STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013430	A. BUILDING: _____ B. WING _____	R-C 09/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE EAU CLAIRE MEMORY CARE	733 W HAMILTON AVE EAU CLAIRE, WI 54701

(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 09/30/2026, Surveyor conducted a standard survey, complaint investigation and verification visit at Our House Eau Claire Memory Care. The complaint was substantiated. The deficiencies identified in Statement of Deficiency VZ9Z11, dated 04/24/2026 were corrected. Three deficiencies were identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 16	{N 000}		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's legal representative was notified when there was an incident or injury to the resident on 06/17/2026. Findings include:	N 169		

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

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N 169	Continued From page 1 On 07/10/2026, the Department received a complaint regarding resident care. On 09/30/2026, Surveyor requested incident reports with injury for Resident 1 for the past 3 months. Resident 1 had an admission date of 08/28/2025, and passed away on 08/31/2026. Two incident reports were received and reviewed for Resident 1. The incident report, dated 06/17/2026 indicated Resident 1 was found at 9:28 AM to have a cut on his/her right arm after removing a long sleeved shirt. Bandage was placed on wound and Director B was notified via phone at 9:28 PM that evening. The report indicated Resident 1's hospice physician was notified on 06/22/2026 at 8:30 AM via phone. No other notifications were made. On 09/30/2026 at approximately 10:30 AM, Surveyor interviewed Assistant Director (AD) A and asked why the incident report for the injury on 06/17/2026 documented the family was not notified. AD A stated the former director (Director B) notified Resident 1's legal representative because Resident 1's legal representative did not want to get calls from staff. AD A acknowledged the incident report documented "No" for family notifications, and asked Regional Director (RD) C (currently listed as the administrator for the facility) where Director B would have documented the notification. AD A and RD C stated they would look for documentation as Director B was no longer employed with the company. On 09/30/2026 at approximately 1:00 PM, AD A	N 169		

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N 169	Continued From page 2 and RD C reported they were unable to locate documentation of notification to Resident 1's legal representative for the injury that occurred on 06/17/2026.	N 169		
N 220	83.17(2)(a) Employees screened for communicable disease. 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 employees reviewed were screened for clinically apparent communicable disease including tuberculosis (TB) within 90 days before the start of employment. Findings include: On 09/30/2026, Surveyor requested a sample of employee records for communicable disease screenings including Caregiver D and Caregiver E who were working at the time of survey.	N 220		

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N 220	Continued From page 3 Caregiver D had a hire date of 08/03/2026. The record contained TB test results, but did not contain a communicable disease screen completed by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse. Caregiver E had a hire date of 09/07/2026. The record contained TB test results, but did not contain a communicable disease screen completed by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse. On 09/30/2026 at approximately 11:15 AM, Surveyor interviewed Assistant Director (AD) A about the above missing communicable disease screens. AD A informed Surveyor s/he would contact the facility's nurse to complete the screening for Caregiver D and Caregiver E.	N 220		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record.	N 393		

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N 393	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents were evaluated within 3 days of admission to determine evacuation capabilities. Findings include: On 09/30/2026, Surveyor reviewed a sample of resident records for initial evacuation assessments. Resident 2 had an admission date of 06/11/2026. The record contained the evacuation assessment document with the facility name, facility address, Resident 2's name, with Director B's name listed as the person completing the form. The evacuation assessment did not have a date listed and the assessment questions were incomplete and left blank. ON 09/30/2026 at approximately 12:45 PM, Surveyor discussed the above concern with Assisted Director (AD) A and Regional Director (RD) C. AD A stated s/he reviewed the blank assessment and confirmed it was incomplete. AD A stated Director B was no longer employed and could not explain why the document had not been completed.	N 393		