STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	510031	A. BUILDING: _____ B. WING _____	R-C 04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AFFINITY HOUSE	3042 KILBOURNE AVE EAU CLAIRE, WI 54703

(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 04/10/2024, Surveyor conducted a complaint investigation and verification visit at Affinity House. The complaint was unsubstantiated. Two deficiencies were identified and were repeat deficiencies. See Statement of Deficiency (SOD) 5Y2K11, dated 07/21/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 16	{N 000}		
{N 239}	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to	{N 239}		

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

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{N 239}	Continued From page 1 assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees received training in medication administration and management prior to assuming job duties. This is a repeat deficiency. See Statement of Deficiency (SOD) 5Y2K11, dated 07/21/2023. Findings include: On 04/10/2023, Surveyor requested a current staff roster from Program Supervisor (PS) A. Substance Abuse Counselor (SAC) B and Support Staff (SS) C were identified on the previous SOD for not meeting the requirement and were still employed. Surveyor requested to review department approved training for SAC B and SS C. SAC B had a hire date of 07/27/2022. The Community-Based Care and Treatment Training Registry printed by Program Supervisor (PS) A did not show SAC B had completed training in medication administration and management as of 04/10/2024. SS C had a hire date of 02/14/2023. The Community-Based Care and Treatment Training Registry printed by PS A did not show SS C had completed training in medication administration and management as of 04/10/2024. On 04/10/2024 at approximately 8:45 AM, PS A	{N 239}		

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{N 239}	Continued From page 2 stated, "[SAC B] was unable to attend the training offered last month because [s/he] was at a DOC (Department of Corrections) training...We are definitely trying to get everyone trained but it's a challenge since it's a 3-day training. [SS C] does have another job so it's difficult to coordinate." PS A confirmed staff did monitor resident medications and were responsible for recording the date, time and amount taken for each resident. No evidence was provided to show SAC B and SS C met an exemption for medication management.	{N 239}		
{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.	{N 404}		

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{N 404}	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that at least annually, the CBRF (community based residential facility) had a physician, pharmacist, or registered nurse conduct an on-site review of the medication storage system. This is a repeat deficiency. See Statement of Deficiency (SOD) 5Y2K11, dated 07/21/2023. Findings include: On 04/10/2024 at approximately 8:35 AM, Surveyor interviewed Program Supervisor (PS) A and asked if a review of the medication storage system was completed by a physician, pharmacist, or registered nurse since the last survey. PS A stated, "We have not. [Facility name] and us are working to complete this but have not had one done yet. It's hard to find a pharmacy to do them." On 04/10/2024 at approximately 9:15 AM, Surveyor observed the medication storage area located in the locked office. PS A stated the residents took their own medications and staff supervised and monitored medications in a secured cabinet.	{N 404}		