STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013425	A. BUILDING: _____ B. WING _____	C 06/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RIVER FALLS MEMORY CARE	902 S WASSON LN RIVER FALLS, WI 54022

(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 06/16/2023, Surveyor conducted a complaint investigation and standard survey at Our House River Falls Memory Care. Data collection continued through 06/27/2023. The complaint was unsubstantiated. Five deficiencies were identified. Census: 16	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employee records reviewed contained documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating they had been screened for clinically apparent communicable disease.	N 220		

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

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N 220	Continued From page 1 Findings include: On 06/16/2023 at approximately 10:55 AM, Surveyor reviewed employee records provided by Administrator A. Caregiver B had a hire date of 06/27/2022. Administrator A stated, "[Caregiver B]'s TB (tuberculosis screen) isn't available but I will call the clinic. I have confirmation we paid for it; I just don't have the results." On 06/20/2023, Surveyor received Caregiver B's TB test results via email from Administrator A. The TB test results were read and signed off by a licensed practical nurse (LPN) and certified medical assistant (CMA). The second page with the title, "Mantoux Test Verification-Free of Communicable Diseases" had a statement at the bottom of the page that read, "To the best of my knowledge, the above stated patient is apparently free of communicable diseases." The provider signature line was blank and did not contain a signature or date. On 06/20/2023 at 4:25 PM, Surveyor emailed Administrator A and requested additional documentation to show Caregiver B had been screened for clinically apparent communicable diseases. On 06/27/2023 at 5:02 PM, Administrator A replied via email, "I do not have the bottom of [Caregiver B]'s form signed stating [s/he] is free of communicable disease; I only have the portion above stating [his/her] tb test was negative. I guess I assumed that was something the clinic should have signed and did not. I do not feel I have the credentials to sign the bottom, but can have our nurse take a look at it."	N 220		

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N 387	Continued From page 2	N 387		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not involve the resident and the resident's legal representative, in developing the individual service plan (ISP). ISPs were not signed by the resident or resident's legal representative acknowledging their involvement in, understanding of, and agreement with, the plan, for 3 of 3 resident records reviewed. Findings include: On 06/16/2023, Surveyor reviewed records for Resident 1, Resident 2 and Resident 3. Resident 1 had an admission date of 04/11/2022. Resident 2 had an admission date of 02/14/2023.	N 387		

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N 387	Continued From page 3 Resident 3 had an admission date of 03/07/2023. The records did not contain the 30-day comprehensive ISP and Resident 1's record did not contain an annual ISP review. On 06/16/2023, Surveyor requested ISPs from Administrator A. Administrator A informed Surveyor the ISPs were on the electronic charting system. Administrator A provided printouts that did not contain any signatures. On 06/16/2023 at approximately 12:10 PM, Surveyor interviewed Administrator A and asked if signed ISPs were available for review. Administrator A stated the comprehensive ISPs were completed for Resident 1, Resident 2 and Resident 3 but did not contain signatures. Administrator A further stated, "We send out copies of ISPs to families but don't always get them back. I'll start trying to schedule care conferences."	N 387		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the	N 393		

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N 393	Continued From page 4 resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents was evaluated within 3 days of admission to determine evacuation capabilities. Findings include: On 06/16/2023, Surveyor reviewed Resident 3's record. Resident 3 had an admission date of 03/07/2023. The record did not contain an initial evacuation assessment. On 06/16/2023, Surveyor interviewed Administrator A and asked if Resident 3's had an initial evacuation assessment completed. On 06/19/2023, Surveyor received an email from Administrator A that read, "I did not have an initial evacuation assessment for [Resident 3], so I have completed one as of today and attached it."	N 393		
N 443	83.39(5) Pets vaccinated. The CBRF shall ensure that pets are vaccinated against diseases, including rabies, if appropriate. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure pets were vaccinated against diseases, including rabies. Findings include: On 06/16/2023, Surveyor interviewed Administrator A and asked if there were any pets	N 443		

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N 443	Continued From page 5 in the facility. Administrator A stated, "Yes, a cat." Surveyor requested vaccinations for the cat. On 06/19/2023, Surveyor received an email from Administrator A that read, "I do have cat vaccination records, but realize that the cat is due for vaccinations. I have called residents [sic] (Resident 3's) [son/daughter] and vet clinic to get these set up this week." On 06/20/2023, Administrator A provided Surveyor with a copy of the cat's vaccinations via email that showed the cat was due for an annual exam and rabies on 01/06/2021. Administrator A stated, "The cat has an appointment on Friday 6/23 to receive updated vaccines."	N 443		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation of the maintenance performed was available to show	N 504		

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N 504	Continued From page 6 the gas furnace was serviced at least once every 3 years. Findings include: On 06/16/2023, Surveyor requested documentation of the most current furnace inspection from Administrator A. On 06/19/2023, Surveyor received an email from Administrator A with a receipt with the invoice number, dated 06/29/2022. The receipt did not contain the invoice, or a description of the services provided by the plumbing, electric and heating company. Surveyor requested a copy of the invoice from Administrator A. On 06/27/2023, Administrator A emailed Surveyor and stated, "As far as the furnace inspection- I was not able to obtain a copy of services at this time."	N 504		