STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435083	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhoods at Brookview	2421 Yorkshire Dr Brookings, SD 57006

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and policy review the provider failed to ensure a safe environment when the oven in Ash Neighborhood kitchenette was left on at 300 degrees and unattended by nutrition services (NS) D with four residents observed in he area. Findings include:1. Observation on 9/16/25 at 9:36 a.m. of the Ash Neighborhood revealed:*There was an odor that indicated something like an oven was hot.*There were no staff observed in the kitchenette area.*There were covered unbaked cookies on cookie sheets on the stove and countertop. *The ovens digital temperature light was on and indicated it was at a temperature of 300 degrees. *The oven door was not locked and opened easily. The oven was empty and hot.*There were four residents (19,33,44,56) observed in the dayroom near that kitchenette area. *One staff member had entered that area and left with one resident.2. Review of residents 19s electronic medical record revealed she had scored a score of 15 on her brief interview for mental status (BIMS) that indicated she was cognitively intact.3. Review of resident 33's EMR revealed she had scored 00 for her BIMS that indicated she had severe cognitive impairment. 4. Review of resident 44's EMR revealed she had scored 01 for her BIMS that indicated she had severe cognitive impairment. 5. Review of resident 56's EMR revealed she had scored 15 for her BIMS that indicated she was cognitively intact. 6. Interview on 9/16/25 at 9:42 a.m. with NS D when she entered the Ash Neighborhood kitchenette area regarding the oven revealed, she confirmed the oven was on at at temperature of 300 degrees and agreed someone should have monitored the oven while it was on and residents were in the area. She then stated she told the cook in the galley she was stepping away for a bit and he would have monitored it from the that galley kitchen. 7. Interview on 9/16/25 at 9:45 a.m. with dietary cook E in the galley kitchen revealed he thought the oven should be off if residents were in the area and no staff were there to monitor the oven. He did not state he had been monitoring that oven. 8. Interview on 9/16/25 at 9:46 a.m. with nurse supervisor/registered nurse (RN) C regarding the kitchenette oven revealed it was NS D's responsibility to stay right by the stove when it was on or when she was using it. 9. Interview on 9/16/25 at 9:50 a.m. with food services director (FSD) B revealed: *She had a general safety policy but did not have a specific policy regarding neighborhood kitchenette ovens.*She stated, that it was the understanding that if the oven was on that it would be monitored by staff. She stated she could add that to their current general safety policy.10. Interview on 9/18/25 at 10:30 a.m. with administrator A revealed, he had entered that kitchenette area on 9/16/25 during the above noted observations and did not see NS D in that area at that time. He stated he did not see anyone next to the stove and that no one was hurt. He stated the cook should have watched the oven when NS D was away from the area when the oven was on.11.Review of the provider's November 2024 General Facility Safety policy revealed:*It is the goal of the [NAME] Hospital and neighborhoods @ [at] Brookview to provide a safe facility and grounds for its patients, residents, visitors, and staff. Safety is everyone's responsibility and requires the cooperation and diligence of every employee.

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.

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