

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/26/2024
NAME OF PROVIDER OR SUPPLIER OUR HOUSE WAUSAU ASSISTED CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 210 W CAMPUS DR WAUSAU, WI 54401		
(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 11/26/2024, Surveyor completed a verification visit at Our House Wausau Assisted Care. One deficiency was identified. This deficiency is a repeat violation. See Statement of Deficiency (SOD) 8F3911, dated 09/25/2023, and SOD 8F3912, dated 03/05/2024. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Census: 16	{N 000}		
{N 617}	83.55(6)(b) Bath and toilet areas: water temperature 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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the hot water temperature at fixtures used by residents did not exceed 115 ° Fahrenheit (F). This is a repeat deficiency. See Statement of Deficiency (SOD) 8F3911, dated 09/25/2023, and SOD 8F3912, dated 03/05/2024. Findings include:	{N 617}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/26/2024
NAME OF PROVIDER OR SUPPLIER OUR HOUSE WAUSAU ASSISTED CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 210 W CAMPUS DR WAUSAU, WI 54401		
(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 617}	Continued From page 1 The provider is licensed to care for 20 residents in the client groups of advanced aged and irreversible dementia/Alzheimer's disease. Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents 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-01942, Hot Water Temperatures in Adult Family Homes, August 2017.) On 11/26/2024, at approximately 10:45 AM, Surveyor measured the water temperature in the following areas: Room 8. The temperature at the sink faucet was 127.4 degrees Fahrenheit. Room 7. The temperature at the sink faucet was 127 degrees Fahrenheit. Room 3's bathroom. The temperature at the sink faucet was 127.3 degrees Fahrenheit. On 11/26/2024 at approximately 10:58 AM, Surveyor interviewed Director A about water temperature findings. Director A stated the water heater on the East Hallway just blew up 4 days ago. S/he stated they have a plumbing company coming out on 12/03/2024 to replace all water heaters in the building. Director A acknowledged	{N 617}		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 11/26/2024
NAME OF PROVIDER OR SUPPLIER OUR HOUSE WAUSAU ASSISTED CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 210 W CAMPUS DR WAUSAU, WI 54401		
(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 617}	Continued From page 2 the water temperatures were high and stated s/he knows that water temperatures need to be between 110-115 degrees Fahrenheit. Director A stated that Assistant Director (AD) B had been taking the water temperatures, which appeared to be within normal limits. Director A stated s/he believed that AD B was not letting the water run long enough before taking the temperature. Director A stated s/he would educate AD B on how to properly take water temperatures.	{N 617}			