STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 03/11/2026, Surveyor conducted a complaint investigation at Our House Richland Center Memory Care, a CBRF in Richland Center. Two deficiencies were identified. The complaint was substantiated. Census: 20	N 000		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written report was submitted to the department within 3 working days when law enforcement personnel were called to the facility as a result of an incident that jeopardized the health, safety or welfare of residents or employees. The provider did not submit a report to the department when law enforcement responded to the facility on 02/17/2026 due to Resident 2's aggressive behaviors.	N 164		

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
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 164	Continued From page 1 Findings include: On 03/11/2026 at approximately 7:00 a.m., Surveyor reviewed police reports, obtained by Surveyor. A report, dated 02/24/2026, stated law enforcement responded the provider's facility on 02/17/2026 for a report of a resident that had broken a window to the facility and was punching staff members. The report documented that Resident 2's room had several items that were destroyed, including the window and blinds and that Resident 2 had thrown a vacuum through the glass window. The report documented that staff members seemed as though they were scared and did not want law enforcement to leave. The report documented that law enforcement was able to get Resident 2 calmed down and moved to the dining area of the facility prior to law enforcement leaving. On 03/11/2026 at approximately 7:15 a.m., Surveyor reviewed the department records and was unable to locate documentation of a self-report submitted to the department due to law enforcement's presence at the facility on 02/17/2026. On 03/11/2026 at approximately 10:45 a.m., Surveyor requested documentation from Director A of self reports submitted to the department regarding Resident 2's behaviors on 02/17/2026. On 03/11/2026 at approximately 11:00 a.m., Regional Staff B followed up with Survyoer and stated a self-report was not submitted regarding law enforcement's involvement with Resident 2 on 02/17/2026. Regional Staff B stated Director A had told law enforcement not to come and that Director A was unaware law enforcement had come to the facility anyway.	N 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the needs of 2 of 2 residents reviewed were assessed when there was a change in need or condition. Resident 1 did not have an updated assessment completed when s/he exhibited aggressive behaviors, eloped from the facility and sustained falls. Resident 2 did not have an updated assessment completed when s/he exhibited aggressive behaviors and sustained falls. Findings include: On 03/11/2026, Surveyor conducted a complaint investigation alleging concerns with the provider's ability to manage resident behaviors. On 03/11/2026 at approximately 10:00 a.m., Surveyor reviewed resident records provided by	N 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 3 Director A and Regional Staff B. The following concerns were identified: EXAMPLE 1 - RESIDENT 1: Resident 1 was admitted to the provider's facility on 06/30/2025 with diagnoses including anxiety and depression. Behaviors: Resident 1's record included a behavioral assessment, dated 06/28/2025, that did not identify current concerns with aggression or elopements. Resident 1's progress notes and incident reports, dated 10/01/2025 to 03/11/2026, documented the following behavioral concerns: - 11/01/2025 8:47 p.m.: Wandering halls, pounding on walls and pushing at front door in attempt to go home. Yelling and screaming at staff to let him/her the [expletive] out of the facility. - 11/02/2025 1:33 p.m.: Roaming the halls and yelling at staff. - 11/04/2025 1:16 p.m.: Refused 8 am medications and told med passer "shove it up [med passer's spouse's expletive]." Resident made the comment x3 attempts to administer medications. - 11/04/2025 8:28 p.m.: Opened his/her door at 5:45 screaming and yelling where his/her spouse was. Called his/her spouse and was screaming and swearing. - 11/09/2025 1:27 p.m. Came out of his/her room yelling at staff about the temperature in his/her apartment. Resident's window was observed cracked open, which was shut. Started kicking the glass on the front door, wandered the halls swearing and banging on walls. Went back to	N 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 4	N 381		

his/her room, slamming the door against the wall. Came back out before lunch and began kicking at the front door again. Redirected several times. Came out of his/her room after lunch, wandered the halls while banging on walls and swearing. Punched a staff member's left side.
- 11/14/2025 4:00 p.m.: Came out of his/her apartment screaming and yelling to let him/her [expletive] out. Banging on doors and kicking doors. Stated s/he was going to beat the [expletive] out of another resident, threatened to beat staff and made a fist and became verbally aggressive to another resident. Blocked the med room doorway, would not let staff leave the room to administer medications and threw a chair at a caregiver, hitting the caregiver in the arm and leg. Staff attempted redirection. Resident punched staff's wrist and top of his/her hands approximately 10-15 times. Resident went back to his/her room, then came back swearing and screaming at another resident. Staff attempted redirection. Resident grabbed staff's arm, kept punching him/her, and attempted to rip the sleeve off staff's sweater. Staff contacted law enforcement as instructed to by management at any time they feared for the safety of themselves or other residents. Resident went to the front door screaming, yelling and kicking at the glass, causing the alarm to go off. Law enforcement arrived, redirected resident to his/her room and were able to calm resident down.
- 11/15/2025 10:30 a.m.: Kicked at the front entry doors. Staff attempted redirection. Resident grabbed a staff member's arm and stated s/he was going to break the arm. Refused to let go of the staff member's arm and began punching at both staff members' attempting to redirect resident. Made verbal threats to staff.
- 11/21/2025 7:15 a.m.: Came out of his/her room yelling at staff to let him/her the [expletive] out.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 5 Staff attempted redirection. Made a closed fist and attempted to punch staff. Wandered the halls, went to the back service entry door and kicked the door open. Went to the attached facility. Returned to the facility after staff offered to call his/her spouse. Called his/her spouse cussing and swearing at him/her. After the call, went back to his/her room and appeared to be throwing things around his/her room. - 12/01/2025 6:15 a.m.: Came out of his/her apartment yelling, cussing at staff and stating s/he needed to go milk cows. Staff attempted to redirect but were unsuccessful. Resident threatened to knock staff member's teeth out, grabbed staff's arm and started to punch staff's bicep area with a closed fist approximately 8 times. Director A intervened and attempted to redirect resident. Resident wheeled to the front door, opened the door and made it halfway through the parking lot. Returned to the facility to call his/her spouse, who s/he called cussing at. - 12/15/2025 9:30 p.m. Yelling at staff and swearing while in the dining room. Other residents asked resident to stop and s/he would tell them to [expletive] off, tell them to "shove it up their [expletive]" and make an inappropriate gesture. - 12/17/2025 2:45 p.m.: Yelling at staff. Resident became upset because staff did not immediately assist him/her. Started kicking and hitting at the front door, setting off the alarm. Verbally threatened staff when redirection was attempted. Threw him/herself on the floor and got him/herself up. Repeatedly pushed his/her wheelchair into the office door, kicked the cleaning closet door, yelled at staff, made inappropriate gestures at staff and kicked at laundry room door. When asked to be quiet because other residents were watching a movie in the activity room, resident began yelling at the other residents and making	N 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 6	N 381		

inappropriate gestures toward the other residents. Resident then went to the fire door, set off the alarm, and made it out the door. Staff attempted to redirect resident inside due to icy conditions. Resident grabbed staff by the hair and wouldn't let go. As another staff member attempted to assist, resident grabbed that staff member's arm and spit in his/her face twice. Kicked a 3rd caregiver in the stomach. On-call staff was contacted and came in to assist with behaviors. Resident grabbed Director A's shirt and spit in his/her face. Resident attempted to bite Director A, but Director A moved his/her hand and resident ended up biting his/her own hand, drawing blood. Resident was escorted to his/her room by staff as requested and then heard throwing items around his/her room.
- 12/23/2025 5:53 a.m.: Awake throughout the night yelling for his/her spouse in the halls throughout the building. Banged on walls and doors, looked for his/her truck, called his/her wife expletives and stated s/he "wanted to get the [expletive] out of this building."
- 12/24/2025 12:30 p.m.: Came out of his/her room swearing and yelling. Came to dining room yelling and made other residents upset. When another resident stood up and told resident to stop, resident told the other resident to shut the [expletive] up, threw a chair and attempted to throw a table. Resident hit staff, spit on staff and kicked at staff before returning to his/her room and throwing objects around his/her room while yelling at staff. Approximately 20 minutes later, staff entered resident's room to offer 2:00 p.m. medications. Resident refused his/her medications told staff to [expletive] off and punched staff several times.
- 12/28/2025 1:45 p.m.: Threw things in his/her apartment, swore and screamed for his/her spouse. Resident was given a PRN and seamed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 7 to calm down. - 12/28/2025 4:00 p.m.: Came out of his/her room swearing and yelling. When redirection was attempted, resident spit on staff, punched staff in the ribs and repeatedly grabbed staff's arm while punching staff with a closed fit. Staff offered to call his/her spouse. On the way to call resident's spouse, resident grabbed staff's arm and began hitting staff. Resident did call his/her spouse, who hung up. Resident then threw the phone, returned to his/her apartment and repeatedly slammed the door and threw things in his/her apartment. - 01/03/2026 5:21 a.m.: Awake after 3:00 a.m. pounding on things and his/her hand in their room. Complaining about getting out of the facility. - 01/07/2026 9:40 p.m.: Yelled at staff to let him/her out. Got upset, went in his/her room and started throwing his/her personal items around. Refused medications and told staff to "shove them up [his/her expletive]." - 01/11/2026 5:00 p.m.: Yelled his/her spouse's name and told staff s/he needed to be let out the door. When staff tried telling resident why s/he could not leave, resident began kicking at the door. Staff attempted redirection. Resident repeatedly punched staff in the left arm and kicked staff's right leg. On-call was notified and instructed to call law enforcement. - 01/14/2026 2:01 p.m.: Went to back door by service entry and kicked at door. Punched his/her hand threatening staff and punched the wall. Attempted opening the front door and swore at staff. - 01/19/226 9:30 a.m.: Came out of his/her apartment yelling and swearing. All staff were in other rooms when the door alarm went off. Resident was found in the parking lot. Staff attempted redirection. Resident verbally threatened staff and attempted to punch staff.	N 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 8 On-call was called and law enforcement was contacted due to concern for resident's wellbeing with freezing temperatures. Law enforcement arrived and greeted resident at the end of the parking lot, as s/he was attempting to go out in the road. Law enforcement was able to redirect resident back inside. - 01/20/2026 10:18 a.m.: On 01/19/2026, housekeeping staff observed resident exiting the front door. Resident was belligerent with staff, yelling and kicking. Door was pushed and resident went outside. - 01/20/2026 1:26 p.m.: At approximately 7:00 a.m., came out of his/her room, yelling and hollering. Called his/her spouse, told the spouse to come get him/her - "[S/he] wanted the [expletive] out of here." Spouse appeared to hang up on him/her. Resident then began making rude comments to staff, kicked at med room door and attempted to hit staff member as s/he walked past resident. - 01/25/2026 5:20 a.m.: Awake, banging in his/her room and yelling about the temperature. Became more aggressive with staff intervention, hitting at staff. - 01/27/2026 8:37 p.m.: Came out of his/her room around 3:00 p.m. Banged on walls, banged on office door, made inappropriate gesture towards another resident and called the other resident an expletive. - 02/01/2026 5:07 a.m.: At 3:40 a.m., was in his/her room yelling at the floor. Started to yell at staff, picked up his/her walker and threw the walker at the hall. Refused to calm down. - 02/01/2026 7:00 p.m.: Came out of his/her room and asked staff to get him/her the [expletive] out of the facility. After staff stated they could not let resident out without the permission of his/her Health Care Power of Attorney (HCPOA), requested to call HCPOA. Called his/her HCPOA,	N 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 9	N 381		

screamed, hung up the phone, headed for the front door, pushed the door until the alarm sounded and the door opened. Went to the middle of the parking lot. Law enforcement was contacted. Verbally aggressive to law enforcement but returned inside the facility after approximately 30 minutes.
- 02/03/2025 1:26 p.m.: When med passer went to resident's room, resident threw medication across the room. Resident did pick the medications back up and take them.
- 02/04/2026 5:50 p.m.: Pushed the door after visitors left and went into the parking lot. Requested to call his/her HCPOA and was redirected back inside.
- 02/05/2026 5:45 p.m.: Wheeled over to the front entrance and banged on the wall, taking his/her fist and hitting his/her palm. Pushed on door and went outside. Staff redirected resident back inside as resident called staff vulgar names and verbally threatened staff.
- 02/06/2026 11:15 a.m.: Came out of his/her room yelling "Everybody needed to get the [expletive] out of the [his/her] house." Threatened staff, hit staff member in the right arm and poked another staff member In the nose. Threatened to hit another resident when a staff member separated residents and was hit repeatedly in the head, arms and stomach. Hit the same staff member's face and broke the staff member's glasses.
- 02/07/2026 2:20 p.m.: Continued to push on front door until alarm sounded and went out the doors. Resistive to go back inside. When staff assisted resident back into the building, resident grabbed the staff member's wrist and started scratching as hard as s/he could, bit, punched and spit on the staff member. Another staff member attempted to intervene. Resident hit and scratched that staff member. Once redirected,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 10	N 381		

went into the dining room, picked up a chair and threw it at staff. After throwing the chair, went to the front door, kicked and pushed on it. Door alarm sounded and resident went out the front entryway. Refused to come back inside and attempted to hit staff when redirection was attempted. Law enforcement was called as staff were concerned about the resident's safety as s/he was at the end of the parking lot and could be seriously injured by a vehicle if going any further s/he would have been in the road. Law enforcement arrived. Verbally aggressive, swung at law enforcement and attempted to go further into the road. Sent to the hospital for evaluation.
- 02/09/2026 4:15 a.m.: Verbally aggressive towards staff and stated s/he had to leave to milk the cows. Unable to calm resident down. Resident got dressed, left the facility and refused to come back inside. Law enforcement was called. Verbally aggressive toward law enforcement. EMS was called and resident was sent to the hospital.
- 02/10/2026 8:14 p.m.: Came out of his/her room at 3:00 p.m. agitated and having behaviors. Spouse was called and one on one time spent with resident. PRN Lorazepam was given due to unsuccessful interventions.
- 02/12/2026 9:03 p.m.: Started getting agitated after dinner. Redirection attempted and one on one provided. Staff gave PRN medication. Resident refused cares and went to bed fully clothed, refused to change clothes or depend.
- 02/17/2026 7:20 p.m.: Yelled at staff, stated s/he was leaving and proceeded to push/kick the door until the alarm sounded. Went to the parking lot. Law enforcement was called. Yelled and threatened to hit law enforcement upon arrival. Behavior lasted approximately 45 minutes until resident was redirected into the facility.
- 02/21/2026 1:43 a.m.: Called staff names, took

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 11 broom from staff member and attempted hitting staff several times with the broom. - 02/22/2026 9:45 p.m.: Assisted back to his/her room after trying to get out the front door and setting the alarm off. Spit, hit and kicked at both staff. Pulled him/herself out of his/her wheelchair and refused staff assist to get up. Resident later let staff help him/her off the floor while still yelling at them. - 02/27/20265 9:06 p.m.: At around 6:00 p.m., asked staff to let him/her out. Resident called his/her HCPOA to come get him/her. Yelled at staff and gave them an inappropriate gesture because staff would not let resident out of the building. Slammed his/her door when a youth choir group was performing. Threw his/her 8:00 p.m. medications across the room. Resident 1's individual service plan (ISP) included the following interventions for behaviors: anticipate resident's needs, get resident whatever resident needs, monitor for any signs of anxiousness and offer reassurance and redirection should it occur, offer task and inform resident of each step prior to doing the task to prevent agitation, respond to resident's questions each time they are asked in a polite manner as if it is the first time resident was asking the question, encourage resident to discuss thoughts and feelings, engage resident in meaningful activities and conversations, notify director if interventions are ineffective, provide a calm environment, do not power struggle with the resident, keep resident busy throughout the day with activities to prevent resident from taking others' items, redirect resident when exhibiting attention seeking behavior, adjust resident's environment as requested to promote sleeping, ask resident if s/he is in pain and use PRN medications, encourage resident to discuss	N 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 12	N 381		

thoughts and feelings, offer favorite food or drink, provide a calm environment, orient only as needed and instead validate resident's orientation and adjust to the time period of the resident rather than try to orient back to environment, ensure safety of resident and separate resident if hitting or striking out, provide resident with a soft object to throw when upset, notify director of any physical or verbal abuse exhibited, provide with space when exhibiting any physical or verbal abuse and provide resident with activities that use his/her hands as s/he likes to fiddle with things and use his/her hands. The ISP indicated Resident 1's interventions regarding behaviors were last updated on 12/17/2025.
Resident 1's record documented the following actions to manage Resident 1's behaviors:

- 11/26/2025: Seen by primary physician. No changes made.
- 01/14/2026: Issued a 30-day written involuntary notice of discharge due to his/her aggressive behaviors and imminent risk of serious harm to the health or safety of Resident 1, other residents or employees.
- 01/20/2026: Referrals discussed with HCPOA due to 30-day notice of discharge.
- 01/28/2026: Physician was updated regarding 01/25/2026 incident. Physician instructed staff to call 911 if unable to de-escalate resident or behaviors worsen.
- 02/07/2026: PRN Lorazepam 1 mg 3x daily was prescribed.
- 02/13/2026: Medication changes. Stop Hydroxyzine and Lorazepam. Increase Gabapentin to 300 mg 3 times daily. Increase Quetiapine 200 mg 2 times daily and PRN Quetiapine 50 mg for agitation once daily PRN.

On 03/11/2026 at approximately 1:00 p.m.,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 13 Surveyor interviewed Director A and Regional Staff B. Surveyor reviewed documentation of Resident 1's behaviors, which at times resulted in law enforcement presence. Surveyor asked if the provider had a recent assessment and/or documentation of new interventions put into place with the goal of minimizing Resident 1's behaviors. Regional Staff B stated the provider had a team meeting weekly regarding Resident 1's behaviors and that his/her behaviors were monitored daily. Regional Staff B stated there was not a recent assessment completed because Director A and Regional Staff B were not nurses and could not assess. Regional Staff B stated the facility had put a number of interventions in place, but nothing was documented. Regional Staff B did not provide further details regarding the interventions. Falls: Resident 1's record included a fall assessment, dated 02/16/2026, that identified Resident 1 as a moderate fall risk. Resident 1's individual service plan (ISP) documented Resident 1 had sustained 3-4 falls in the last 6 months with the most recent falls on 01/17/2026, 01/21/2026 and 02/15/2026. The ISP documented the following interventions: ensure frequently used items are within reach, make sure resident is wearing proper footwear for all ambulation and transfers, observe for any changes in ability to transfer self and report to director and remind and encourage resident to call for help. The ISP indicated interventions regarding falls were last updated on 02/27/2026. Resident 1's record documented the following falls sustained after 02/27/2026: - 03/01/2026 5:18 a.m.: Called at 4:20 a.m. Staff entered room and found resident sitting on the	N 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 14	N 381		

floor. Resident reported s/he slid out of bed. Resident did not have any injuries and reported s/he felt fine. Resident was assisted to bed and changed.
- 03/02/2026 5:39 a.m.: Found on the floor at 10:10 p.m. Resident denied being hurt or hitting his/her head. Resident was looked over and no injuries were found.
- 03/02/2026 6:14 a.m.: At 5:55 a.m., resident was heard yelling for help. Resident was found on the floor and covered in feces and urine. Resident was assisted up and into shower.
- 03/11/2026 5:45 a.m.: At 4:45 a.m., used his/her pendant and was found sitting on the floor. Resident reported s/he slid out of bed trying to get into his/her wheelchair. Resident was incontinent. Resident was looked over and denied pain. Resident was assisted to bathroom and changed for the day.

In addition, Resident 1's record, dated 10/01/2025 to 02/16/2026, documented the following falls that did not include documentation of a follow up assessment/intervention to prevent further falls:

- 12/24/2025 5:23 a.m.: Slid out of his/her wheelchair and was assisted back up. Resident said they were fine and appeared to sleep well through the rest of the night.
- 12/29/2025 5:11 a.m.: Yelled for staff. When staff entered the room, resident was on the floor. Resident stated s/he just needed help getting back up to get his/her pants on. Resident stated s/he missed the chair (which was not locked). Resident was checked over and was okay.
- 01/17/2026 4:55 a.m.: Around 11:00 p.m., resident was banging on the wall. Staff found resident on the floor in his/her bathroom. Resident reported s/he did not hit his/her head and that s/he was fine. Resident reported s/he

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 15 slipped on urine. Room was clean and resident was assisted with getting dressed. Resident was banging on the wall again at 2:30 a.m. Staff entered to find resident on the floor and asking for help. Resident again reported s/he was okay and had no pain. Resident was assisted to bed. - 01/21/2026 5:17 a.m.: While doing 10:00 p.m. rounds, resident was knocking on the wall. Staff entered and found resident on the floor by his/her bed. Resident denied pain or hitting their head. Resident was checked over; no injury found. Resident reported s/he got too close to the edge of the bed and slid off. Resident was assisted back to bed. - 02/01/2026 5:07 a.m.: At 4:00 a.m., resident was heard yelling and found sitting on the floor next to his/her bed. Resident reported s/he slid out of bed while trying to get into bed. Resident let staff assist him/her off the floor and into bed. Resident refused vitals and appeared to go to sleep. - 02/13/2026 5:07 p.m.: Appeared to have rolled out of bed around 1:30 a.m. Resident was banging on the wall for help. Resident was looked over and asked if s/he hurt. Resident denied pain. Resident was helped up and did not appear to have injuries. Resident refused vitals check. - 02/16/2026 5:23 a.m.: Around 1:00 a.m., staff heard resident yelling for help. Resident was found lying on the floor in his/her bathroom. Resident reported s/he slid out of bed and crawled to the restroom. Resident was looked over for any injuries. Refused blood pressure. Resident reported s/he was fine. Staff members assisted resident up. - 02/26/2026 5:26 a.m.: Staff heard resident wake up at 5:10. Resident appeared to have slid out of bed on to the floor. Resident said s/he was trying to get into his/her wheelchair. Resident was not hurt and refused vitals. Resident was assisted off	N 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 16 the floor and into the bathroom. On 03/11/2026 at approximately 1:00 p.m., Surveyor provided Director A and Regional Staff B with the above dates and requested documentation of any assessments completed since the falls. Director A and Regional Staff B reviewed records and stated they did not have additional assessments to provide that were completed following the falls identified by Surveyor. Director A stated Resident 1 did have a history of putting him/herself on the floor, but added that s/he was unable to confirm that is what had happened for the above documented falls. EXAMPLE 2 - RESIDENT 2: Resident 2 was admitted to the provider's facility on 02/16/2026 with diagnosis of vascular dementia. Behaviors: Resident 2's record included a behavior assessment, dated 01/14/2026, that stated s/he had a history of searching for his/her spouse, swearing, throwing clothing, slamming wheeled walker on the ground, being up at night and wandering, including setting alarms off on purpose. Resident 2's progress notes and incident reports, dated 02/16/2026 to 03/11/2026, documented the following behavioral concerns: - 02/17/2026 1:50 p.m.: Yelled at staff that s/he needed to go home. Another resident was telling staff to call law enforcement to deal with resident's behavior. Banged on doors and swore that residents didn't have their doors open. - 02/17/2026 11:00 p.m. At 10:00 a.m., walked	N 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 17	N 381		

around yelling at staff and other residents to let him/her out. Busted out a window screen with his/her walker. Went into another resident's room and ripped the blinds off the window, waking the resident up. Destroyed the room, moved furniture, threw clothes on the floor and tried to break the window with a vacuum cleaner. Staff tried to remove the vacuum from resident, resident swung trying to hit staff and made verbal threat. Continued to pound on the window until it shattered, threw clothes and other items out the window and kept asking staff to help get him/her out of the window. On call staff was called. Resident was upset for approximately 30 minutes and was able to be redirected to the dining room for a beer.
- 02/20/2026 6:13 a.m.: Up all night. Yelled in the halls, wanted to leave, and went in others room. PRN Lorazepam was administered and did not seem to help. Given non-alcoholic beer. Continued to wander the halls, wanting to go outside.
- 02/24/2026 5:35 a.m.: Very restless, refused to go to bed and wandered the building. Tried every door to get out and yelled at other residents' doors. Put his/her hand on staff and tried to get staff's keys.
- 02/25/2026 5:14 a.m.: Restless and tried every door trying to get out.
- 02/26/2026 8:54 p.m.: Tried to get out the back door. Redirection, one on one, snack and drink offered, but resident continued to yell at staff and call staff names. Resident tried to get out windows and pushed on doors. Resident shut staff's hand in the back door.
- 02/27/2026 5:12 a.m.: Awake when staff came on shift, tryied every door to find his/her way out. Appeared agitated and was aggressive with staff. When doors wouldn't open, got mad and yelled at the door to open. Attempted to wake another

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 18	N 381		

resident sleeping on the couch. Staff intervened and resident punched the couch the resident was sleeping on. Resident reopened a wound on his/her left hand, but refused staff assist, leaving blood all over. Resident attempted to get in another resident's room, yelling at the door which scared the resident. Resident was found going through another resident's room. When resident was assisted out by staff, s/he was verbally aggressive and tried to hit staff with his/her walker.
- 03/02/2026 6:05 a.m.: Tried to get out of the building by banging on the back exit door. Became very agitated when asked to stop, yelling, banged on another resident's door and tried to get out a window. Scratched staff's hand when redirection was attempted. Redirected back to bed, but got up again at 12:50 a.m., wandered the halls, tried every door, and looked out all the windows.
- 03/03/2026 5:21 a.m.: Tried to get out of the facility. Banged on other residents' doors and tried to open exit doors. Verbally aggressive toward all 3 staff. At 3:00 a.m., refused to calm down and started to bang on a resident's door, tried to beat them down and to get in. Went from yelling at staff to threatening staff. Resident declined drink or snack and refused PRN medication. Resident attempted to break down the medication room door and tried hitting staff with his/her walker when redirected. At 4:38 a.m., resident set off front door alarms by trying to get out. Resident was assisted to bed 8 times throughout the night but refused to rest. Resident was fully dressed for the day and still trying every door.
- 03/05/2026 6:01 a.m.: Very confused and wanted to get out of the facility. Many calming techniques were attempted. Resident was still very agitated, adamant on getting out of facility,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 19	N 381		

and set off front door alarms twice. Resident went to sun room, opened slide window and was pushing on the screen. When staff intervened, resident aggressively took staff's arm and dug into it while being verbally aggressive. Resident continued looking for a knife or crowbar, thinking s/he needed to get his/her spouse out, get his/her truck and that there was a fire.
- 03/05/2026 8:56 p.m.: Tried to take out screens of window so s/he could climb out. Pushed on doors, went in others' rooms and agitated other residents.
- 03/06/2026 5:19 a.m.: Restless trying to find a way out of the facility. Staff were able to administer PRN medication, which seemed to put him/her in a good mood.
- 03/07/2026 5:06 a.m.: Hit kitchen door trying to get in. Staff intervened and offered resident a snack. Resident grabbed staff's throat and was verbally aggressive. Resident grabbed staff's left chest and dug his/her nails in the skin. When additional staff came to intervene, resident took a step back, tripped over his/her own feet hitting his/her left hip and left forehead on the floor. Resident was sent to the hospital for evaluation.
- 03/08/2026 5:44 a.m.: Yelled for help to get out, tried every door banging and screaming. Scared another resident really bad, woke up another resident who appeared upset. Resident then found another resident sleeping in the front room and woke him/her up and grabbed his/her arm to help resident find a way out. Staff attempted to assist resident with changing as s/he was walking around in only a shirt and depends. Resident refused assistance and continued to wander. At 11:40 p.m., while assisting resident, resident found a cord and wrapped it around him/herself, refusing to take it off. PRN medication given, snack and beer given and talked with staff and another resident. At 3:20 a.m., resident kept

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 20 asking staff to come to his/her room and put him/her to bed while smiling and winking. When staff took resident back to his/her room, resident shut and locked the door and asked staff to get in bed with him/her. - 03/10/2026 5:37 a.m: At 10:10 p.m., wandered, tried every door and window. Tried to get out of the building through a window but was redirected with a sandwich and beer, which appeared to calm him/her down for a bit. Wandered with another resident, but when the other resident went to bed, resident appeared upset. Started yelling and used his/her shoes on the windows. PRN medication given. Resident 2's record included an ISP, dated 02/16/2026, that identified behaviors of anxiety/agitation, exit seeking/yelling out/frequently using call light, insomnia/inability to get or stay asleep, physical/verbal abuse towards themselves or others and wandering/elopement with the following interventions: do not power struggle with resident, provide one-on-one, engage resident in meaningful activities and conversation, anticipate needs, notify director if interventions are ineffective, have resident out of his/her room as much as possible and participate in activities so as to not be alone and use the call light, redirect resident when exhibiting attention seeking behavior, keep resident busy throughout the day with activities to prevent resident from taking others' items, staff to get resident whatever s/he needs, turn on resident's favorite tv shows, provide a calm environment, offer food, fluid, toileting and redirect back to bed, ask if resident is in pain, offer PRN pain medication and redirect back to bed, separate resident if hitting or striking out and observe resident for any wandering or exit seeking behaviors and report to director.	N 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 21 On 03/11/2026 at approximately 1:00 p.m., Surveyor interviewed Director A and Regional Staff B. Surveyor shared concern that Resident 2 admitted on 02/16/2026 and had exhibited verbal aggression, physical aggression and elopements that had affected staff and residents. Surveyor asked Director A and Regional Staff B if they had an updated assessment regarding Resident 2's behaviors. Director A and Regional Staff B stated they did not have an updated assessment to provide. Director A stated s/he was working with Resident 2 and staff to manage Resident 2's behaviors and that a physician was coming the following week to establish care with Resident 2. Falls: Resident 2's record, dated 02/16/2026 to 03/11/2026 documented the following falls: - 02/06/2026 4:17 p.m. Fell in the hallway, hitting his/her head on the corner wall. Resident had a giant bump on his/her head. Resident was transferred to the hospital. - 03/07/2026 5:06 a.m. Resident was hitting kitchen door trying to get in. Staff went to intervene and offer resident a snack. Resident grabbed staff's left chest and started to dig his/her nails in the skin. When additional staff came to intervene, resident took a step back, tripped over his/her own feet hitting his/her left hip and left forehead on the floor. Resident was sent to the hospital for evaluation. Resident 2's record did not include documentation of a follow up assessment/intervention to prevent further falls. On 03/11/2026 at approximately 1:00 p.m., Surveyor requested documentation of any assessments completed since Resident 2's falls.	N 381		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013379	A. BUILDING: _____ B. WING _____	C 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RICHLAND CENTER MEMORY CARE	240 N ORANGE STREET RICHLAND CENTER, WI 53581

(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 381	Continued From page 22 Director A and Regional Staff B reviewed records and stated they did not have documentation of any assessments completed after the falls.	N 381		