STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013383	A. BUILDING: _____ B. WING _____	C 11/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE WISCONSIN DELLS MEMORY CARE	1950 STATE HWY 23 WISCONSIN DELLS, WI 53965

(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 11/12/2025, Surveyors conducted a complaint investigation and standard survey at Our House Wisconsin Dells Memory Care, a CBRF in Wisconsin Dells. Four deficiencies were identified. One deficiency was a repeat deficiency - See Statement of Deficiency (SOD) OF1X13, dated 09/12/2022. The complaint was unsubstantiated. Census: 20	N 000		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the legal representative and physician of 2 of 3 residents reviewed was immediately notified when there was an incident affecting the resident. Resident 1's legal guardian was not notified of 7 falls s/he sustained from 08/01/2025 to	N 169		

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

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N 169	Continued From page 1 11/12/2025. Resident 1's physician was not notified of 1 fall s/he sustained from 08/01/2025 to 11/12/2025. Resident 3's legal representative was not notified of 1 fall s/he sustained from 08/01/2025 to 11/12/2025. Resident 3's physician was not notified of 3 falls s/he sustained from 08/01/2025 to 11/12/2025. This is a repeat deficiency. See Statement of Deficiency (SOD) OF1X13, dated 09/12/2022. Findings include: RECORD REVIEW On 11/12/2025 at approximately 10:30 a.m., Surveyors reviewed resident records and identified the following concerns: Example 1 - Resident 1: Resident 1 was admitted to the provider's facility on 03/20/2025 with diagnosis of dementia. Resident 1 had a legal guardian. Resident 1's record, dated 08/01/2025 to 11/12/2025, documented the following concerns with falls: - 08/04/2025 1:00 p.m. Fall in bedroom *Guardian not notified. - 08/11/2025 11:30 p.m. Fall in hallway. *Guardian not notified. - 08/26/2025 11:30 p.m. Fall in hallway. *Guardian not notified. - 08/28/2025 5:20 a.m. Fall in bedroom. *Guardian and physician not notified. - 09/11/2025 9:45 p.m. Fall in bedroom. *Guardian	N 169		

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N 169	Continued From page 2 not notified. - 09/12/2025 7:30 p.m. Fall in bedroom. *Guardian not notified. - 10/25/2025 7:30 p.m. Fall in bedroom. *Guardian not notified. Example 2 - Resident 3: Resident 3 was admitted to the provider's facility on 03/27/2025 with diagnoses including Alzheimer's disease. Resident 3 had an activated power of attorney. Resident 3's record, dated 08/01/2025 to 11/12/2025, documented the following concerns with falls: - 08/26/2025 4:50 p.m. Fall in dining room. *Legal representative and physician not notified. - 09/06/2025 3:00 p.m. Fall in lobby. *Physician not notified. - 10/12/2025 2:00 p.m. Fall in hallway. *Physician not notified. INTERVIEW On 11/12/2025 at approximately 12:30 p.m., Surveyor reviewed concern with Regional Director of Operations A and RN B that Resident 1 and Resident 3 sustained several falls and the legal guardians and physicians were not notified of the falls. RN B acknowledged Surveyor's concern and stated it would be the provider's responsibility to update the legal representatives and physicians. RN B explained that depending on who was working at the time of the fall, either the caregiver or director would complete notifications. RN B made a note to address the concern.	N 169		

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N 301	Continued From page 3	N 301		
N 301	83.28(3) Provide admission agreement as required. Admission agreement. Before or at the time of admission, the CBRF shall provide the admission agreement as required under s. DHS 83.29(2). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents reviewed completed an admission agreement before or at the time of admission. Resident 2 did not have a completed admission agreement. Findings include: On 11/12/2025 at approximately 10:30 a.m., Surveyor reviewed Resident 2's record. Resident 2 admitted to the provider's facility on 03/22/2024. Resident 2 had an activated Health Care Power of Attorney (HCPOA). Resident 2's admission agreement was dated 01/15/2021. On 11/12/2025 at approximately 12:30 p.m., Surveyor reviewed concern with Regional Director of Operations A and RN B that Resident 2's admission agreement did not reflect his/her admission date. Regional Director of Operations A stated Resident 2 initially admitted to the provider's affiliated facility next door in 2021, so the admission agreement was applicable to the affiliated facility. Regional Director of Operations A stated a new admission agreement should have been completed when Resident 2 transferred to	N 301		

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N 301	Continued From page 4 the current facility, but it didn't appear that occurred.	N 301		
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 an assessment was completed for 1 of 3 residents reviewed to determine his/her needs, abilities and physical and mental condition when there was a change in needs. Resident 1's behaviors were not assessed after exhibiting verbal and physical aggression to another resident. Findings include: On 11/12/2025 at approximately 10:30 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on	N 381		

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N 381	Continued From page 5 03/20/2025 with diagnosis of dementia. Resident 1 had a legal guardian. Resident 1's record, dated 08/01/2025 to 11/12/2025, documented the following concerns with falls: - 08/21/2025 4:27 a.m. Resident was upset with neighbor stating neighbor is going into his/her room messing with their stuff. - 08/27/2025 4:23 a.m. Resident came into the common area around beginning of shift, yelling about their neighbor taking fitted sheet off residents bed. Resident was additionally angry that resident was speaking with family on their devices in their room, as resident could hear the communicating through their shared bathroom. - 09/04/2025 2:06 p.m. Resident was agitated due to thinking his/her neighbor had the controls to the temperature in his/her bedroom. - 10/14/2025 9:13 p.m. Resident came out agitated with the way another resident was joking around him/her. - 10/17/2025 4:10 a.m. Resident and neighbor were yelling back and forth at each other in shared bathroom. Resident was very agitated due to believing neighboring resident had changed the thermostat to intentionally make resident cold. Resident punched the restroom door. - 10/29/2025 9:23 p.m. Resident to Resident Altercation - Resident was shouting that another resident was being loud, banging on the walls and messing with resident. Resident was observed taking a swing at the other resident. Resident lot his/her balance and fell back onto his/her butt. - 10/31/2025 9:05 a.m. Resident yelled at another resident when s/he came out to the table. - 11/09/2025 8:58 p.m. Resident was in neighbor's room yelling at him/her, cussing, threatening his/her life and yelling and screaming at staff.	N 381		

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N 381	Continued From page 6 - 11/10/2025 4:33 a.m. Resident was having a behavior antagonizing another resident cursing and yelling at him/her falsely accusing him/her of taking his/her remote control. Resident 1's record included an assessment, dated 09/12/2025. The assessment stated Resident 1 showed signs of anxiousness or agitation that required supervision. The assessment stated Resident 1 did not exhibit any verbal or physical abuse towards others. Resident 1's individual service plan (ISP), dated 11/12/2025, did not address aggression towards peers. On 11/12/2025 at 12:12 p.m., Surveyor interviewed Resident 1. Resident 1 stated his/her only concern at the facility was the wo/man next door because s/he was always taken things from Resident 1. On 11/12/2025 at approximately 12:30 p.m., Surveyor reviewed concern with Regional Director of Operations A and RN B that Resident 1 exhibited verbal and physical aggression towards another resident but did not appear to have an updated assessment related to behaviors. RN B stated s/he did not have an updated assessment to provide and made note of Surveyor's concern.	N 381		
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	N 389		

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N 389	Continued From page 7	N 389		

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.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 3 individual services plans (ISP) reviewed were updated when there was a change of condition in the resident's needs, abilities, or physical or mental condition or annually.

Resident 3's ISP was not updated to identify needs related to fall prevention after sustaining falls at the facility.

Resident 2's ISP had not been reviewed in greater than 1 year.

Findings include:

On 11/12/2025, Surveyors conducted a standard survey, which identified the following concerns with ISPs:

Example 1 - Resident 3:

On 11/12/2025 at 10:30 a.m., Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider's facility on 03/27/2025 with diagnoses including Alzheimer's disease. Resident 3 had an activated power of attorney. Resident 3's record, dated 08/01/2025 to 11/12/2025, documented

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N 389	Continued From page 8 Resident 3 had sustained falls on the following dates: 08/26/2025, 09/06/2025, 10/12/2025, and 11/10/2025. The facility provided incident reports for the falls on 08/26/2025, 09/06/2025, and 10/12/2025. Resident 3's progress notes indicated s/he had gone to the Emergency Room after the fall on 11/10/2025 and returned to the facility later that day. Resident 3's progress notes indicated s/he sustained a laceration over his/her right eye with bruising below that eye and was unable to complete a range-of-motion assessment with his/her right arm immediately after the fall. No additional information was noted upon his/her return. Surveyor reviewed the incident reports for Resident 3's falls on 08/26/2025, 09/06/2025, and 10/12/2025. The incident investigation on each report indicated the following: -Was there previous history of this type of incident? Yes: See ISP -Was a reduction plan in place? Yes: See ISP -Resident Follow Up and Prevention: General - Assessment/Care Plan/Service updated, charting reviewed, fall risk assessment initiated/completed, new fall prevention intervention note added for team members, team members notified, vital sign log initiated On 11/12/2025 at 11:20 a.m., Surveyor reviewed Resident 3's individual service plan (ISP) with a review date of 10/29/2025 and noted the following: -Problem/Needs: Falls: Has not fallen. Resident has no current falls. Team members to notify director of any changes in ambulation. -All fall interventions listed had a start date of 03/27/2025 and included, in part: ensure call light is within reach, ensure resident is wearing proper	N 389		

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N 389	Continued From page 9 footwear, and remind and encourage resident to call for assistance. On 11/12/2025 at approximately 12:30 p.m., Surveyor reviewed concern with Regional Director of Operations A and RN B that Resident 3's ISP had not been updated to reflect his/her history of falls with updated interventions. RN B acknowledged the ISP had not been updated and no new interventions had been put into place. Director of Operations A and RN B made note of Surveyor's concern. Example 2 - Resident 2: On 11/12/2025 at approximately 10:30 a.m., Surveyor reviewed Resident 2's record. Resident 2 admitted to the provider's facility on 03/22/2024. Resident 2 had an activated Health Care Power of Attorney (HCPOA). Resident 2's ISP was dated 06/24/2024. On 11/12/2025 at approximately 12:30 p.m., Surveyor reviewed concern with Regional Director of Operations A and RN B that Resident 2 did not have an ISP completed in the past year. RN B stated Surveyor's observation was correct and that s/he was unable to locate an updated ISP.	N 389		