STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013435	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE CHIPPEWA FALLS MEMORY CARE	105 MARRS ST CHIPPEWA FALLS, WI 54729

(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 01/22/2025, Surveyor conducted an abbreviated licensure and complaint survey at Our House Chippewa Falls Memory Care. Data was reviewed through 01/27/2025. The complaint was unsubstantiated. Two deficiencies were identified. Census: 21	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure Resident 1 received all medications in the dosage and intervals prescribed by his/her practitioner. Resident 1 did not have his/her PRN (as needed) olanzapine when s/he became agitated, and staff were unable to redirect him/her. Findings include: On 01/22/2025 at approximately 11:45 a.m., Surveyor made observations of the medication storage system with Caregiver D, who was responsible for administering medications. Surveyor observed Caregiver C ask Caregiver D	N 352		

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
	0013435	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE CHIPPEWA FALLS MEMORY CARE	105 MARRS ST CHIPPEWA FALLS, WI 54729

(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 352	Continued From page 1	N 352		

if Resident 1 had a PRN medication as s/he was not accepting redirection from staff and was becoming more agitated. Caregiver D reviewed Resident 1's electronic record and indicated Resident 1 did have an order for PRN olanzapine. Caregiver D could not locate the medication in the medication cart. Caregiver D told Surveyor s/he notified Administrator A and the pharmacy. Caregiver D said the medication should arrive later that same day.

On 01/22/2025 at approximately 12:15 p.m., Surveyor observed Resident 1 on the floor near the dining room. Caregiver D told Surveyor Resident 1 was agitated and s/he got up from his/her wheelchair and fell.

On 01/22/2025 at approximately 1:10 p.m., Surveyor interviewed Administrator A and Assistant Director (AD) B. Administrator A told Surveyor Resident 1 was new to the facility and previously resided at home with his/her spouse. Administrator A said Resident 1's spouse brought Resident 1's medications to the facility from home. Administrator A told Surveyor they received Resident 1's scheduled olanzapine but not his/her PRN olanzapine.

On 01/22/2025 at approximately 2:30 p.m., Surveyor interviewed Registered Nurse (RN) E. RN E told Surveyor that when Resident 1 was admitted to the facility, his/her home medications should have been sent to the pharmacy to repackage or s/he should have been notified to come and package Resident 1's medications into bubble packs to ensure all medications were accounted for.

On 01/22/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013435	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE CHIPPEWA FALLS MEMORY CARE	105 MARRS ST CHIPPEWA FALLS, WI 54729

(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 352	Continued From page 2 01/14/2025 with diagnoses of major neurocognitive disorder without behavioral disturbances, generalized anxiety disorder, and a history of falling. Resident 1's individual service plan (ISP), signed 01/14/2025, read, in part: "Resident takes medication Olanzapine [sic] for anxiety. Resident may become anxious when [s/he] thinks people are talking about [him/her] or not listening to [him/her]. Resident will become quiet sometimes when [s/he] is having anxiety. Team members to visit with resident one on one, offer to call [spouse], offer resident a snack or offer activity. Resident does have PRN Olanzapine [sic] that can be given if interventions are not successful." Resident 1's medication orders indicated an order for olanzapine 5 milligrams, give 1/2 tablet once daily in the afternoon as needed. The provider did not ensure Resident 1 received all prescribed medications when s/he did not have his/her PRN olanzapine available after staff were unable to redirect Resident 1.	N 352		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency.	N 617		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013435	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE CHIPPEWA FALLS MEMORY CARE	105 MARRS ST CHIPPEWA FALLS, WI 54729

(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 617	Continued From page 3 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the temperature of water fixtures used by residents did not exceed 115° degrees Fahrenheit (F). Findings include: The provider is licensed to care for up to 24 residents in the client groups of advanced aged and irreversible dementia/Alzheimer's disease. Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability. (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.) On 01/22/2025, at approximately 11:05 a.m., Surveyor checked the water temperature at the faucet in the shared resident bathroom with the tub. The hot water reached a temperature of 129°F. On 01/22/2025 at 11:22 a.m., Surveyor checked the water temperature at the faucet in the shared resident bathroom with the walk in shower. The hot water temperature reached a temperature of 128.8° F.	N 617		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013435	A. BUILDING: _____ B. WING _____	C 01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE CHIPPEWA FALLS MEMORY CARE	105 MARRS ST CHIPPEWA FALLS, WI 54729

(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 617	Continued From page 4 On 01/22/2025 at approximately 2:20 p.m., Surveyor interviewed Assistant Director (AD) B. AD B told Surveyor s/he checked the hot water temperatures weekly. Surveyor asked AD B to check the water temperatures in the tub and shower rooms using the provider's thermometer. Surveyor observed AD B check the hot water temperature at the faucet in the tub room, which reached 130° F. Surveyor observed AD B check the hot water temperature at the faucet in the shower room, which reached 129° F. AD B told Surveyor s/he typically allows the hot water to run for approximately 10 seconds and then holds the thermometer under the running water for approximately 10 seconds. Surveyor advised s/he should continue taking the temperature until the thermometer stops increasing. AD B told Surveyor s/he would notify maintenance to have them adjust the water temperature.	N 617		