STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016688	A. BUILDING: _____ B. WING _____	C 09/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW MANOR IV REM WISCONSIN III INC	621 E CHIPPEWA ST CADOTT, WI 54727

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M 000	INITIAL COMMENTS On 08/18/2023, Surveyor conducted a complaint investigation and abbreviated survey at Riverview Manor IV REM Wisconsin III Inc. Data collection continued through 09/1/2023. The complaint was unsubstantiated. Four deficiencies were identified. Census: 4	M 000		
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. Findings include: On 08/18/2023 at approximately 9:49 AM, Surveyor reviewed the facility's smoke detector tests for 2022 and 2023. Surveyor observed the following months did not have smoke detector tests documented: January 2022	M 336		

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

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M 336	Continued From page 1 March 2022 May 2022 August 2022 February 2023 June 2023 At 12:37 PM, Surveyor interviewed Program Director (PD) A. PD A confirmed staff were required to do monthly smoke detector tests and were done with fire/emergency drills monthly. PD A stated the smoke detector tests were documented on the same form as the fire drills. PD A was not sure why some of the months were missed. PD A stated s/he would look for the missing documentation and Surveyor gave a deadline by 1:00 PM 08/29/2023. On 08/29/2023 at 1:00 PM, Surveyor had not received any further smoke detector tests for the missing months listed above. On 09/01/2023, Surveyor interviewed PD A. PD A stated they were not able to find any other smoke detector tests for the missing months. PD A stated, "That was my fault." PD A explained s/he had changed all the smoke detectors to new ones in June 2023 and forgot to document a test was done for that month. PD A was not sure why the tests were missed for the other months but moving forward s/he would make sure they got done.	M 336		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	M 458		

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M 458	Continued From page 2	M 458		

This Rule is not met as evidenced by:
Based on observation and interview the provider did not ensure prescription medications were securely stored.

Findings include:

On 08/18/2023 at approximately 10:15 AM, Surveyor toured the facility. Surveyor observed an unsecured closet down the end of the hallway. Resident 1's prescription mouthwash was observed in the closet unsecured.

At 10:53 AM, Surveyor observed in the kitchen refrigerator a lock box with a key in the lock. Surveyor asked Caregiver B if any medications were stored currently in the refrigerator lock box. Caregiver B stated a resident's vitamins were currently stored in there. Surveyor asked if the key was always left in the lock box. Caregiver B confirmed s/he had always left the key in the lock box lock. Caregiver B stated s/he would not keep the key there anymore and move it to a secured location.

At 12:37 PM, Surveyor interviewed Program Director (PD) A. PD A confirmed Resident 1's prescribed mouthwash should have been secured in the office with the other medications and the key should not have been stored in the lock box

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M 458	Continued From page 3 lock within the refrigerator. On 09/01/2023 at 9:00 AM, Surveyor interviewed PD A. PD A agreed the lock box was not technically locked with the key still in it. PD A stated they immediately removed the key from the lock box and now have it on the staff's key chain with the rest of the facility keys.	M 458		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was prepared and stored in a sanitary way. Findings include: The provider serves up to 4 residents within one of the following client groups: developmentally disabled and advanced aged. On 08/18/2023 at approximately 10:45 AM, Surveyor observed in the furnace room a 5-gallon bucket with a bag of potatoes in it and next to the bucket was another full bag of potatoes directly on the concrete floor. Surveyor pointed out the bag of potatoes and Administrator C picked them off the floor. At 10:53 AM, Surveyor observed in the kitchen refrigerator a sealed package of chicken and 2	M 474		

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M 474	Continued From page 4 sealed packages of hamburger sitting on shelves with paper towel under them. Surveyor asked Caregiver B about the raw meat thawing in the refrigerator. Caregiver B stated the residents feel the meat tastes different when thawed in the microwave versus in the refrigerator. Surveyor asked why the paper towel was under the meat. Caregiver B stated it was in the event the meat juices leaked once thawed. At 12:37 PM, Surveyor interviewed Program Manager (PM) A. PM A stated staff must have set the bag of potatoes on the ground. PM A stated the meat should be thawing in a container and s/he would re-educate staff on food storage. The provider did not ensure food was prepared and stored in a sanitary way.	M 474		
Y3097	50.06 CERTAIN ADMISSIONS TO FACILITIES Certain admissions to facilities. (1) In this section, incapacitated means unable to receive and evaluate information effectively or to communicate decisions to such an extent that the individual lacks the capacity to manage his or her health care decisions, including decisions about his or her post?hospital care. (2) An individual under sub. (3) may consent to admission, directly from a hospital to a facility, of an incapacitated individual who does not have a valid power of attorney for health care and who has not been adjudicated incompetent under ch. 880,	Y3097		

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Y3097	Continued From page 5 if all of the following apply: (a) No person who is listed under sub. (3) in the same order of priority as, or higher in priority than, the individual who is consenting to the proposed admission disagrees with the proposed admission. (am) 1. Except as provided in subd. 2., no person who is listed under sub. (3) and who resides with the incapacitated individual disagrees with the proposed admission. 2. Subdivision 1. does not apply if any of the following applies: a. The individual who is consenting to the proposed admission resides with the incapacitated individual. b. The individual who is consenting to the proposed admission is the spouse of the incapacitated person. (b) The individual for whom admission is sought is not diagnosed as developmentally disabled or as having a mental illness at the time of the proposed admission. (c) A petition for guardianship for the individual under s. 880.07 and a petition for protective placement of the individual under s. 55.06 (2) are filed prior to the proposed admission. (3) The following individuals, in the	Y3097		

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Y3097	Continued From page 6 following order of priority, may consent to an admission under sub. (2): (a) The spouse of the incapacitated individual. (b) An adult son or daughter of the incapacitated individual. (c) A parent of the incapacitated individual. (d) An adult brother or sister of the incapacitated individual. (e) A grandparent of the incapacitated individual. (f) An adult grandchild of the incapacitated individual. (g) An adult close friend of the incapacitated individual. (4) A determination that an individual is incapacitated for purposes of sub. (2) shall be made by 2 physicians, as defined in s. 448.01 (5), or by one physician and one licensed psychologist, as defined in s. 455.01 (4), who personally examine the individual and sign a statement specifying that the individual is incapacitated. Mere old age, eccentricity or physical disability, either singly or together, are insufficient to make a finding that an individual is incapacitated. Neither of the individuals who make a finding that an individual is incapacitated may be a relative, as defined in s.	Y3097		

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Y3097	Continued From page 7 242.01 (11), of the individual or have knowledge that he or she is entitled to or has a claim on any portion of the individual?s estate. A copy of the statement shall be included in the individual?s records in the facility to which he or she is admitted. (5) (a) Except as provided in par. (b), an individual who consents to an admission under this section may, for the incapacitated individual, make health care decisions to the same extent as a guardian of the person may and authorize expenditures related to health care to the same extent as a guardian of the estate may, until the earliest of the following: 1. Sixty days after the admission to the facility of the incapacitated individual. 2. Discharge of the incapacitated individual from the facility. 3. Appointment of a guardian for the incapacitated individual. (b) An individual who consents to an admission under this section may not authorize expenditures related to health care if the incapacitated individual has an agent under a durable power of attorney, as defined in s. 243.07 (1) (a), who may authorize expenditures related to health care.	Y3097		

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Y3097	Continued From page 8 (6) If the incapacitated individual is in the facility after 60 days after admission and a guardian has not been appointed, the authority of the person who consented to the admission to make decisions and, if sub. (5) (a) applies, to authorize expenditures is extended for 30 days for the purpose of allowing the facility to initiate discharge planning for the incapacitated individual. (7) An individual who consents to an admission under this section may request that an assessment be conducted for the incapacitated individual under the long term support community options program under s. 46.27 (6) or, if the secretary has certified under s. 46.281 (3) that a resource center is available for the individual, a functional and financial screen to determine eligibility for the family care benefit under s. 46.286 (1). If admission is sought on behalf of the incapacitated individual or if the incapacitated individual is about to be admitted on a private pay basis, the individual who consents to the admission may waive the requirement for a financial screen under s. 46.283 (4) (g), unless the incapacitated individual is expected to become eligible for medical assistance within 6 months. This Rule is not met as evidenced by: Based on interview and record review, the	Y3097		

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Y3097	Continued From page 9	Y3097		

provider did not ensure a caregiver background check was completed on all employees, at least every four years, for 2 of 2 employees reviewed.

Findings include:

The provider was licensed on 06/01/2017 after a change of ownership. The provider is licensed to care for 4 adults in the client group advanced aged and developmentally disabled.

On 8/18/2023 at approximately 10:30 AM, Surveyors requested employee records for 2 staff from Program Manager (PM) A. PM A stated the staff records were kept at the corporate office. Surveyor requested the provider send Caregiver B's and Caregiver D's records via email by 1:00 PM 08/22/2023.

On 08/21/2023, Surveyor received Caregiver B's and Caregiver D's records and reviewed them on 08/23/2023. Caregiver B had a hire date of 10/18/2017. Caregiver D had a hire date of 06/01/2017. Caregiver B's and Caregiver D's last background checks were done upon hire.

On 08/29/2023, Surveyor requested Caregiver B's and Caregiver D's last background checks.

On 08/30/2023, Surveyor received an email from PM A that stated, "They are both due for their 4 year background checks so we are running those today and I will have everything you requested sent over by tomorrow." In the afternoon, Surveyor received Caregiver B's and Caregiver D's updated background checks, dated 08/30/2023.

On 09/01/2023, Surveyor interviewed PM A. PM A stated Caregiver B was a new hire and Caregiver

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Y3097	Continued From page 10 D transitioned from the previous company in 2017. PM A stated s/he did not receive an email prompting him/her to do the 4-year background checks when they were due. PM A stated they just started a new system to track and prompt 4-year background checks to be done, so hopefully they would not have this issue in the future. The facility did not complete the required caregiver background checks.	Y3097		