

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Aurora Brule Nursing Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 408 South Johnston Street White Lake, SD 57383	

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 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>42558</p> <p>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 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.</p>

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
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