

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  05/14/2024
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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>06365</p> <p>Based on facility reported incident review, observation, interview, record review, facility elopement investigation review, and facility policy review, past noncompliance was confirmed for incident occurring 5/3/24. Findings include:</p> <p>Substantial compliance was confirmed on 5/14/24 after: record review revealed care planning had occurred to minimize the risk of elopement, observations and interviews revealed staff responded promptly to door alarms and understood how to recognize and minimize the risk for elopement, confirming the exit door alarms were all functional and monitored on a monthly basis, review of elopement investigations and required reporting that confirmed appropriate actions were taken after elopements occurred, and review of the provider's revised elopement policy confirmed a clear definition of elopement.</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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