STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013378	A. BUILDING: _____ B. WING _____	R-C 10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 000}	Initial Comments On 10/08/2024, Surveyor conducted a verification visit at Our House Janesville Assisted Care. One deficiency was identified. One of 1 deficiency was a repeat violation (see Statement of Deficiency (SOD) W14111, dated 05/25/2024). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 18	{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 1 of 2 Individual Service Plans (ISP) were reviewed when the resident experienced a change of condition. This is a repeat deficiency. See Statement of	{N 389}		

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

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{N 389}	Continued From page 1 Deficiency (SOD) W14111, dated 05/25/2024. Resident 3's ISP did not document s/he was on oxygen. Findings include: On 10/08/2024, at approximately 12:30 PM, Surveyor observed Resident 3 in his/her room utilizing his/her oxygen. Surveyor observed the oxygen concentrator which was set at approximately 1.5 Liters. On 10/08/2024, Surveyor reviewed Resident 3's record. Resident 3 admitted to the facility, 05/05/2023, with diagnosis including congestive heart failure. Resident 3's "Care Plan," dated 08/14/2024, did not document s/he was on oxygen and what guidelines care staff should be following regarding monitoring of his/her oxygen levels. Resident 3's "ISP," dated 11/29/2023, did not document s/he was on oxygen and what guidelines care staff should be following regarding monitoring of his/her oxygen levels. On 10/08/2024, at approximately 1:00 PM, Surveyor interviewed Executive Director A and Lead Resident Care Assistant B. Executive Director A and Resident Care Assistant B stated that staff would follow the resident's ISP on what cares they were to provide. Executive Director A stated Resident 3 went on oxygen when s/he was placed on hospice in 07/2024. Executive Director A reviewed the hospice documentation which stated Resident 3 was to utilize 2 Liters of oxygen as needed.	{N 389}		

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{N 389}	Continued From page 2 On 10/08/2024, at approximately 1:30 PM, Surveyor and Executive Director A walked to Resident 3's room and observed Resident 3 utilizing his/her oxygen. Executive Director A observed Resident 3's oxygen concentrator and stated the concentrator was set at 1.5 Liters and it should be set at 2 Liters. Executive Director A adjusted the oxygen level. Executive Director A stated the ISP would be amended to include guidelines for staff regarding Resident 3's oxygen levels.	{N 389}		