

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018237	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/31/2023
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NAME OF PROVIDER OR SUPPLIER OREGON HEALTHCARE AND REHABILITATION CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 354 N MAIN ST OREGON, WI 53575
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(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}	<p>Initial Comments</p> <p>On 07/31/2023, Surveyor completed a verification visit at Oregon Healthcare And Rehabilitation, a CBRF in Oregon.</p> <p>Two deficiencies were identified. Two deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) KUE311, dated 03/21/2023.</p> <p>Under statutory provisions of Wis. Stat. ch. 50, a \$200 revisit fee is being assessed.</p> <p>Census: 11</p>	{N 000}		
{N 220}	<p>83.17(2)(a) Employees screened for communicable disease.</p> <p>The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers reviewed were screened for clinically apparent communicable disease, including tuberculosis, within 90 days before the start of employment and that documentation was accessible to the</p>	{N 220}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{N 220}	<p>Continued From page 1</p> <p>department. The provider did not have record of a communicable disease screen, including tuberculosis test, for Caregiver G and Caregiver H.</p> <p>This is a repeat deficiency. See Statement of Deficiency (SOD) KUE311, dated 03/21/2023.</p> <p>Findings include:</p> <p>On 07/31/2023 at approximately 12:00 p.m., Surveyor requested records of clinically apparent communicable disease screens, including tuberculosis tests, for Caregiver G and Caregiver H from Assistant Director of Nursing F. Caregiver G was hired 06/16/2023. Caregiver H was hired 07/18/2023. Assistant Director of Nursing F stated s/he was unable to locate communicable disease screens, including tuberculosis tests for Caregiver G or Caregiver H. Assistant Director of Nursing F stated s/he thought for sure Caregiver G had a tuberculosis test, but s/he would need to check records further because of a change in staff.</p> <p>Assistant Director of Nursing F was given until 08/01/2023 at 10:00 a.m. to provide follow up documentation. No follow up documentation was received.</p>	{N 220}		
{N 525}	<p>83.47(2)(d) Fire drills.</p> <p>Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF 's total evacuation time. The CBRF shall record residents having an</p>	{N 525}		

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{N 525}	<p>Continued From page 2</p> <p>evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills included the total evacuation time.</p> <p>This is a repeat deficiency. See Statement of Deficiency (SOD) KUE311, dated 03/21/2023.</p> <p>Findings include:</p> <p>On 07/31/2023 at approximately 12:00 p.m., Surveyor completed a verification visit.</p> <p>On 07/31/2023 at approximately 12:15 p.m., Surveyor reviewed the provider's fire drills, conducted since Statement of Deficiency (SOD) KUE311, dated 03/21/2023. The record included the following documentation:</p> <ul style="list-style-type: none"> - 03/30/2023 10:30 a.m. Fire Drill: No evacuation time documented. - 04/28/2023 12:00 a.m. Fire Drill: No evacuation time documented. - 07/25/2023 11:30 a.m. Fire Drill: No evacuation time documented. <p>On 07/31/2023 at approximately 12:30 p.m.,</p>	{N 525}		
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{N 525}	Continued From page 3 Surveyor reviewed concern with Interim Administrator E that the facility's fire drills did not include evacuation time. Administrator E reviewed the fire drills and replied, "Oh. They only record the time of the drill."	{N 525}		