| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0013666 | A. BUILDING: _____ B. WING _____ | 09/21/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| OUR HOUSE REEDSBURG ASSISTED CARE | 355 MACK DR REEDSBURG, WI 53959 |

| (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<br><br>On 09/21/2023, Surveyor conducted a complaint investigation at Our House Reedsburg Assisted Care.<br><br>2 deficiencies were identified.<br><br>Complaint was substantiated.<br><br>Census 9 | N 000 | | |
| N 388 | 83.35(3)(c) Implement, follow the individual service plan<br><br>Implementation. The CBRF shall implement and follow the individual service plan as written.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the provider did not follow Resident 1's individual service plan (ISP) as written when Resident 1 was not showered per the schedule in the ISP.<br><br>Findings include:<br><br>On 09/21/2023 at approximately 1:30 PM, Surveyor reviewed Resident 1's facility file<br><br>Resident 1 admitted to the facility as a respite on resident 08/07/2023 and discharged on 09/08/2023. Resident 1's ISP noted Resident 1 was to have a shower 3 times a week on Monday, Wednesday and Friday. Resident 1's daily tasks indicated they received a shower on 09/04/2023 and 09/06/2023 instead of the frequency of bathing noted in Resident 1's ISP.<br><br>On 09/21/2023 at approximately 1:35 PM, Surveyor interviewed Assistant Administrator A who stated when the concern was brought to the | N 388 | | |

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

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| N 388 | Continued From page 1<br>attention of the staff a shower was given to Resident 1 immediately. | N 388 | | |
| N 499 | 83.45(3) Toxic substances.<br><br>Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview the provider did not ensure that all cleaning compounds and toxic substances were stored in a secure area.<br><br>Findings include:<br><br>The provider is licensed to serve residents in the following client groups: advanced aged and irreversible dementia/ Alzheimer's.<br><br>On 09/21/2023 at approximately 1:15 PM, Surveyor toured the facility and observed the following:<br><br>In the kitchen area underneath the sink, there was a bottle of window cleaner, 3 bottles of disinfectant spray, 1 bottle of Clorox spray, 1 gallon of bleach, crud cutter spray, 1 bottle of sani spritz, and 1 bottle of odor ban cleaner unsecured.<br><br>In the 1st public bathroom there were 2 cans of disinfectant spray in the cupboard left unsecured.<br><br>In the 2nd public bathroom there was a bottle of spray disinfectant and a bottle of spray room deodorizer unsecured in the cupboard. | N 499 | | |

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| N 499 | Continued From page 2<br><br>On 09/21/2023 at approximately 1:21 PM, Surveyor interviewed Assistant Administrator A who stated s/he wasn't even sure why those chemicals were stored under the sink because they don't use them and chemicals in the bathroom were typically locked up and s/he would address it right away. | N 499 | | |