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	0013378	A. BUILDING: _____ B. WING _____	C 05/25/2024

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OUR HOUSE JANESVILLE ASSISTED CARE	2516 GREEN VALLEY DRIVE JANESVILLE, WI 53546

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N 000	Initial Comments On 05/16/2024, with information gathered through 05/25/2024, Surveyor conducted an abbreviated licensure survey and a complaint investigation at Our House Janesville Assisted Care. Five deficiencies were identified. Complaint was substantiated. Census: 19	N 000		
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 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 2 Individual Service Plans (ISP) were reviewed when the resident experienced a change of condition. Resident 1's ISP did not document his/her toileting routine. Resident 2's ISP did not document his/her sleep schedule and refusal of cares.	N 389		

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

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Resident 2's ISP was not updated to include dietary and mobility interventions.

Findings include:

On 04/02/2024, the Department received a complaint alleging residents were left to lie in their incontinence and resident's did not receive assistance with physical therapy.

Example 1: Resident 1

On 05/16/2024, at approximately 10:40 AM, Surveyor observed Resident 1's room. Resident 1's bed contained a bedsheet that displayed what appeared to be dried on urine stains and was currently damp. Surveyor noted a scent of what appeared to be urine.

On 05/16/2024, at approximately 11:30 AM, Surveyor interviewed Executive Director A. Executive Director A stated that Resident 1 did not experience incontinence but at times would utilize a bedpan during night hours. Surveyor requested Resident 1's ISP.

Resident 1's ISP, dated 02/28/2024, documented:
"Admittance Date: 10/24/2023"
"Toileting: One Assist - requires one team member to cue to toilet, perform peri-cares, and/or change incontinence products."
The ISP did not document any guidelines regarding the usage of a bedpan.

On 05/16/2024, at approximately 1:35 PM, Surveyor interviewed Executive Director A and Lead Resident Care Assistant B. Executive Director A and Lead Resident Care Assistant B stated all resident ISPs would be reviewed to ensure individualization.

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N 389	Continued From page 2 Example 2: Resident 2 On 05/16/2024, at approximately 12:20 PM, Surveyor observed Resident 2's room. As Surveyor walked into the room, Surveyor detected a urine like scent. Resident 2's bed was made. Surveyor bent down and detected a strong odor of a urine like scent emanating from the bed. On 05/16/2024, at approximately 12:40 PM, Surveyor interviewed Executive Director A. Executive Director A stated that Resident 2 was difficult to wake in the morning and was not concerned if s/he was lying in a wet bed after being incontinent of urine. Executive Director A explained that Resident 2 used to work night shift and is used to being awake during evening hours and sleeping during daytime hours. Executive Director A stated the family had requested that Resident 2 be awoken by 10:00 AM. Surveyor requested Resident 2's ISP. Resident 2 was admitted to the facility, 10/04/2022, with diagnoses including weakness of both lower extremities, gait instability and osteoarthritis. Resident 2's 2024 "Progress Notes" documented: 01/01/2024 - 3rd shift came on at 10 PM, 2nd informed me resident did not want to go to bed. Staff finally got [him/her] in bed and washed up around 3AM 01/14/2024 - 3:01 PM - Staff went to get resident up, [s/he] was soaked with Depend falling apart in bed and all the way to the bathroom. 01/17/2024 - Resident got up around 10AM 02/02/2024 - Staff was told by 3rd shift that this resident was up all night. Resident is sitting in	N 389		

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[his/her] chair but refuses to wake up and change [his/her] brief or [his/her] clothes.
02/07/2024 - 6:40 PM - Resident didn't want to get out of bed and didn't eat dinner.
02/11/2024 - 9:50 PM - Resident went to bed with [his/her] clothes on. Resident refused to get up and get [his/her] night gown on.
02/20/2024 - I went to check on resident at 8 [s/he] was in [his/her] chair up and wide awake ready for the night. [S/he] did eat some of [his/her] supper at 8PM. Will not go back to bed now.
03/27/2024 - 3:03 PM - Writer and coworker tried to get resident up 5 to 8 times [s/he] refused each time.
03/28/2024 - [Staff] got resident up and dressed for the day at around 8:30 AM. [S/he] was not happy to be up that early but staff was able to dress [him/her] and have [him/her] take [his/her] medications.
03/30/2024 - 8:00 PM - Resident refused to get out of bed. [Family] showed up right before dinner and was very upset that [s/he] was not up.
04/08/2024 - Staff went in at 9:00 AM to get resident ready for the day. Resident was refusing with staff member to get dressed, get breakfast & to be toileted.

Resident 2's 2024 "Progress Notes" did not document any assistance with exercises.

Resident 2's provided ISP, undated, documented: "Dressing: 1 Person(s) required for this task. Assist resident with dressing or undressing."
"Personal Hygiene/Continence: 1 Person(s) required for this task. Assist resident with toileting pre care plan. Needs 2 hour toileting schedule. Use of incontinence products at all times."
"Physical Abilities - Mobility - Instruct, Cue,

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Remind"
"Uses Assistive Device - Walker - 1 person required for this task."
"Stability/Falls - Resident has no reported falls at this time."

The ISP did not document dietary requirements/concerns.
The ISP did not document any guidelines regarding Resident 2's sleeping patterns and/or refusal of cares.

On 05/17/2024 at 7:53 AM, Surveyor emailed Executive Director A. Surveyor asked if Resident 2 ambulated with his/her walker. Executive Director A stated, "[Resident 2] usually ambulates with [his/her] walker in [his/her] room, and sometimes out to the dining room. Really depends on the day if [s/he] is unsteady. Home health has ended for [him/her], [s/he] was not making enough progress to continue."

On 05/23/2024, at approximately 4:00 PM, Surveyor interviewed Resident 2's Physical Therapist (PT) E. Surveyor asked if s/he had observed any concerns when working with Resident 2. PT E stated, "I had concerns that staff were not completing the exercises that were prescribed for Resident 2 based on his/her progression level." PT E forwarded Surveyor his/her notes which documented:
"03/07/2024: Therapeutic exercise. - Establish or upgrade home program. - Implement balance training. - Perform home safety assessment and give recommendations to Patient and Caregiver. - Instruct Caregiver to assist patient with fall prevention strategies, functional mobility and home exercise program."
"03/14/2024: Staff/family have seated and supine ex's (exercises) to perform with pt (patient)."

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"03/25/2024: Pt sleeping in recliner when I arrived. Very sleepy after lunch and having trouble maintaining conversation. Unsure if [s/he's] been doing [his/her] ex's or walking."
"04/04/2024: Self-Care - Eating - Supervision or touching assistance - Helper provides verbal cues or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
Mobility - Walk 10 Feet Supervision or touching assistance - Helper provides verbal cues or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
Feeding or Eating - Able to feed self independently but requires: (a) meal set-up; OR (b) intermittent assistance or supervision from another person; OR (c) a liquid, pureed or ground meat diet. (Surveyor requested clarification. PT E stated, "I would say b and c only because [s/he] can't see to really feed [him/herself]. [S/he] needed supervision at the time for choking issues. [S/he] also was on a soft diet due to [his/her] swallowing deficits. [S/he] was having occupational and speech therapy.")
Home Exercise Program - Establish and upgrade home exercise program - Instruct Patient and Caregiver in home exercise program. Pt discharged from skilled homecare on 04/04/2024 as pt is at baseline, mobility varying day by day. Pt did ambulate 125' (feet) with 2ww (wheeled walker), CGA (contact guard assist) and w/c (wheelchair) follow for safety."

On 05/16/2024, at approximately 1:35 PM, Surveyor interviewed Executive Director A and Lead Resident Care Assistant B. Executive Director A and Lead Resident Care Assistant B

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N 389	Continued From page 6 stated all resident ISPs would be reviewed to ensure individualization. On 05/25/2024 at 3:06 PM, Surveyor emailed Executive Director A. Surveyor stated that PT E had voiced concerns regarding Resident 2's exercise program and dietary requirements which were not identified in his/her ISP. Executive Director A stated s/he was not aware of any exercises that PT had ordered. Executive Director A stated, "We were encouraged to walk to and from meals if possible depending on alertness."	N 389		
N 425	83.38(1)(a) Personal care. 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: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 2 of 2 residents received assistance with personal cares.	N 425		

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N 425	Continued From page 7 Resident 1's and Resident 2's beds were not stripped down when the resident's bed displayed signs of incontinence. Findings include: On 04/02/2024, the Department received a complaint alleging residents were left to lie in their incontinence. On 05/16/2024, from approximately 10:00 AM to 1:30 PM, Surveyor conducted an onsite complaint investigation and toured the facility. On 05/16/2024, at approximately 10:40 AM, Surveyor observed Resident 1's room. Resident 1's bed contained a bedsheet that displayed what appeared to be dried on urine stains and was currently damp. Surveyor noted a scent of what appeared to be urine. On 05/16/2024, at approximately 11:10 AM, Surveyor observed Resident 1's room. Resident 1's bed had been made. Surveyor removed the bed covering to observe a bed chux had been placed over the stained/wet sheet. On 05/16/2024, at approximately 11:30 AM, Surveyor interviewed Executive Director A and Lead Resident Care Assistant B. Surveyor showed the pictures that s/he had taken of Resident 1's bed. Lead Resident Care Assistant B immediately addressed the concern with Resident Care Assistant C. Executive Director A stated, "This is unacceptable." On 05/16/2024, at approximately 12:20 PM, Surveyor observed Resident 2's room. As Surveyor walked into the room, Surveyor	N 425		

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N 425	Continued From page 8 detected a urine like scent. Resident 2's bed was made. Surveyor removed the bed covering and observed a bed chux. Surveyor bent down and detected a strong odor of a urine like scent. On 05/16/2024, at approximately 12:30 PM, Surveyor informed Executive Director A of his/her observation. Executive Director A went to address the concern with Resident Care Assistant D. Executive Director A returned and informed Surveyor that Resident Care Assistant D stated s/he had not put clean sheets on Resident 2's bed. Executive Director A discussed the concern with Lead Resident Care Assistant B who stated that staff will be informed that bed checks will be completed every morning to ensure clean beds are prepared for the residents.	N 425		
N 446	83.41(1)(b) Equipment. Equipment. The CBRF shall store equipment and utensils in a clean manner and shall maintain all utensils and equipment in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain kitchen equipment in a clean manner and in good repair. Findings include: On 05/16/2024, at approximately 10:35 AM, Surveyor toured the kitchen and observed the following:	N 446		

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N 446	Continued From page 9 - Dishes stored in cupboards displayed what appeared to be food spillage dried on to the items. - Refrigerator contained what appeared to be significant food spillage on the shelving units. - Food mixer sitting on kitchen counter displayed what appeared to be dried food on the device. - Oven door contained what appeared to be liquid drippage dried on. Interior oven had what appeared to be significant baked on food spillage. - Rangehood was covered in a grime and sticky to touch. Inner rangehood, near light fixture, contained what appeared to be significant dried on food. -Cabinetry felt greasy to touch. On 05/16/2024, at approximately 11:00 AM, Surveyor interviewed Executive Director A. Executive Director A stated s/he would review the concerns with staff.	N 446		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.	N 452		

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This Rule is not met as evidenced by:
Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the refrigerator, the freezer and the pantry that were not properly sealed to avoid contamination. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses.

Findings include:

On 05/16/2024, at approximately 10:30 AM, Surveyor toured the facility and observed the following:

Refrigerators:
- A pan of what appeared to be a pudding style desert that was not covered
-A 9 ounce opened package of thinly sliced honey ham that was not dated
-A stainless bowl that contained a leftover labeled casserole that had napkins sitting on top of the food, with aluminum foil on top of the napkins, that did not seal the container
-A 32 ounce opened container of macaroni salad that was not dated
-A 6 ounce opened bag of pepperoni that was not dated
-A 32 ounce opened container of potato salad that was not dated

Freezer:
-A 2 pound bag of sausage links that was not

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sealed
-A bag of waffles that was not sealed

Pantry:
-A clear plastic container of what appeared to be flour that was not sealed.
-A clear plastic container of what appeared to be sugar that was not sealed.
-A box of green tea sitting on the floor.
-A bag of red potatoes that showed signs of spoilage (liquid on the outside of the potato that smelled strongly).
-A bag of brown potatoes showed signs of spoilage (liquid on the outside of the potato that smelled strongly).

"Time/temperature control for safety (TCS) guidelines indicate food prepared in a food establishment and held longer than a 24 hour period shall be marked to indicate the date or day by which the food is to be consumed on the premises, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. Refrigerated, RTE (ready-to-eat)/TCS food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed or discarded." (US Food and Drug Administration (FDA) Food Code, 2017, Section 3-501.17)

"Ready-to-eat TCS food (foods that need time and temperature control for safety) can be stored for only seven days if it is held at 41 degrees Fahrenheit or lower. The count begins on the day the food was prepared or a commercial container was open. TCS foods includes milk and dairy

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N 452	Continued From page 12 products, eggs, meat (beef, pork, and lamb), poultry, fish, shellfish and crustaceans, baked potatoes, tofu or other soy protein, sprouts and sprout seeds, sliced melons, cut tomatoes, cut leafy greens, untreated garlic-and-oil mixtures, and cooked rice, beans, and vegetables." (ServSafe Coursebook, 7th edition, 2017, p. 1-7, p. 1-8, and p. 7-3) On 05/16/2024, at approximately 11:00 AM, Surveyor interviewed Executive Director A. Executive Director A stated s/he would review the concerns with staff.	N 452		
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 that cleaning compounds and toxic substances were stored in a secure area. Findings include: On 05/16/2024, at approximately 10:30 AM, Surveyor toured facility and observed the laundry room door propped open with a 128 ounce jug of surface disinfectant and a 128 ounce jug of surface sanitizer. Surveyor entered the laundry room and observed the following: -(3) 32 ounce bottles of bio stain and odor remover -(16) 32 ounce bottles of toilet bowl cleaner	N 499		

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OUR HOUSE JANESVILLE ASSISTED CARE	2516 GREEN VALLEY DRIVE JANESVILLE, WI 53546

(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 499	Continued From page 13 -(9) 32 ounce bottles of disinfectant -(3) 32 ounce bottles of surface disinfectant -A 64 ounce bottle of concentrated multi-surface cleaner, meadows & rain scent -(6) 14 ounce spray cans of disinfectant and sanitizer -(7) 19 ounce spray cans of lemon oil furniture polish On 05/16/2024, at approximately 10:35 AM, Surveyor toured the kitchen and observed in the unsecured kitchen sink cabinet the following: -A 32 ounce bottles of bio stain and odor remover -(2) 32 ounce bottles of surface disinfectant -A 12.5 ounce spray can of disinfectant spray -A 19 ounce spray can of glass cleaner -A 14 ounce spray cans of disinfectant and sanitizer On 05/16/2024, at approximately 11:00 AM, Surveyor interviewed Executive Director A and Lead Resident Care Assistant B. Executive Director A stated staff were not to prop the laundry room door open, and the concern would be discussed with staff. Lead Resident Care Assistant B stated the kitchen sink cabinet had a lock on it and would ensure the locking mechanism was replaced.	N 499		