STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013376	A. BUILDING: _____ B. WING _____	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE BARABOO ASSISTED CARE	1200 WASHINGTON AVE BARABOO, WI 53913

(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 08/07/2025, Surveyor conducted a standard licensure survey at Our House Baraboo Assisted Care. Nine deficiencies were identified. Two of 9 deficiencies were repeat violations (see Statement of Deficiency (SOD) CTOQ11). Census: 18	N 000		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have documentation for 1 of 2 resident records reviewed (Resident 3) for health screening for clinically apparent communicable disease, including tuberculosis (TB) within 90 days before or 7 days after admission from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse.	N 302		

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

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N 302	Continued From page 1 Findings include: On 08/07/2025, Surveyor reviewed Resident 3's record. Resident 3 moved into the facility 05/01/2025. Resident 3 "Physician Plan of Care," dated 05/12/2025, documented: "Tuberculosis Screening: Free of TB in a communicable form:" answer was left blank. "Date of last TB screen:" answer was left blank. Resident 3's record did not contain any documentation regarding him/her receiving a health screening, including a TB skin test. On 08/07/2025, at approximately 3:00 PM, Surveyor interviewed Executive Director (ED) A and Vice President of Nursing (VPN) B. Surveyor stated s/he was unable to locate a communicable disease screen and TB skin test in Resident 3's record. ED A proceeded to look through available documentation, stating "I believe [s/he] had a chest x-ray." ED A was unable to locate this information and stated s/he would address the concern	N 302		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and	N 310		

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N 310	Continued From page 2 the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an admission agreement was signed and dated before or at the time of admission for 1 of 2 resident reviewed (Resident 2). Findings include: On 08/07/2025, Surveyor reviewed Resident 2's record.	N 310		

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N 310	Continued From page 3 Resident 2 moved into the facility 12/28/2024 and was his/her own person. Resident 2's record did not contain an admission agreement. On 08/07/2025, at approximately 2:30 PM, Surveyor interviewed Executive Director (ED) A and Vice President of Nursing (VPN) B. Surveyor stated Resident 2's record did not contain an admission agreement. ED A proceeded to look through documentation and was unable to locate it. VPN B stated that there had been a change in staffing and had to assume the documentation had not been completed. VPN B stated the concern would be addressed immediately.	N 310		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 1 of 4 residents. This is a repeat deficiency. See Statement of Deficiency (SOD) CTOQ11, dated 05/09/2023. Resident 1's Neo/Poly/Dex Ointment (eye) was not administered as prescribed.	N 352		

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N 352	Continued From page 4 Findings include: On 08/07/2025, at approximately 12:10 PM, Surveyor observed Resident 1's Neo/Poly/Dex eye ointment in the med cart. The bottle that contained the eye ointment stated, "Instill in the left eye three times a day for 14 days." The bottle had a dispensed date of 05/21/2025. Surveyor removed the ointment from the bottle and determined that tube was new and had not been opened. On 08/07/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility 02/19/2024. Resident 1's Medication Administration Record (MAR), dated 05/22/2025 to 06/03/2025, documented that s/he had received the prescribed dose starting 05/22/2025 at 2:00 PM and received 34 of 36 opportunities, until s/he was hospitalized 06/03/2025 but Surveyor noted that the only tube in the cart was unopened. On 08/07/2025, at approximately 2:00 PM, Surveyor interviewed Executive Director (ED) A and Vice President of Nursing (VPN) B. Surveyor, ED A and VPN B reviewed Resident 1's tube of Neo/Poly/Dex and determined the tube had not been utilized. ED A stated s/he thought Resident 1 had come home from the hospital with a tube of the ointment and the pharmacy had also delivered a tube. Surveyor requested a copy of the pharmacy delivery report showing what day it was delivered and documentation showing that Resident 1 had a tube of the ointment when s/he returned to the facility. ED A stated s/he was unable to locate any documentation and the ointment was not given.	N 352		

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N 385	83.35(2) Temporary Service Plan. Temporary service plan. Upon admission, the CBRF shall prepare and implement a written temporary service plan to meet the immediate needs of the resident, including persons admitted for respite care, until the individual service plan under sub. (3) is developed and implemented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not prepare and implement a temporary service plan for 2 of 2 resident (Resident 2 and Resident 3) upon admittance. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 20 residents in the client groups advanced aged and irreversible dementia/Alzheimer's. On 08/07/2025, Surveyor reviewed Resident 2's and Resident 3's record. Resident 2 moved into the facility 12/28/2024. Resident 2's record contained an individual service plan (ISP) dated 07/29/2025. Resident 3 moved into the facility 05/01/2025. Resident 3's record contained an ISP dated 07/29/2025. On 08/07/2025, at approximately 2:30 PM, Surveyor interviewed Executive Director (ED) A and Vice President of Nursing (VPN) B. Surveyor requested Resident 2's and Resident 3's temporary ISPs that were utilized upon admission. ED A proceeded to review available	N 385		

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N 385	Continued From page 6 documentation and stated s/he was unable to locate those records. VPN B stated that all records were being currently reviewed and that is why many of them stated that their ISP had been reviewed 07/29/2025; there had been concerns with previous staff. VPN B stated each resident should have had a temporary ISP for caregivers to utilize.	N 385		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 2 and Resident 3) reviewed had a completed comprehensive Individual Service Plan (ISP) within 30 days of admission, which included the resident's needs and desired outcomes; and did not establish measurable goals with specific time limits for attainment.	N 386		

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N 386	Continued From page 7 Findings include: On 08/07/2025, Surveyor reviewed Resident 2's and Resident 3's record. Resident 2 moved into the facility 12/28/2024. Resident 2's record contained an individual service plan (ISP) dated 07/29/2025. Resident 2's comprehensive ISP should have been developed by 01/28/2025. Resident 3 moved into the facility 05/01/2025. Resident 3's record contained an ISP dated 07/29/2025. Resident 3's comprehensive ISP should have been developed by 06/01/2025. On 08/07/2025, at approximately 2:30 PM, Surveyor interviewed Executive Director (ED) A and Vice President of Nursing (VPN) B. Surveyor requested Resident 2's and Resident 3's comprehensive ISPs prior to 07/29/2025. ED A proceeded to review available documentation and stated s/he was unable to locate those records. VPN B stated that all records were being currently reviewed and that is why many of them stated that their ISP had been reviewed 07/29/2025; there had been concerns with previous staff.	N 386		
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	N 387		

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N 387	Continued From page 8 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 ensure the resident's Individual Service Plan (ISP) was signed by the resident or resident's legal representative acknowledging their involvement in, understanding of, and in agreement with the plan for 3 of 3 residents (Resident 2, Resident 3 and Resident 4). Findings include: On 08/07/2025, Surveyor reviewed Resident 2's, Resident 3's, and Resident 4's record. Resident 2 moved into the facility 12/28/2024 and was his/her own person. Resident 2's record contained an individual service plan (ISP) dated 07/29/2025 which was not signed by him/her. Resident 3 moved into the facility 05/01/2025 and was represented by Power of Attorney (POA) D. Resident 3's record contained an ISP dated 07/29/2025 which was not signed by POA D. Resident 4 moved into the facility 05/10/2017 and was represented by POA E.	N 387		

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N 387	Continued From page 9 Resident 4's record contained an ISP dated 07/29/2025 which was not signed by POA E. On 08/07/2025, at approximately 2:30 PM, Surveyor interviewed Executive Director (ED) A and Vice President of Nursing (VPN) B. Surveyor asked for clarification if Resident 2's and Resident 3's ISPs had been developed with the resident and/or their representative. ED A stated s/he had signed the ISPs when they were reviewed, but care conferences had not been held; the ISP reviews were internal. VPN B stated that all records were being currently reviewed and that is why many of them stated that their ISP had been reviewed 07/29/2025; there had been concerns with previous staff, but residents and their representatives should have been involved, and care conferences would be scheduled.	N 387		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	N 389		

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N 389	Continued From page 10 This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident record reviewed were updated when there was a change in condition. Resident 2's incontinence concerns were not documented in his/her Individual Service Plan (ISP). Findings include: On 08/07/2025, at approximately 1:35 PM, Surveyor and Executive Director (ED) A observed Resident 2's room. Surveyor opened Resident 2's bathroom door and ED A admitted there was a scent emanating from the room. Surveyor stated the urine like scent was strong and Surveyor had to exit the bathroom. On 08/07/2025, Surveyor reviewed Resident 2's record. Resident 2 moved into the facility 12/28/2024. Resident 2's assessment, dated 05/02/2025, documented: "Personal Hygiene: Independent: able to transfer to/from toilet, perform any peri-cares, and change incontinence products without assistance from team member." "Does not require a toileting schedule." "Use of incontinence products: Never." "Independent - resident/tenant able to shower/bathe self without any assistance from team member." Resident 2's "Care Plan," dated 07/29/2025, documented: "Housekeeping: Regular housekeeping once a	N 389		

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N 389	Continued From page 11 week, no added service required." "Toileting: Independent: able to transfer to/from toilet, perform any peri-cares, and change incontinence products without assistance from team member." On 08/07/2025, at approximately 3:00 PM, Surveyor interviewed Executive Director (ED) A and Vice President of Nursing (VPN) B. Surveyor asked for clarification if Resident 2 required assistance with toileting, based on the scent of his/her room. Resident 2's assessment stated that s/he did not utilize disposable under garments, but his/her care plan did. ED A and VPN B discussed amongst themselves discussing the concern and stated Resident 2 would be reassessed and his/her ISP updated accordingly. Cross Reference: N0489 DHS 83.44(2)(a) Rooms Clean and Free From Odors	N 389		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on interview and observation, the provider did not ensure that all rooms were clean and free from odor. This is a repeat deficiency. See Statement of Deficiency (SOD) CTOQ11, dated 05/09/2023. Findings include: On 08/07/2025, at approximately 1:35 PM,	N 489		

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N 489	Continued From page 12 Surveyor and Executive Director (ED) A observed Resident 2's room. ED A stated that s/he had a cold and could not smell anything. Surveyor opened Resident 2's bathroom door and ED A admitted there was a scent emanating from the room. Surveyor stated the urine like scent was strong and Surveyor had to exit the bathroom. Surveyor and ED A walked down the hallway to speak with Caregiver C. ED A asked Caregiver C what cleaning supplies were being utilized to control the scent in Resident 2's room. Caregiver C stated a sanitizing component was used but it had not been able to break through the odor. On 08/07/2025, at approximately 3:00 PM, Surveyor interviewed ED A and Vice President of Nursing (VPN) B. ED A discussed the concern with VPN B and stated cleaning agents would need to be reviewed to control the urine like scent that strongly emanated from Resident 2's room into the hallway.	N 489		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that cleaning compounds and toxic substances were stored in a secure area. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based	N 499		

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N 499	Continued From page 13 residential facility) able to serve up to 20 residents in the client groups advanced aged and irreversible dementia/Alzheimer's. On 08/07/2025, at approximately 1:50 PM, Surveyor toured the open concept, unsecured facility kitchen and observed the following under the kitchen sink cabinet: -A 32 fluid ounce bottle of glass and mirror cleaner -A 12 ounce spray can of stainless steel cleaner -A gallon of multi-purpose cleaner - fresh lavender scent -A 21 ounce can of powdered deodorizing cleaner -A bag of 82 dishwasher tabs -A 32 ounce bottle of multi-purpose cleaner On 08/07/2025, at approximately 3:00 PM, Surveyor interviewed Executive Director A and Vice President of Nursing (VPN) B. VPN B stated the cleaning compounds should have been securely stored and would address the concern.	N 499		