STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013375	A. BUILDING: _____ B. WING _____	C 01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE REEDSBURG MEMORY CARE	1135 17TH CT REEDSBURG, WI 53959

(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 01/28/2025, Surveyor conducted a standard licensing survey at complaint investigation at Our House Reedsburg Memory Care, a CBRF located in Reedsburg, WI. As a result of the survey, 2 violations of Chapter DHS 83 were issued. The complaint was substantiated. Census: 11	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 that Resident 1's Individual Service Plan (ISP) was updated upon changes in condition. Resident 1 experienced a change in condition and the ISP was not updated. Findings include:	N 389		

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

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N 389	Continued From page 1 On 01/10/2025, the Department received a complaint alleging that residents were not being cared for as they should be. On 01/28/2025, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 08/01/2023 with primary diagnoses that include but are not limited to: Alzheimer's, COPD, hyperlipidemia, hypothyroidism, osteoarthritis and Diabetes type II without complications. On 01/28/2025 at 10:00 AM, Surveyor reviewed facility documentation dated 01/13/2025 regarding the care of Resident 1. Documentation indicated that the facility received a complaint from Adult Protective Services-C (APS-C). APS-C indicated that Resident 1 had experienced a decline as of 12/29/2024 and was no longer able to get out of bed. APS-C indicated that Resident 1 was not being toileted or showered as s/he should have been. Documentation indicates that the complaint alleges that Resident 1 was not being toileted as s/he should be, in fact, Resident 1 was only being repositioned in bed every 2 hours. APS-C indicated that Resident 1 was not getting out of bed at all. The documented complaint dated 01/13/2025 indicates that Caregiver B told Resident 1's family on 01/01/2025 that Resident 1 was not able to be toileted because s/he could not bear weight. On 01/28/2025 at 11:30 AM, Surveyor reviewed Resident 1's ISP. Resident 1's ISP was dated 11/26/2024. Resident 1's ISP indicated that Resident 1 required 1 staff assist using a sit to stand lift when transferring to/from bed/wheelchair and/or other devices.	N 389		

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N 389	Continued From page 2 On 01/28/2025 at 12:00 PM, Surveyor interviewed Administrator A. Administrator A stated that Resident 1 was no longer able to ambulate, and very rarely uses a wheelchair. Administrator A stated that Resident 1 usually eats meals in his/her room in bed with the head of bed raised. Surveyor asked if the above information was in Resident 1's ISP. Administrator A stated no, "things have changed and his/her abilities have declined since the last ISP update." Administrator A acknowledged that Resident 1's ISP should have been updated due to Resident 1's change in condition.	N 389		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that Resident 2's room was free from odor. Resident 2's room had a strong smell of urine. Findings include: On 01/28/2025, Surveyor toured the physical environment. There was a strong smell of urine in the hallway outside of Resident 2's room. Surveyor walked into Resident 2's room and the smell of urine was stronger. On 01/28/2025 at 11:30 AM, Surveyor interviewed Administrator A. Administrator A stated that Resident 2 is incontinent of urine and staff clean his/her room every other day. Administrator A acknowledged that there was a strong smell of	N 489		

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N 489	Continued From page 3 urine in Resident 2's room and his/her room needed to be cleaned more often.	N 489		