STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013377	A. BUILDING: _____ B. WING _____	C 01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE CAMBRIDGE ASSISTED CARE	**201 W MADISON STREET CAMBRIDGE, WI 53523**

(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 From 01/18/2024 to 01/22/2024, Surveyor completed a complaint investigation and abbreviated survey at Our House Cambridge Assisted Care, a CBRF in Cambridge. Three deficiencies were identified. The complaint was unsubstantiated. Census: 11	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers reviewed had been screened for clinically apparent communicable disease, including tuberculosis, within 90 days before the start of employment. Caregiver B did not have a tuberculosis test completed within 90 days prior to hire.	N 220		

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

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N 220	Continued From page 1 Findings include: On 01/18/2024 at approximately 9:10 a.m., Surveyor reviewed employee records. The record for Caregiver B, hired 10/20/2023, did not contain a communicable disease screen, including a tuberculosis test. On 01/18/2024 at approximately 10:00 a.m., Surveyor followed up with Administrator A and asked if Caregiver B had a tuberculosis test completed upon hire. Administrator A replied, "No. I'll have to pull [him/her] from the floor and get [a test] completed."	N 220		
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 cleaning compounds were stored in a secured area. Toxic substances were accessible in the provider's laundry room and furnace/housekeeping closet. Findings include: The provider is licensed to serve up to 15 residents with diagnoses of irreversible dementia/Alzheimer's and advanced age. On 01/18/2024 at approximately 8:40 a.m., Surveyor toured the provider's facility. Surveyor	N 499		

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N 499	Continued From page 2 observed the laundry room door slightly ajar and accessible. Surveyor entered the laundry room and observed 2 containers of laundry detergent on a counter. Near the laundry room, Surveyor observed the furnace room/housekeeping closet door slightly ajar and accessible. Inside the furnace/housekeeping closet, Surveyor observed several containers of Clorox and toilet bowl cleaner. On 01/18/2024 at approximately 10:40 a.m., Surveyor observed both the laundry room and furnace/housekeeping closet doors remained ajar, leaving the rooms accessible for residents to enter. Surveyor observed the doors would begin to self-close once opened, but did not latch to completely close and lock. On 01/18/2024 at approximately 10:45 a.m., Surveyor discussed concern with Administrator A that toxic substances were accessible in the facility's laundry room and furnace/housekeeping closet. Administrator A nodded his/her head in acknowledgement and wrote down Surveyor's concern. Surveyor asked Administrator A if s/he had any questions for Surveyor. Administrator A replied, "No."	N 499		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the	N 530		

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N 530	Continued From page 3 provider did not ensure an annual inspection by the local fire authority or certified fire inspector was completed and record retained for 2 years. Findings include: On 01/18/2024 at approximately 8:40 a.m., Surveyor reviewed the provider's environmental records. Surveyor reviewed a fire inspection, completed by the local fire department, dated 10/20/2022. On 01/18/2024 at approximately 10:00 a.m., Surveyor asked Administrator A if s/he had record of a fire inspection completed in the past year. Administrator A stated s/he believed the local fire department had completed an inspection in the past 6 months, but s/he would need to contact the fire department for a copy. Administrator A was given until 01/19/2024 at 10:00 a.m. to provide follow up documentation. On 01/22/2024 at approximately 3:00 p.m., Director C contacted Surveyor and stated s/he had attempted to obtain record of a fire inspection completed in the past year, but had not received a response from the fire department.	N 530		