Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013376	A. BUILDING: _____ B. WING _____	C 10/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE BARABOO ASSISTED CARE	1200 WASHINGTON AVE BARABOO, WI 53913

(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
N 000	Initial Comments On 10/20/2025, Surveyor conducted a complaint investigation at Our House Baraboo Assisted Care. Three deficiencies were identified. Complaint was substantiated. Census: 18	N 000		
N 343	83.32(2)(a) Explanation of rights, grievance procedure. Explanation of resident rights, grievance procedure, and house rules. Before the admission agreement is signed by the resident or the resident ' s legal representative or at the time of admission, the CBRF shall provide a copy of and explain resident rights, the grievance procedure under s. HFS 83.33 and the house rules to the person being admitted, the person ' s legal representative, and family members of the person. The resident or the resident ' s legal representative shall be asked to sign a statement to acknowledge the receipt of an explanation of resident rights. The CBRF shall document the date and to whom the information was provided. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident record reviewed included a statement signed by themselves or their legal representatives acknowledging their receipt and explanation of resident rights. Resident 1 did not have a statement signed by Guardian B that indicated they had received an explanation of resident rights per DHS 83 or the provider's grievance procedure.	N 343		

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

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N 343	Continued From page 1 Findings include: On 10/20/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 05/12/2025 and was represented by Guardian B. Resident 1's "Admission Agreement," dated 07/05/2025, documented: "Resident Handbook and Grievance Procedures - The company has a Resident Handbook which covers policies and procedures, resident rights, and grievance procedures which is given to each resident/responsible party. A signature page is retained in the resident's file when the handbook is given." On 10/20/2025, at approximately 3:45 PM, Surveyor requested Resident 1's signature page acknowledging s/he and Guardian B had received the resident handbook and grievance procedure from Administrator A. Administrator A reviewed Resident 1's closed file and was unable to locate the signature page. Cross Reference: N0362 83.33(1)(d) Grievance Procedure: Written Summary	N 343		
N 362	83.33(1)(d) Grievance procedure: written summary The CBRF shall provide a written summary of the grievance, the findings and the conclusions and any action taken to the resident or the resident ' s legal representative and the resident ' s case manager. The CBRF shall maintain a copy of the investigation.	N 362		

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N 362	Continued From page 2	N 362		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not provide a written summary of the grievance, the findings and the conclusion to a grievance for 1 of 1 resident.

This is a repeat deficiency. See Statement of Deficiency (SOD) CTOQ11, dated 05/09/2023.

Resident 1's guardian filed a concern with the provider regarding the misappropriation of Resident 1's personal items and a formal grievance process was not conducted.

Findings include:

On 09/19/2025, the Department received a complaint alleging that resident belongings had been misappropriated.

On 10/20/2025, at approximately 4:00 PM, Surveyor discussed the concern with Administrator A. Administrator A stated Guardian B had informed him/her that when s/he was moving Resident 1 out of the facility, Resident 1's keyboard and mouse were missing. Administrator A stated s/he had never seen the keyboard or the mouse while Resident 1 resided in the facility. Administrator A stated s/he did not conduct a formal grievance process, and s/he should have. Administrator A stated the provider would implement an inventory form also going forward to assist with determining resident personal items.

On 10/20/2025, Surveyor reviewed the provider's

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N 362	Continued From page 3 grievance policy which documented: "Any resident, guardian, agent or designated representative may file a grievance with the company. The resident, resident's guardian, agent or designated representative has the right to advocate assistance throughout the grievance procedure. ... A written summary of the grievance, the findings, and the conclusions and any actions taken shall be provided to the resident, resident's guardian, agent or designated representative and shall be placed in the resident's record." Cross Reference: N0305 DHS 83.28(6) Resident Rights, Grievance Procedure, Rules	N 362		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The	N 406		

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N 406	Continued From page 4 record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's medication were sent with him/her when s/he discharged. Resident 1 moved out of the facility 08/30/2025 and staff did not release his/her medications, causing Resident 1 not to receive his/her medications until 09/04/2025. Findings include: On 09/19/2025, the Department received a complaint alleging that medications were not released when residents moved out of a facility. On 10/20/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility 05/12/2025 and discharged 08/30/2025. Resident 1's August 2025 Medication Administration Record (MAR) documented: Carvedilol - Give 1 tablet by mouth twice daily for heart failure Daily Vitamin - Give 1 tablet by mouth once daily Donepezil - Give 1 tablet by mouth once daily for dementia Duloxetine - Give 1 capsule by mouth once daily for anxiety Finasteride - Give 1 tablet by mouth once daily for prostate Folic Acid - Give 1 tablet by mouth once daily	N 406		

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N 406	Continued From page 5 Glipzide - Give 1 tablet by mouth every evening with dinner Lantus Solostar - Inject 26 Units subcutaneously with breakfast Metformin - Give 2 tablets by mouth twice daily after meals for diabetes Tamsulosin - Give 2 capsules by mouth once daily for urinary retention Trazadone - Give 1 tablet by mouth at bedtime for sleeping Vitamin B-12 - Give 1 tablet by mouth once daily Vitamin D3 - Give 1 tablet by mouth once daily The MAR documented that the last dose administered of Resident 1's medications was 08/30/2025 at 8:00 AM. On 10/20/2025, at approximately 3:45 PM, Surveyor interviewed Administrator A. Surveyor asked for clarification on the provider's policy for releasing a resident's medications upon discharge. Administrator A stated medications were normally released when a resident discharges but there was a breakdown in communication as to when Resident 1 was actually discharging, resulting in a delay of Resident 1's medications being prepared for his/her discharge. Administrator A stated this information was communicated with Resident 1's Guardian B who stated it was the provider's responsibility to get the medication to Resident 1 since s/he was no longer in the facility. Administrator A stated we delivered the medication to Resident 1's new facility on 09/03/2025.	N 406		