STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013429	A. BUILDING: _____ B. WING _____	C 12/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE MEDFORD ASSISTED CARE	**1014 W BROADWAY AVE MEDFORD, WI 54451**

(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 12/05/2023, Surveyor conducted a standard licensure and complaint survey at Our House Medford Assisted Care. Data was collected through 12/07/2023. The complaint was unsubstantiated. Three deficiencies were identified. Two of the 3 deficiencies were repeat violations. See Statement of Deficiency (SOD) ZBCL11, dated 01/09/2020, and SOD 5UZT11, dated 12/02/2021. Census: 14	N 000		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.	N 525		

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

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N 525	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct at least one fire evacuation drill that simulated the conditions during normal sleeping hours in 2022. The provider did not conduct a fire drill in the last quarter of 2022. This requirement is being cited for the third time. See Statement of Deficiency (SOD) ZBCL11, dated 01/09/2020, and SOD 5UZT11, dated 12/02/2021. Findings include: On 12/05/2023, Surveyor reviewed the fire drills for 2022 and 2023. There was only 1 documented fire drill from 2022, dated 07/28/2022. In 2023, the provider conducted fire drills on the following dates: 04/04/2023, 05/09/2023, 07/13/2023, 10/02/2023, and 11/20/2023. At approximately 3:30 p.m., Surveyor interviewed Administrator A and asked him/her about the fire drills. Administrator A told Surveyor s/he began his/her employment as the administrator in May 2023. Administrator A said s/he could only locate 1 fire drill for 2022. S/he explained to Surveyor there may be other drills documented in the overflow charting and s/he would look for them. On 12/07/2023, Administrator A emailed Surveyor additional fire drills completed in 2022 on the following dates: 01/04/2022, 02/08/2022, 03/31/2022, 04/28/2022, 06/22/2022, and 07/28/2022, None of the fire drills in 2022 documented a simulated drill during normal sleeping hours. There were no fire drills completed in the last quarter of 2022.	N 525		

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N 526	Continued From page 2	N 526		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure emergency or other evacuation drills were completed at least semi-annually in 2022 and 2023. This requirement is being cited for the third time. See Statement of Deficiency (SOD) ZBCL11, dated 01/09/2020, and SOD 5UZT11, dated 12/02/2021. Findings include: On 12/05/2023, Surveyor reviewed the provider's safety reports including the evacuation drills for 2022 and 2023. There was documentation of a severe weather drill conducted on 11/20/2023. There were no evacuation drills documented for the first half of 2023 or for 2022. There was documentation of elopement drills in 2023 that staff conducted, however these drills did not involve evacuating the residents. At approximately 3:30 p.m., Surveyor interviewed Administrator A. Administrator A told Surveyor s/he began his/her employment as the administrator in May 2023. Administrator A said s/he would look to see if s/he could locate any other evacuation drills for 2022 and 2023.	N 526		

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N 526	Continued From page 3 On 12/07/2023, Administrator A emailed Surveyor additional documentation of drills that were completed. There was documentation of one severe weather drill completed on 06/05/2022. There were no other evacuation drills documented for 2022. There was documentation of elopement drills in 2022 that staff conducted, however these drills did not involve evacuating the residents. The provider did not ensure emergency or other evacuation drills were completed at least semi-annually in 2022 and 2023.	N 526		
N 535	83.48(1)(b) Smoke and heat detectors per NFPA 72. Smoke and heat detectors shall be installed and maintained in accordance with NFPA 72 National Fire Alarm Code and the manufacturer ' s recommendation. Smoke detectors powered by the CBRF ' s electrical system shall be tested by CBRF personnel according to manufacturer ' s recommendation, but not less than once every other month. CBRFs shall maintain documentation of tests and maintenance of the detection system. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the smoke and heat detectors were maintained in accordance with the National Fire Alarm Code (NFPA 72). This had the potential to affect all residents residing in the facility. Findings include:	N 535		

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N 535	Continued From page 4 On 12/05/2023, Surveyor reviewed the fire alarm inspection report, dated 07/13/2023. The report indicated the following deficiencies related to NFPA 72: "Battery #2 failed load test. Both batteries will need to be replaced." "23 smokes [sic] failed sensitivity testing and need [sic] to be replaced." On 12/05/2023 at approximately 3:30 p.m., Surveyor interviewed Administrator A and asked if the deficiencies identified in the fire alarm inspection report were repaired. Administrator A said s/he did not know and would contact the fire alarm inspection company. On 12/07/2023, Administrator A emailed Surveyor, which read, in part: "For the Fire Alarm I have called [company name] and left a message with [name] to get a quote and a time for the repairs." The provider did not ensure the smoke and heat detectors were maintained in accordance with NFPA 72. The provider was notified in the inspection report, dated 07/13/2023, that repairs to the fire alarms were needed. As of 12/07/2023, repairs had not been completed.	N 535		