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
	0013385	A. BUILDING: _____ B. WING _____	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE WISCONSIN DELLS ASSISTED CARE	1954 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 From 04/13/2026 to 04/15/2026, Surveyor conducted a standard survey at Our House Wisconsin Dells Assisted Care, a CBRF in Wisconsin Dells. One deficiency was identified. Census: 17	N 000		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.	N 431		

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

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N 431	Continued From page 1 This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure the health of 1 of 3 residents was monitored with changes documented in the record. The monitoring of Resident 1's right shin wound was not documented. Findings include: On 04/13/2026 at 9:30 a.m., Surveyor interviewed Resident 1. Resident 1 stated his/her only concern was the condition of his/her lower extremities. Surveyor observed a saturated dressing on Resident 1's right shin. On 04/13/2026 at approximately 11:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 admitted to the provider's facility on 08/19/2025 with diagnosis of pre-diabetes. Resident 1's individual service plan (ISP), dated 04/09/2026, documented "frequent monitoring" under skin needs. Resident 1's progress notes, dated 03/25/2026 to 04/13/2026, documented the following: - 03/25/2026: Resident has a "blister" on his/her right shin that has been there, but it is covered by dirty napkins. Resident refused to show staff the blister and would not let writer put professional dressing on it. Notified on call. - 03/26/2026: Educated resident on the importance of hygiene. Spoke with family member in an attempt to reeducate resident on hygiene importance. Resident is overall very agitated with showering situation. Agitated about his/her leg wound weeping and asking about new order from pharmacy.	N 431		

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N 431	Continued From page 2	N 431		

- 04/03/2026: Nurse came today and did wound care plus clean. Medihoney was placed on wounds with ace bandage.
- 04/12/2026: Resident reported that s/he had changed the bandages on his/her leg.

Surveyor reviewed documentation of skin monitoring, dated 03/25/2026 to 04/13/2026, provided by Executive Director A. The documentation included 34 entries indicating skin monitoring occurred with no documentation of skin concerns.

On 04/13/2026 at 11:20 a.m., Surveyor interviewed Executive Director A regarding the contradicting documentation of progress notes identifying skin concerns but skin monitoring documentation not identifying any concerns. Executive Director A stated s/he believed staff were checking off that skin was intact, but it wasn't. Executive Director A stated the form did not prompt staff to make an entry of concerns and that s/he would make changes and provide education.

On 04/13/2026 at 11:30 a.m., Surveyor interviewed Assistant Director B regarding Resident 1's skin care needs. Assistant Director B stated Resident 1 had a superficial blister, approximately the size of a half dollar. Surveyor asked about the monitoring of the wound. Assistant Director B explained that Resident 1 was resistive to cares and insisted on caring for his/her wound on his/her own, but that Assistant Director B did monitor the wound multiple times a week by touching the leg outside of the bandage for signs or symptoms of an infection. Surveyor asked Assistant Director B if s/he had documentation of his/her monitoring attempts and observations. Assistant Director B replied, "No."

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