STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013432	A. BUILDING: _____ B. WING _____	C 07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE CHIPPEWA FALLS BIRCH MEMO	**115 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 06/24/2026, Surveyor completed a licensure survey and complaint investigation at Our House Chippewa Falls Birch Memory Care. Data collected through 07/01/2026. The complaint was substantiated. Six deficiences were identified. Census: 23	N 000		
N 351	83.32(3)(g) Rights of Residents: Physical restraints In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Freedom from physical restraints. Be free from physical restraints except upon prior review and approval by the department upon written authorization from the resident ' s primary physician or advanced practice nurse prescriber as defined in s. N 8.02(2). The department may place conditions on the use of a restraint to protect the health, safety, welfare and rights of the resident. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure Resident 6 was free from restraints. Findings include: On 06/24/2026, Surveyor entered Resident 6's room. Resident 6 was lying in a hospital bed with	N 351		

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

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N 351	Continued From page 1	N 351		

bedrails on each side. The right bedrail was covered with a pool noodle. Surveyor also noted a bed trapeze reposition bar hanging from a bar above the bed as well.

At approximately 10:55 AM, Surveyor interviewed Resident 6. Resident 6 stated that s/he had this bed for a while. S/he stated that it had an alternating pressure mattress. Resident 6 stated that s/he was unable to independently maneuver around the bedrails to exit the bed.

At approximately 11:20 AM, Surveyor reviewed Resident 6's record. Surveyor noted a restrictive procedure assessment dated 11/25/2024. The assessment noted the resident was utilizing a hospital bed with trapeze. Resident 6's record did not contain evidence of a waiver submitted to the department for the bedrails on his/her bed.

At approximately 1:55 PM, Surveyor interviewed Administrator A. Administrator A stated s/he did not think Resident 6 had a waiver, but s/he would look into it.

On 06/25/2026 at 9:09 AM, Surveyor received an e-mail from Administrator A. Administrator A stated, "Looking at [Resident 6's] bed, when hospice brought in [his/her] new hospital bed they left rails on the bed. Those have been removed as [sic] resident does not utilize the rails on the bed for repositioning and resident stated that [his/her] preference is to not have them on as [s/he] bumps [his/her] arms and elbows."

On 06/25/2026 at 11:00 AM, Surveyor reviewed the Department's waiver folder for the facility. There was no indication of a waiver for Resident 6's bedrails.

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N 352	Continued From page 2	N 352		
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 record review and interview, the provider did not ensure 3 of 4 residents sampled received all prescribed medications in the dosage and intervals prescribed by a practitioner. Resident 6, Resident 7, and Resident 8 missed medication in both May 2026 and June 2026 due to availability. Findings include: On 06/24/2026 at approximately 11:00 AM, Surveyor requested Resident 6's, Resident 7's, and Resident 8's record. Resident 6 At approximately 11:45 AM, Surveyor reviewed Resident 6's May and June 2026 medication administration record (MAR). Resident 6 did not receive the following medications because they were noted to be out of stock, not in the cart, or awaiting delivery from pharmacy: tramadol hcl tab 50mg give 1 tablet by mouth three times daily (8:00 AM/12:00 PM/5:00 PM). Resident 6's May MAR indicated that his/her	N 352		

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N 352	Continued From page 3 tramadol was not given May 21st through May 28th. Eight of the entries indicated that the PRN (as-needed) dose was given instead. Resident 6's June MAR also indicated that Resident 6 did not receive his/her tramadol for all scheduled doses on June 8th and his/her 5:00 PM dose on June 18th. These doses were circled and noted that the provider was out of both scheduled and PRN medication and was waiting for pharmacy to deliver. Resident 7 At approximately 11:50 AM, Surveyor reviewed Resident 7's May and June 2026 MAR. Resident 7 did not receive the following medications because they were noted to be out of stock, not in the cart, or awaiting delivery from pharmacy: -Stool softener tablet - give 1 tablet by mouth every 12 hours. Resident 7 did not receive this medication on May 9th at 8:00 AM, May 13th at 8:00 PM, and May 15th at 8:00 AM. -Quetiapine tablet 25mg - give ½ tablet (12.5mg) by mouth twice daily. Resident 7 did not receive this medication on May 10th at 8:00 AM and 8:00 PM, June 11 at 8:00 AM, and June 13 at 8:00 AM. -Mucus Relief Tab 600mg ER - give 1 tablet by mouth twice daily. Resident 7 did not receive this medication on May 9th and May 10th at 8:00 AM. -Hydrocodone/APAP Tab 5-325mg - give one tablet by mouth twice daily.	N 352		

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N 352	Continued From page 4 Resident 7 did not receive this medication on May 9th at 8:00 AM and 8:00 PM, May 23rd at 8:00 PM, May 24th at 8:00 AM and 8:00 PM, and May 25th at 8:00 AM. -Methocarbam Tab 500mg - give 1 tablet by mouth at bedtime (8:00 PM). Resident 7 did not receive this medication on June 7th through June 14th. -Prazosin HCL cap 10 mg - give 1 capsule by mouth once daily. Resident 7 did not receive this medication on June 7th, 10th, 12th, or 16th. -Refresh Gel Optive - instill 2 drops into each eye three times daily (8:00 AM/12:00 PM/8:00 PM). Resident 7 did not receive this medication on June 7th at 8:00 PM, June 8th through June 10th at 12:00 PM, June 16th at 12 PM, June 20th at 8:00 PM, June 22nd at 12:00 PM and 8:00 PM, June 23rd at 8:00 AM and 8:00 PM, and June 24th at 8:00 AM. Resident 8 At 12:45 PM, Surveyor requested Resident 8's May and June 2026 MAR. At 1:30 PM, Surveyor reviewed Resident 8's May and June MAR and noted the following medication to be out of stock and not given: Pain Relief Pad 4%. Apply 1 patch topically to affected area once daily. Resident 8 did not receive this medication May 26th through June 9th and June 11th through June 12th. At 1:55 PM, Surveyor interviewed Administrator A about the multiple medications being out of stock. Administrator A stated they had been using a new pharmacy for over a year now and it had not been	N 352		

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N 352	Continued From page 5 easy. S/he stated they struggled with getting things timely and following up with pharmacy when medications were out of stock. S/he stated they had been looking into switching to a different pharmacy.	N 352		
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 individual service plans (ISPs) were updated annually or when there was a change in residents' needs, abilities or physical or mental condition. Resident 1's ISP did not address fall prevention or ambulation interventions. Resident 6's ISP did not include his/her hospital bed, pressure mattress, rails, or trapeze bar. Resident 7's ISP did not include his/her catheter or adaptive silverware. Findings include:	N 389		

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N 389	Continued From page 6 On 06/24/2026 at approximately 11:00 AM, Surveyor requested ISPs for Resident 1, Resident 6, and Resident 7. Resident 1 At 11:20 AM, Surveyor reviewed Resident 1's latest ISP dated 04/13/2026, and read, in part: "Ambulation: Independent: able to ambulate with or without the use of assistive devices or can self-propel using legs when up to wheelchair. Resident is unsteady on feet but prefers to transfer independently from bed to wheelchair or wheelchair to chair/toilet. Team members encourage and remind resident to use call light. Residents [sic] use [sic] wheelchair for all ambulation." "Toileting ... Resident is assisted with toileting and changing during evening hours. Resident can get up and use bathroom on [his/her] own during the day." "Transfers: Independent - able to transfer on own with or without the use of assistive devices. Resident requires standby assist with minimal hands on while walking due to weakness." "Dining: Independent with getting to and from dining room for meals and consuming all meals" On 06/24/2026 at 10:50 AM, Surveyor observed Resident 1's room. Surveyor noted a sit-to-stand, a fall mat next to the bed, a urinal hanging from his/her nightstand, a chair alarm, a lift chair, a walker, and a gait belt. At approximately 12:05 PM, Surveyor observed a caregiver feeding Resident 1 in the dining room. Surveyor then observed Caregiver C push	N 389		

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N 389	Continued From page 7 Resident 1 in his/her wheelchair to the bathroom. Caregiver C used Resident 1's gait belt to help him/her stand and utilize the bathroom. At approximately 12:10 AM, Surveyor interviewed Caregiver C. Caregiver C stated they use the sit-to-stand in the early morning and at bedtime when Resident 1 was weaker, otherwise s/he was a 1 or 2 assist pivot. Caregiver C stated that Resident 1 had a chair and bed alarm, but they kept the alarm out in the medication room because Resident 1 did not like the noise it made. Caregiver C stated that Resident 1 was incontinent of urine and did not use his/her urinal. S/he stated the urinal was just there from when s/he moved in. Caregiver C stated that Resident 1 was continent of bowel. Resident 1's ISP did not include the fall mat next to his/her bed, the chair or bed alarm, a walker, gait belt, or sit to stand. Resident 1's ISP also stated s/he was independent with eating when surveyor observed Resident 1 being fed at lunch. Resident 1 also needed assistance to get to the bathroom, and the ISP stated s/he was independent during the day. Resident 6 At approximately 11:20 AM, Surveyor reviewed Resident 6's latest ISP dated 11/27/2025, and read, in part: "Bathing: One Assist ...Resident requires sit to stand with all transfers ... assisting resident into shower chair utilizing sit to stand." Toileting: One assist requires one team member to cue to toilet, perform peri-cares, and/or change incontinence products. Resident requires one assist with all toileting while using sit to stand for	N 389		

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all transfers. Team member to offer resident privacy while in the bathroom, cueing resident to use call light when [s/he] is done ... utilize sit to stand for transfer back."

"Transfers: Two Assist-requires two team members to transfer in/out of chairs, bed, other devices and/or use of Hoyer Lift or Sit-to-Stand ...When getting resident up out of bed to transfer to recliner or wheelchair."

At 10:55 AM, Surveyor entered Resident 6's room and noted the following: hospital bed with alternating pressure mattress, a trapeze repositioning bar, bedrails, a Broda chair, and a Hoyer. Surveyor interviewed Resident 6. Resident 6 stated that if s/he wanted to get up and go to the dining room or anywhere out of his/her room s/he utilized the Hoyer to get up and into his/her Broda chair. S/he stated that s/he recently got the Broda chair and s/he does not love it, but it worked better than a wheelchair. Resident 6 stated on shower days s/he would use the Hoyer to get out of bed and into shower chair. Resident 6 stated s/he did not get out of bed to go to the bathroom. S/he stated that s/he was continent, but s/he personally chooses to go to the bathroom his/her pad and then ring for staff to change him/her.

Resident 6's ISP still stated s/he used a sit-to-stand for things like bathing and toileting. Resident 6's ISP did not mention any use of the hospital bed, alternating pressure mattress, bedrails, or trapeze bar.

Resident 7
At approximately 11:20 AM, Surveyor reviewed Resident 7's latest ISP dated 04/16/2026, and read, in part:

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N 389	Continued From page 9 "Tolieting: two assist-requires two teams members to cue to toilet, perform peri-cares, and/or change incontinence products. Resident requires two assist with all toileting. Resident utilizes a commode or bedpan, provided by Heartland Hospice due to incontinence concerns. Resident should be asked and encouraged to utilize toilet. Team members to transfer utilizing Hoyer lift/sling... two assist-requires two team members to cue to toilet, perform peri-cares, and/or change incontinence products." Dining: ... [Resident 7] requires cueing to complete meals. Resident to sit at table where team member can assist resident, as needed with encouragement or hands on assist. All meals should be set up for resident." At approximately 11:50 AM, Surveyor observed Resident 7 in the dining room in his/her Broda chair. Surveyor also noted that Resident 7 had a catheter. Surveyor also noticed that Resident 7 was using adaptive eating utensils. At approximately 12:10 PM, Surveyor interviewed Caregiver C. Caregiver C noted that Resident 7 had a catheter. Caregiver C stated that Resident 7 used the red adaptive silverware. Resident 7's ISP did not include his/her catheter or adaptive silverware. At approximately 1:55 PM, Surveyor interviewed Administrator A about the ISPs. Administrator A took notes about the differences observed versus what was documented in the ISP. S/he stated s/he would get them updated. On 06/25/2026 at 9:09 AM, Administrator A	N 389		

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N 389	Continued From page 10 e-mailed surveyor a copy of the updated ISPs for Resident 1, Resident 6, and Resident 7.	N 389		
N 412	83.37(2)(a) Self-administered by resident. Self-administered by resident. 1. The resident shall self-administer prescribed and over-the-counter medications and dietary supplements, unless the resident has been found incompetent under ch. 54, Stats., or does not have the physical or mental capacity to self-administer as determined by the resident ' s physician, or the resident requests in writing that CBRF employees manage and administer medication. 2. Except as specified under sub. (4), when a resident self-administers medications, prescribed and over-the-counter medications and dietary supplements shall remain under the control of the resident. The CBRF shall provide a secure place for the storage of medications in the resident ' s room. 3. A resident with the mental and physical capacity to develop increased independence in medication administration shall receive self-administration instruction. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not provide a secure place for the storage of medications in the resident room. On 06/24/2026 at approximately 1:40 PM, Surveyor entered Resident 5's room. Surveyor noticed multiple containers of Magnilife DB Pain Relieving Foot Cream and Systane eye drops on a shelf near the residents' end table. One bottle of Systane eye drops were opened and on end table. Neither of these medications were secured.	N 412		

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N 412	Continued From page 11 At 1:42 PM, Surveyor interviewed Resident 5. Resident 5 stated s/he had those medications for a while, and they had always been on his/her end table. At approximately 1:55 PM, Surveyor interviewed Administrator A. Administrator A stated s/he was unaware that Resident 5 had those medications in his/her room. S/he stated that Resident 5 would need a self-administer or bedside order to keep medications like that in his/her room. Administrator A confirmed that Resident 5 did not have a self-administer order. Administrator A acknowledged that Resident 5 had unsecured over-the-counter medications in his/her room. S/he stated s/he would take care of it right away.	N 412		
N 441	83.39(3) Hand washing. Employees shall follow hand washing procedures according to centers for disease control and prevention standards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the caregiver followed standard hand hygiene guidelines. Findings include: The CDC recommends performing hand hygiene immediately before touching a patient, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or patient's surroundings, after contact with blood, body fluids, or contaminated surfaces, and immediately after glove removal. (Retrieved from	N 441		

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N 441	Continued From page 12 https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html). On 06/24/2026 at approximately 12 AM, Surveyor observed a caregiver walk out of a resident's room with gloves on while holding a bag of garbage. The caregiver proceeded to walk with the gloves and bag of garbage through the halls into the dining room where residents were awaiting lunch and grabbed keys from another caregiver. The caregiver then proceeded to walk to the dirty utility room to dispose of the trash. No hand hygiene was performed. At approximately 12:15 PM, Surveyor observed Caregiver B with gloves on in the dining room. Caregiver B left the dining room to assist Resident 1 in the bathroom. Caregiver B entered Resident 1's bathroom wearing the same gloves. Caregiver C told Caregiver B s/he would finish helping Resident 1. Caregiver C proceeded to leave the room with his/her gloves on, walked through the dining room, opened the door to the medication room, and shut the door without performing hand hygiene. At approximately 12:30 PM, Resident 2 requested pain medication. Caregiver D was the scheduled medication passer. Surveyor observed Caregiver D walk to the kitchen with dirty dishes. Caregiver D cleaned the dirty dishes and placed them near the washing station. Caregiver D then proceeded to walk into the medication room. Caregiver D did not perform hand hygiene. Caregiver D opened the medication cart and proceeded to retrieve 2 pills for Resident 2. Caregiver D placed the medication into a cup and proceeded to Resident 2's room. Caregiver D gave Resident 2 his/her medication, exited the room, and returned to the medication cart. Caregiver D had not completed	N 441		

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N 441	Continued From page 13 hand hygiene at any time during the observation. At approximately 1:55 PM, Surveyor interviewed Administrator A about hand hygiene. Administrator A stated that staff should have performed hand hygiene. Administrator A stated that staff should not have worn gloves through the dining room or halls. Administrator A stated that the only spot with hand sanitizer was the medication room. Administrator A stated they had previously kept hand sanitizers outside of the rooms but had since taken them away because they looked institutionalized. Administrator A stated s/he would talk to staff about the importance of hand hygiene and provide re-education.	N 441		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide a living environment that was safe, clean, comfortable, and homelike. Findings include: On 04/18/2026, the Department received a complaint related to environmental concerns. On 06/24/2026 at approximately 10 AM, Surveyor	N 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013432	A. BUILDING: _____ B. WING _____	C 07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 481	Continued From page 14	N 481		

interviewed Resident 4. Resident 4 stated the floors were not being cleaned and the bathrooms could use more cleaning. Surveyor observed Resident 4's bathroom and noted the following environmental concerns. The toilet seat had brown marks all over it, the toilet bowl had brown stains all around it, the drain in the shower had brown stains around it, and the bathroom counter also had brown circular marks. Resident 4 pointed out the stains on the bathroom counter and stated that the counter rarely got wiped down. Surveyor also noted debris scattered throughout Resident 4's floor in his/her room. There were wrappers, dirt and dust clumps, and other debris. Surveyor asked Resident 4 how long the debris had been on the floor. Resident 4 stated it had been like that for days.

At approximately 10:15 AM, Surveyor entered Resident 2's room. Upon entering, Surveyor noticed a very strong urine smell. Resident 2's room had dirt and debris scattered all throughout his/her floor. There was a smashed cookie and what appeared to be a dirty pink washcloth next to the recliner. Resident 2's countertop also contained thick debris and crumbs as well.

At approximately 12:40 AM, Surveyor entered Resident 2's room again. The room remained in the same condition as before, with the addition of Resident 2's dentures lying on the floor.

At approximately 10:22 AM, Surveyor entered Resident 3's room. Surveyor noticed a large amount of debris on the bathroom and bedroom floors. The toilet had brown marks all over it.

At approximately 10:40 AM, Surveyor entered Resident 5's room and noted brown spots throughout his/her bathroom floor. Surveyor also

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N 481	Continued From page 15 noted a towel on the floor pushed up against his/her toilet. At approximately 10:45 AM, Surveyor interviewed Caregiver B about Resident 5's room. S/he stated that s/he wasn't sure why the towel was around Resident 5's toilet, but s/he thought it was because Resident 5 often missed the toilet when going to the bathroom and the towel was used to catch the drips. Surveyor interviewed Caregiver B about housekeeping responsibilities. Caregiver B stated they had a part time housekeeper, but cleaning was staff's responsibility. S/he stated that sometimes it was challenging for staff to complete the required cleaning. At approximately 12:10 PM, Surveyor interviewed Caregiver C. Caregiver C stated s/he believed the housekeeping expected of staff was manageable. S/he stated that the day shift was responsible for rooms 1 through 12, the afternoon shift was responsible for rooms 13 through 24, and night shift was responsible for the common areas. At approximately 1:55 PM, Surveyor interviewed Administrator A. Administrator A stated that s/he had just had a conversation with staff about ensuring that rooms got clean, especially Resident 2's. S/he stated that today was Resident 2's shower day, therefore his/her room should have been deep cleaned. Administrator A stated that each room got deep cleaned on shower days. S/he stated that laundry was completed on shower day, however, if laundry was soiled the expectation was to do it immediately. Administrator A stated s/he was going to re-educate the staff on the importance of cleaning.	N 481		