| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0013424 | A. BUILDING: _____ B. WING _____ | C 09/25/2023 |

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| OUR HOUSE WAUSAU ASSISTED CARE | 210 W CAMPUS DR WAUSAU, WI 54401 |

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| N 000 | Initial Comments<br><br>On 09/14/2023, Surveyor conducted a standard licensure survey and 2 complaint investigations at Our House Wausau Assisted Care. Information was reviewed through 09/25/2023.<br><br>Five deficiencies were identified. One of the 5 deficiencies was a repeat violation (See SOD X5XG11, dated 02/27/2020)<br><br>One of 2 complaints was substantiated.<br><br>Census: 15 | N 000 | | |
| N 365 | 83.33(4) Posting of long term care ombudsman program<br><br>The CBRF shall post in a conspicuous location in the CBRF a poster provided by the board on aging and long term care ombudsman program, concerning the long-term care ombudsman program under s. 16.009 (2)(b), Stats. The poster shall include the name, address and telephone number of the ombudsman ' s office. This requirement does not apply to those facilities exclusively licensed to serve clients under the jurisdiction of a government correctional agency.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure that a poster for the long-term care ombudsman program was in a conspicuous location. This had the potential to affect all residents.<br><br>Findings include:<br><br>On 07/13/2023 the department received a complaint alleging the information about the ombudsman program was not available for the | N 365 | | |

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

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| N 365 | Continued From page 1<br>residents and families.<br><br>On 09/18/2023. At approximately 1:30 PM, Surveyor reviewed the posted information at the facility and could not locate the poster for the ombudsman program. Surveyor asked Director A where the information was located. Director A indicated the poster was on a bulletin board in the director's office. Director A then taped the poster to the wall outside of the director's office. Director A stated s/he would get a frame and hang it in a better spot. | N 365 | | |
| N 488 | 83.44(1)(c) Clothes dryers enclosed and vented<br><br>Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not use dryer vent tubing that is made of a rigid material and fire rated to exceed the temperature of the dryer. This had the potential to affect all residents.<br><br>Findings include:<br><br>According to the Federal Emergency Management Agency (FEMA) an estimated 2,900 clothes dryer fires in residential buildings are reported to U.S. fire departments each year and cause an estimated 5 deaths, 100 injuries, and $35 million in property loss. Clothes Dryer Venting | N 488 | | |

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| N 488 | Continued From page 2<br><br>Systems, Page 7, states, "In order to prevent possible fire hazards ....Flexible transition ducts used to connect the dryer to the exhaust duct system are required to be not longer than eight feet, not concealed within construction, and listed and labeled in accordance with Underwriters Laboratories (UL) 2158A. Flexible vents can twist, allowing lint to build up and catch on fire if it comes in contact with a sufficient amount of heat." Source: https://www.usfa.fema.gov/downloads/pdf/statistics/v13i7.pdf.<br><br>On 09/18/2023 at 9:44 AM, Surveyor and Director A reviewed the venting out of the dryer in the laundry room. The vent duct was a flexible duct. Surveyor asked several questions about the venting. Director A indicated s/he was unaware if the duct was United Laboratories (UL) listed, compatible with the temperature of the dryer, or how long it was. Director A stated s/he would talk to the off-site maintenance staff.<br><br>On 09/25/2023 at 12:58 PM, Director A emailed Surveyor and indicated the flexible venting would be replaced with rigid venting on 09/28/2023. | N 488 | | |
| N 525 | 83.47(2)(d) Fire drills.<br><br>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 | N 525 | | |

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| N 525 | Continued From page 3<br>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.<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review, the provider did not conduct fire drills at least quarterly. This had the potential to affect all residents.<br><br>Findings include:<br><br>On 9/18/2023 at 8:22 AM, Surveyor asked Director A for evidence of fire drills done at least quarterly. Director A indicated Assistant Director (AD) C would have those records. At 1:05 PM, Surveyor was given one "Fire Drill Log," dated 07/19/2023. AD C stated the one drill was all that could be found. Surveyor questioned if a call could be made to the past director to help locate the other records. Director A indicated this was not an option. Director A stated, "That really is all we have. We will take the hit." | N 525 | | |
| N 526 | 83.47(2)(e) Other evacuation drills.<br><br>Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review the | N 526 | | |

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| N 526 | Continued From page 4<br>provider did not practice disaster evacuation drills at least twice a year. This had the potential to affect all residents.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) X5XG11, dated 02/27/2020.<br><br>Findings include:<br><br>On 9/18/2023 at 8:22 AM, Surveyor asked Director A for evidence of a disaster drill done at least twice a year in addition to the quarterly fire drills. Director A indicated Assistant Director (AD) C would have those records. At 1:05 PM, Surveyor was given one "Fire Drill Log," dated 07/19/2023. AD C stated the one drill was all that could be found. Surveyor questioned if a call could be made to the past director to help locate the other records. Director A indicated this was not an option. Director A stated, "That really is all we have. We will take the hit." | N 526 | | |
| N 617 | 83.55(6)(b) Bath and toilet areas: water temperature<br><br>The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interview, and record review, the provider did not ensure the hot water | N 617 | | |

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| N 617 | Continued From page 5<br>at the residents' sinks did not exceed 115 degrees Fahrenheit (F). This was discovered for 3 of 4 rooms tested by Surveyor and Assistant Director (AD) C.<br><br>Findings include:<br><br>The Bureau of Quality Assurance (BQA) and the Bureau of Assisted Living (BAL) issued, respectively, BQA Memo-98-021 (1998) and DQA publication P-01942 (2017) regarding hot water temperatures. These documents listed hot water temperature thresholds and the harm hot water temperatures can inflict on consumers with physical or psychological conditions that prevent instant recoil from dangerously hot water. This document reaffirms the temperature thresholds listed in BQA Memo-98-021 and DQA P-01942.<br><br>Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability. (DQA publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017).<br><br>Sustained contact with dangerously hot water can result in second and third degree burns according to the following thresholds:<br><br>110 degrees F is 13 minutes,<br>120 degrees F is 10 minutes, | N 617 | | |

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| N 617 | Continued From page 6<br>127 degrees F is 1 minute,<br>And 130 degrees F is 30 seconds.<br><br>On 09/18/2023, between 9:15 AM and 9:25 AM, Surveyor tested the temperature of the water at the sink of 4 random rooms. Three of the 4 rooms had hot water temperatures higher than 115 degrees F.<br><br>Room 14 was 123.6 degrees F.<br>Room 10 was 122.2 degrees F.<br>Room 5 was 123.4 degrees F.<br><br>At 10:47 AM, Surveyor interview AD C. AD C indicated s/he took the temperature of the hot water at the residents' sinks weekly. Surveyor reviewed the latest report and none of the sinks were higher than 114 degrees F. Surveyor and AD C went to double check the water temperature to compare Surveyor's thermometer with that of AD C. When taking the temperatures at the same time, the two thermometers were off by a fraction of a degree. Room 14 was still 123.6 degrees F and AD C's thermometer measured 123 degrees F. AD C stated s/he may have done the temperatures incorrectly as AD C's thermometer appeared to match Surveyor's thermometer and s/he had never adjusted the valves up or down and did not know how. At 1:45 PM, Surveyor interviewed Director A. Director A stated a call would be made to the off-site maintenance department to fix the issue. | N 617 | | |