STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009563	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM EPONYMOUS	W8137 HWY 33 PORTAGE, WI 53901

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M 000	INITIAL COMMENTS On 10/24/2023, Surveyor conducted a standard survey at REM Eponymous. 5 deficiencies were identified. 2 deficiencies are recites. Census 4	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure a well-maintained, home like environment. This is recite from SOD # KG2L11 dated 02/14/2019. Findings include: On 10/24/2023 at approximately 12:40 PM, Surveyor toured the facility and observed the following: 1.) The rear deck of the house had a board sticking up which could become a tripping hazard and soft spots all over the wood in the deck. 2.) The bathtub/shower faucet was pushed in and	M 276		

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

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M 276	Continued From page 1 the tub around it was broken. 3.) Behind the dryer near the vent was a box for fabric softener and lint built up on the floor. On 10/24/2023 at approximately 1:15 PM, Surveyor interviewed Manager A who stated s/he had put a maintenance request in for the board on the deck and that the faucet was broken a couple of months ago by a resident who had almost fallen and was able to catch themselves using the faucet. Manager A stated s/he would take care of the things behind the dryer right away.	M 276		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview the provider did not test each smoke detector monthly to make sure they are operational. This is a recite from SOD # Y42Q11 dated 04/29/2021. Findings include:	M 336		

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M 336	Continued From page 2 On 10/24/2023 at approximately 12:50 PM, Surveyor requested documentation included all smoke detector testing. On 10/24/2023 at approximately 3:01 PM, Surveyor had not received the documentation of smoke detector testing. Surveyor requested the documentation by 4:00 PM on 10/25/2023. On 10/24/2023 at approximately 3:01 PM, Surveyor interviewed Manager A who stated the previous manager had taken all the binders back to the office to rearrange them a couple of months ago and they haven't been finished yet. Manager A stated s/he would make sure the documents were sent by 4:00 PM on 10/25/2023. As of 10/26/2023 at 9:30 AM, Surveyor had not received documentation for smoke detector testing at the adult family home. On 10/26/2023 at approximately 10:30 AM, Surveyor received an e-mail from Area Director B who confirmed smoke detector tests and fire drills could not be located and that managers were going to be retrained on the expectations of documenting checks.	M 336		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure semi-annual fire drills	M 348		

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M 348	Continued From page 3 were conducted with all household members with written documentation of the date and evacuation time for each drill maintained by the home. Findings include: On 10/24/2023 at approximately 12:50 PM, Surveyor requested documentation of fire drills for 2022. On 10/24/2023 at approximately 3:01 PM, Surveyor had not received the documentation of fire drills. Surveyor requested the documentation by 4:00 PM on 10/25/2023. On 10/24/2023 at approximately 3:01 PM, Surveyor interviewed Manager A who stated the previous manager had taken all the binders back to the office to rearrange them a couple of months ago and they haven't been finished yet. Manager A stated s/he would make sure the documents were sent by 4:00 PM on 10/25/2023. As of 10/26/2023 at 9:30 AM, Surveyor had not received documentation for fire drills at the adult family home. On 10/26/2023 at approximately 10:30 AM, Surveyor received an e-mail from Area Director B who confirmed smoke detector tests and fire drills could not be located and that managers were going to be retrained on the expectations of documenting checks.	M 348		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its	M 458		

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M 458	Continued From page 4 original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview the provider did not securely store medications or store medications as specified by the pharmacist. Findings include: On 10/24/2023 at approximately 2:00 PM, Surveyor observed the medication cabinet with a key in the door. Surveyor audited the medication cabinet and observed the following: There was a bin on the second shelf with medications stored that were expired. The following are the medications that were in the bin that were expired; 1.) MaPaP pain reliever 325 MG -14 tablets expired on 01/16/2017. Filled on 01/16/2016. 2.) Lorazepam .5 MG- 60 tablets expired on 05/26/2023. Filled on 08/29/2022. 3.) Simethicone 80 MG-27 tablets expired on 09/30/2023. Filled on 05/26/2022. 4.) Ibuprofen 200 MG tablets-46 tablets expired on 09/30/2023. Filled on 09/30/2022. 5.) Tylenol 325 MG-60 tablets expired on 08/25/2023. Filled on 08/25/2022.	M 458		

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M 458	Continued From page 5 6.) Tylenol 325 MG - 58 tablets expired on 01/07/2023. Filled on 01/07/2022. 7.) Ibuprofen 200 MG tablets-expired on 07/01/2023. Filled on 07/01/2022. 8.) Dairy relief capsules-expired on 06/30/2023. Filled on 06/30/2022. 9.) Lorazepam .5 MG tablet-60 tablets expired on 07/06/2022. Filled on 07/06/2022. 10.) Lorazepam .5 MG tablets-49 tablets expired on 01/20/2023. Filled on 01/20/2022. 11.) Florigen 30-expired on 03/14/2019. Filled on 03/14/2018. 12.) An unidentified pill in a Ziplock bag with the markings of H145. 13.) Betamethasone .05. Expired 03/10/2023. Filled on 03/10/2022. 14.) Calcipotriene .05 expired on 09/10/2022. Filled on 09/10/2021. 15.) Doxazosin 2 MG expired on 03/13/2019. Filled on 03/13/2018. 16.) Ferrous sulfate tablets-4 tablets expired on 03/13/2019.Filled on 03/13/2018. 17.) Loperamide 2 MG-4 tablets expired on 03/13/2019. Filled on 03/13/2018. 18.) Calcipotriene .005 expired on 07/02/2022.Filled on 01/07/2022. 19.) Polymyxin eye drops expired on 06/21/2019. Filled on 06/21/2018. 20.) Tylenol 325 MG-38 tablets expired on 12/28/2021. Filled on 12/28/2020. 21.) Ibuprofen 200 MG tablets-2 tabs expired on 12/28/2021. Filled on 12/28/2020. 22.) Lisinopril tablets-13 tablets filled on 04/01/2023. 23.) Lorazepam .5 MG tablets-60 tablets expired on 02/05/2022. Filled on 02/05/2021. There were 565 expired pills that were being stored in the medication administration cabinet that had not been disposed of properly.	M 458		

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M 458	Continued From page 6 On 10/24/2023 at approximately 2:30 PM, Surveyor interviewed Manager A who stated the key in the medication cabinet sometimes works and sometimes doesn't. Manager A stated the key will get stuck in the cabinet and then it will eventually come out. Manager A also stated s/he knew the medications that were expired were going to be a concern, and stated s/he has to order a bigger drug buster because the one the facility currently had would not accommodate all of the expired medications.	M 458		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure resident records were maintained in a secure location within the home to prevent unauthorized access. Findings include: On 10/24/2023 at approximately 12:50 PM, Surveyor requested resident records to include individual service plans, admissions agreement, communicable disease screen, medical visit records, physicians orders, and authorization from the physician to administer medications.	M 482		

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M 482	Continued From page 7 On 10/24/2023 at approximately 3:01 PM, Manager A stated the former manager had taken all of the resident records to the office to go thru them and organize them. Manager A stated this had happened a couple of months ago and staff do not have access to the online versions of the individual service plans, but could call if they had questions. Manager A also stated s/he made a cheat sheet for the staff on resident care needs but would work on getting the resident files back to the facility.	M 482		