nursing.</p> <p>CMA K med pass will be monitored for safe practices.</p> <p>All other CMA will be educated on updated medication administration policy. 08/11/25 by director of nursing.</p> <p>Director of Nursing or Administrator or Designee will audit medication passes daily for two weeks, then weekly for two more weeks, then monthly for two more months bringing to QAPI for review.</p> | 9-1-2025 |

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| S 337 | <p>Continued From page 5</p> <p>to keep it free from possible contamination and resident infection.</p> <p>Interview on 7/24/25 at 2:08 p.m. with LPN I revealed:</p> <p>*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.</p> <p>*She said that the tip of an eye drop applicator should not touch the resident's eye to prevent contamination of the applicator bottle.</p> <p>Review of the provider's 3/2023 Hand Hygiene Policy and Procedure revealed:</p> <p>***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..."</p> <p>*** ...When to use alcohol-based hand rub</p> <ul style="list-style-type: none"> -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." <p>Review of the provider's 8/21/23 Glove Use policy revealed:</p> <p>***Policy: Glove will be worn whenever there is potential to come into contact with bodily secretions, blood, body fluids, mucous</p> | S 337 | | |

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| S 337 | <p>Continued From page 6</p> <p>membranes, non-intact skin, drawing blood, accessing ports, starting IVs."</p> <p>- " ...B. Miscellaneous</p> <p>-- ...5. Perform hand hygiene after removing gloves.</p> <p>-- ...6. Disposable (single-use) gloves must be replaced as soon as practical when contaminated, torn, punctured, they exhibit signs of deterioration, or then their ability to function as a barrier is compromised.</p> <p>- ...When to use gloves</p> <p>-- ...1. Gloves should be used</p> <p>--- ...c. When cleaning up spills or slashes of blood or body fluids</p> <p>--- ...d. When handling potentially contaminated items</p> <p>--- ...e. When it is likely that hands will come in contact with blood, body fluids, or other potentially infectious material."</p> <p>Review of the provider's 7/27/23 OPHTHALMIC DROPS policy revealed:</p> <p>**Equipment:</p> <p>-Medication Administration Record (MAR)</p> <p>-Prescribed eye medication</p> <p>-Cotton ball or tissue</p> <p>-Gauze pads, dressings, warm water or saline solution (if applicable)"</p> <p>**Procedure:</p> <p>-1. Verify medication order on MAR. Check against physician order. Check medication and label. Comments: Make certain medication is labeled for ophthalmic [eye] use (assumes sterility and compatibility for use in the eye). If clear bottle, observe medication for discoloration or precipitates [particles].</p> <p>-2. Identify resident. Explain procedure.</p> <p>-3. Wash hands.</p> <p>-4. Determine which eye is to be instilled and verify dose for each eye.</p> | S 337 | | |

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| 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 blinks. -9. Gently pull down lower lid to expose conjunctival sac. -10. Eye drops: Hold dropper in dominant hand approximately [one-half to three-quarters inches] above conjunctival sac. Do not touch dropper to eye. Shake suspensions well. Comments: The eye can retain maximum of two drops at one time ..." | S 337 | | |
| S 455 | 44:70:06:02 Food Safety 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 | The Dietary Manager will review and revise as necessary the policy on Food Preparation and 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. | 9-1-2025 |

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| S 455 | <p>Continued From page 8</p> <p>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:</p> <p>Observation and interview on 7/22/25 at 9:10 a.m. with dietary manger D in the kitchen revealed:</p> <p>*A clipboard hanging on a cupboard labeled temperature log.</p> <p>*Dietary manager D stated kitchen staff were to check and document the food temperatures from each meal on that log.</p> <p>*He expected the cooks to document all food temperatures checked for each meal on the food temperature log.</p> <p>Review of the temperature logs from 6/1/25 through 7/22/25 revealed:</p> <p>*29 of the 153 meals served did not have the food temperatures recorded.</p> <p>*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.</p> <p>Interview on 7/23/25 at 3:35 p.m. with cook T regarding food temperature documentation revealed:</p> <p>*He would sanitize the thermometer and would check the temperature of the food a few minutes before serving it.</p> <p>*He would document the temperature on the temperature log.</p> <p>Interview on 7/24/25 at 1:20 p.m. with administrator A regarding food temperature monitoring and documentation revealed:</p> <p>*Staff should be checking and documenting the food temperatures for every meal.</p> | S 455 | | | |

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AURORA-BRULE NURSING HOME, INC. ALC

**408 SOUTH JOHNSTON ST
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| S 455 | <p>Continued From page 9</p> <p>*She expected the dietary staff to follow the provider's policy regarding safe food temperatures.</p> <p>Review of the provider's undated Food Preparation and Handling policy revealed:</p> <p>***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."</p> <p>***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."</p> | S 455 | | |

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

Kathleen Styles

TITLE

Administrator

(X6) DATE

8/15/25

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| S 165 | <p>Continued From page 1</p> <p>revealed:</p> <p>*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.</p> <p>*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.</p> <p>*The bottom two drawers in a plastic storage cabinet were filled with loose abdominal pads.</p> <p>2. Interview on 7/24/25 at 2:27 p.m. with licensed practical nurse (LPN) I revealed:</p> <p>*To her knowledge, the patient care equipment had always been stored under the sink since she had been working at that facility.</p> <p>*She confirmed there was a risk for contamination from leaking pipes and infection with resident care items stored under the sink.</p> <p>*Everyone in the building was responsible for keeping the storage room organized and discarding outdated products.</p> <p>*She was primarily responsible for monitoring the wound care supplies and discarding the expired items.</p> <p>*The abdominal pads that were not in sterile packaging when they were delivered in May of 2025.</p> <p>3. A request was made on 7/23/25 at 5:50 p.m.</p> | S 165 | | |

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| 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 165 | | | |
| S 285 | 44:70:04:03 Personnel The facility shall have a sufficient number of qualified personnel to provide effective and safe care. Personnel on duty must be awake at all times, except as provided in § 44:70:03:02.01. Any supervisor must be eighteen years of age or older. The facility shall make available written job descriptions and personnel policies and procedures to personnel of all departments and services. The facility may not knowingly employ any person with a conviction for abusing another person. The facility shall establish and follow policies regarding special duty or personnel on contract. This Administrative Rule of South Dakota is not met as evidenced by: Based on record review, interview, and policy review the provider failed to perform background checks on three of five sampled employees (H, S, and V) for compliance. Findings include: 1. Employee record review for annual education, health screening, and background checks 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. | S 285 | <div style="border: 1px solid red; padding: 5px;"> <p>The Business Manager will review and revise as necessary the policy and procedure of Employee background screening.</p> <p>Employees H,S, and V background screenings have been completed. 08/04/25 by Business Manager.</p> <p>Business Manager and nurse manager educated on any revisions of policy and procedure of Employee background screening. completed 08/04/25 by Administrator.</p> <p>Business Manager or designated employee will audit five employee files weekly and any new employees until all files are audited and findings will be brought to QAPI for review and consideration.</p> </div> | | 9-1-2025 |

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| 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. *Administrator A had completed government exclusion background checks for employees H, S, and V dated 7/24/25. *She confirmed no other employee background checks were completed for employees H, S. and V. *She expected that employee background checks would be completed with the hiring process to 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 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 contacting licensing." | S 285 | | |
| S 337 | 44:70:04:11 Care Policies Each facility shall establish and maintain policies, | S 337 | | |

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| S 337 | <p>Continued From page 4</p> <p>procedures, and practices that follow accepted standards of professional practice to govern care, and related medical or other services necessary to meet the residents' needs.</p> <p>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 infection prevention and control processes to ensure certified medication aide (CMA) K performed proper hand hygiene, glove use, and proper eyedrop administration during resident 2's medication administration. Findings include:</p> <p>Observation on 7/23/24 at 4:24 p.m. of CMA K revealed: *He did not perform hand hygiene when he entered resident 2's room or before putting on a pair of gloves. *With his gloved hands, he removed the cap from the eyedropper bottle, touched the resident's face, touched the eye drop applicator tip to the resident's eye and inner eyelid, and administered two to three drops of the medication. *He placed the cap back onto the bottle of eyedrops, and placed it back in the medication cart.</p> <p>Record review of resident 2's electronic medical 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."</p> <p>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</p> | S 337 | <p>The Administrator will review and revise the Medication Administration policy as needed.</p> <p>Education provided to CMA K on policies and procedures. Eye drop administration, pain documentation, proper preparation of medications, general medication administration policies and procedures, ensuring the knowledge of the 6 "R" s of medication pass. 07/25/25 by Director of Nursing.</p> <p>CMA K med pass will be monitored for safe practices.</p> <p>All other CMA will be educated on updated medication administration policy. 08/11/25 by director of nursing.</p> <p>Director of Nursing or Administrator or Designee will audit medication passes daily for two weeks, then weekly for two more weeks, then monthly for two more months bringing to QAPI for review.</p> | 9-1-2025 |

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| S 337 | <p>Continued From page 5</p> <p>to keep it free from possible contamination and resident infection.</p> <p>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.</p> <p>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."</p> <p>Review of the provider's 8/21/23 Glove Use policy revealed: *"Policy: Glove will be worn whenever there is potential to come into contact with bodily secretions, blood, body fluids, mucous</p> | S 337 | | |

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| S 337 | <p>Continued From page 6</p> <p>membranes, non-intact skin, drawing blood, accessing ports, starting IVs."</p> <p>- " ...B. Miscellaneous</p> <p>-- ...5. Perform hand hygiene after removing gloves.</p> <p>-- ...6. Disposable (single-use) gloves must be replaced as soon as practical when contaminated, torn, punctured, they exhibit signs of deterioration, or then their ability to function as a barrier is compromised.</p> <p>- ...When to use gloves</p> <p>-- ...1. Gloves should be used</p> <p>--- ...c. When cleaning up spills or slashes of blood or body fluids</p> <p>--- ...d. When handling potentially contaminated items</p> <p>--- ...e. When it is likely that hands will come in contact with blood, body fluids, or other potentially infectious material."</p> <p>Review of the provider's 7/27/23 OPTHALMIC DROPS policy revealed:</p> <p>*"Equipment:</p> <p>-Medication Administration Record (MAR)</p> <p>-Prescribed eye medication</p> <p>-Cotton ball or tissue</p> <p>-Gauze pads, dressings, warm water or saline solution (if applicable)"</p> <p>*"Procedure:</p> <p>-1. Verify medication order on MAR. Check against physician order. Check medication and label. Comments: Make certain medication is labeled for ophthalmic [eye] use (assumes sterility and compatibility for use in the eye). If clear bottle, observe medication for discoloration or precipitates [particles].</p> <p>-2. Identify resident. Explain procedure.</p> <p>-3. Wash hands.</p> <p>-4. Determine which eye is to be instilled and verify dose for each eye.</p> | S 337 | | | |

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| 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 blinks. -9. Gently pull down lower lid to expose conjunctival sac. -10. Eye drops: Hold dropper in dominant hand approximately [one-half to three-quarters inches] above conjunctival sac. Do not touch dropper to eye. Shake suspensions well. Comments: The eye can retain maximum of two drops at one time ..." | S 337 | | |
| S 455 | 44:70:06:02 Food Safety 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 | The Dietary Manager will review and revise as necessary the policy on Food Preparation and 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. | 9-1-2025 |

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| S 455 | <p>Continued From page 8</p> <p>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:</p> <p>Observation and interview on 7/22/25 at 9:10 a.m. with dietary manger D in the kitchen revealed:</p> <ul style="list-style-type: none"> *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. <p>Review of the temperature logs from 6/1/25 through 7/22/25 revealed:</p> <ul style="list-style-type: none"> *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. <p>Interview on 7/23/25 at 3:35 p.m. with cook T regarding food temperature documentation revealed:</p> <ul style="list-style-type: none"> *He would sanitize the thermometer and would check the temperature of the food a few minutes before serving it. *He would document the temperature on the temperature log. <p>Interview on 7/24/25 at 1:20 p.m. with administrator A regarding food temperature monitoring and documentation revealed:</p> <ul style="list-style-type: none"> *Staff should be checking and documenting the food temperatures for every meal. | S 455 | | |

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| S 455 | <p>Continued From page 9</p> <p>*She expected the dietary staff to follow the provider's policy regarding safe food temperatures.</p> <p>Review of the provider's undated Food Preparation and Handling policy revealed:</p> <p>**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."</p> <p>**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."</p> | S 455 | | |