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
	510031	A. BUILDING: _____ B. WING _____	R-C 10/29/2024

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 10/29/2024, Surveyor conducted a verification visit at Affinity House. One of 2 deficiencies identified in Statement of Deficiency (SOD) 5Y2K12, dated 04/10/2024 was corrected. One deficiency was identified and was a repeat deficiency (see SOD 5Y2K12, dated 04/10/2024, and SOD 5Y2K11, dated 07/21/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 17	{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	{N 404}		

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

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{N 404}	Continued From page 1 physician involvement to address. 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 (RN) conduct an on-site review of the CBRF's medication storage system. This is a repeat deficiency and is being cited for the third time. See Statement of Deficiency (SOD) 5Y2K12, dated 04/10/2024, and SOD 5Y2K11, dated 07/21/2023. Findings include: On 10/29/2024 at approximately 1:35 PM, Surveyor interviewed Program Supervisor (PS) A and asked if a review of the medication storage system was completed by a physician, pharmacist, or RN since the last survey. PS A stated s/he had called multiple pharmacies in the area but could not find a pharmacist or RN to complete the review. PS A stated the provider's medical director would eventually complete the review once the contract was in place and finalized. PS A stated a review of the medication storage system had not been completed.	{N 404}		