STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013427	A. BUILDING: _____ B. WING _____	R-C 10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE NEW RICHMOND MEMORY CARE	1310 CIRCLE PINE DR NEW RICHMOND, WI 54017

(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 10/03/2024, Surveyor conducted a verification visit at Our House New Richmond Memory Care. One violation was identified. The violation was a repeat deficiency. See Statement of Deficiencies (SOD) 637Z11, dated 07/17/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 12	{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 2 of 2 employees sampled (Caregiver C and Caregiver D) were screened for tuberculosis (TB) per the Centers of Disease Control and Prevention (CDC) standards.	{N 220}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{N 220}	Continued From page 1 This is a repeat deficiency. See Statement of Deficiencies (SOD) 637Z11, dated 07/17/2023. Findings include: The Department of Health Services publication Tuberculosis Screening and Testing: Health Care Personnel (HCP) and Caregivers (including assisted living staff) states: "Perform baseline testing for all HCP and caregivers without documented evidence of prior LTBI [latent tuberculosis] or TB disease... IGRA [blood test] or TST [tuberculin skin test] may be performed; IGRA is preferred... If TST is used as the baseline testing, 2-step testing is recommended for HCP and caregivers who have not had TST testing previously or have only had one negative TST test greater than 12 months ago. If 2 or more TST tests have been previously performed, all results are negative, and documentation of results is available, a one-step TST may be performed before hire." (Retrieved 2/22/2023 from https://dhs.wisconsin.gov/publications/p02382.pdf) On 10/03/2024, Surveyor reviewed employee records for 2 employees that were hired after the provider's last survey on 07/17/2023. Caregiver C was hired on 04/17/2024. Caregiver C's record included a 1-step TST, dated 04/19/2024. Caregiver D was hired on 08/28/2023. Caregiver D's record included a 1-step TST, dated 09/01/2023. On 10/03/2024 at 1:40 PM, Surveyor interviewed Administrator A and Regional Director (RD) B. RD	{N 220}		

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{N 220}	Continued From page 2 B stated the provider did not require 2-step TSTs. RD B stated s/he asked upper management about the need to complete 2-step TSTs and was told their communicable disease screening process was sufficient.	{N 220}		