Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	610201	A. BUILDING: _____ B. WING _____	C 05/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEVES HOME	**309 BELLIS ST WAUSAU, WI 54403**

(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 05/21/2024, Surveyor conducted an abbreviated licensure survey and complaint investigation at Steves Home. Data collection continued through 05/28/2024. The complaint was unsubstantiated. One deficiency was identified. Census: 5	N 000		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by:	N 404		

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

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N 404	Continued From page 1 Based on record review and interview, the provider did not ensure a physician, pharmacist, or registered nurse conducted an onsite review of the facility's medication system in 2023. Findings include: The provider is licensed to care for 6 adults in the client group developmentally disabled. On 05/21/2024 at 10:00 AM, Surveyor toured the facility and observed an upper kitchen cabinet that was unlocked, and a paddle lock on the counter. The cabinet stored resident medications. The cabinet was closed, unlocked and was full of several bubble pack medications. On 05/21/2024 at 10:00 AM, Surveyor interviewed Owner A. Owner A confirmed the cabinet was a locked cabinet for medications. Surveyor asked Owner A about the medication administration process. Owner A reported that Owner A had just gotten done passing out the morning medications and would be locking the medication cabinet. Owner A stated that Owner A would be passing out medications again in the evening. Surveyor asked Owner A if a physician, pharmacist or registered nurse conducted an onsite review of the facility's medication system. Owner A reported that the last onsite review of the medication system took place in 2021 or 2022. Owner A stated, "The last medication audit was just after the pandemic in 2021/2022." Owner A reported that Owner A would be looking for a local physician or pharmacist to conduct the onsite medication review. Surveyor requested a copy of the most recent annual medication administration review; a copy was not provided. On 05/28/2024 at approximately 10:20 PM,	N 404		

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N 404	Continued From page 2 Surveyor interviewed Owner A via telephone. Owner A reported that Owner A "reached out to [Doctor B] and [Pharmacy C] as a back-up to conduct the medication review." Owner A reported that [Pharmacy C] had conducted the medication review in the past and would most likely conduct it again. Surveyor asked Owner A for a copy of the most recent annual medication administration review. Owner A indicated that Owner A did not have a copy but [Pharmacy C] would have a copy because [Pharmacy C] conducted the medication administrative review in either 2021 or 2022. The provider did not ensure a physician, pharmacist, or registered nurse conducted an onsite review of the medication system in 2023.	N 404		