Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013422	A. BUILDING: _____ B. WING _____	R-C 12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE WAUSAU MEMORY CARE	220 W CAMPUS DRIVE 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 12/11/2023 Surveyor conducted two complaint investigations, a standard survey, and a verification visit at Our House Wausau Memory Care. Three deficiencies were identified. One complaint was substantiated. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 20	{N 000}		
N 525	83.47(2)(d) Fire drills. 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 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. This Rule is not met as evidenced by:	N 525		

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

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N 525	Continued From page 1 Based on record review and interview, the provider did not ensure fire drills were held at least quarterly. The provider held 2 drills over the last 2 years. This had the potential to affect all residents. Findings include: On 10/11/2023, the department received a complaint that there had been no fire drills at the facility. On 12/11/2023 at approximately 9:45 AM, Surveyor asked Director A for documentation of the fire drills since the last standard survey on 01/27/2022. At 11:55 AM, Surveyor reviewed the 2 fire drill reports submitted. One report was dated 08/30/2023, did not have any evacuation time for the drill, and did not note which residents required over 4 minutes in a building with sprinklers. The second drill was date 11/29/2023. It did have evacuation times for the residents that participated. At 3:15 PM, Surveyor interviewed Director A. Director A indicated this was all that they had and they were getting better in terms of the procedure. The provider's procedure and directions to the staff were outlined on the back side of the 2 drills. The company's procedure was to have an announced fire drill every month with 2 on the night shift.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or	N 526		

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N 526	Continued From page 2 other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure evacuation drills were held at least twice a year. These evacuation drills can include flooding, tornado, severe weather, and other simulated emergencies. The provider had held no drills over the last 2 years. This had the potential to affect all residents. Findings include: On 10/11/2023, the department received a complaint that there had been no fire drills at the facility. On 12/11/2023 at approximately 9:45 AM, Surveyor asked Director A for documentation of the emergency evacuation drills since the last standard survey on 01/27/2022. At 11:55 AM, Surveyor reviewed the 2 fire drill reports submitted. There were no emergency evacuation drills submitted. At 3:15 PM, Surveyor interviewed Director A. Director A indicated this was all that they had and they were getting better in terms of the procedure for fire drills but not evacuation drills for other types of emergencies.	N 526		
N 535	83.48(1)(b) Smoke and heat detectors per NFPA 72. Smoke and heat detectors shall be installed and maintained in accordance with NFPA 72 National Fire Alarm Code and the manufacturer ' s	N 535		

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N 535	Continued From page 3	N 535		

recommendation. Smoke detectors powered by the CBRF ' s electrical system shall be tested by CBRF personnel according to manufacturer ' s recommendation, but not less than once every other month. CBRFs shall maintain documentation of tests and maintenance of the detection system.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that the smoke detectors, powered by the electrical system, were tested at least every other month. This had the potential to affect every resident.

Findings include:

On 12/11/2023 at approximately 9:45 AM, Surveyor asked Director A for documentation of the testing of the smoke detectors at least every other month in 2023. At 11:55 AM, Surveyor reviewed a blank copy of 2023's record form, titled "Monthly Interconnected System Check."

The form lists all the smoke detectors in the building and instructs staff to, "Check for blinking green light every few seconds".

At 3:15 PM, Surveyor interviewed Director A. Director A indicated there had been no testing of the system by staff.