STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017069	A. BUILDING: _____ B. WING _____	02/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JULIUS REM WISCONSIN III INC	6977 JULIUS DR EAU CLAIRE, WI 54701

(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
M 000	INITIAL COMMENTS On 02/14/2025, Surveyor conducted an abbreviated survey at Julius Rem Wisconsin III Inc. Data collection continued through 02/17/2025. One deficiency was identified. Census: 4	M 000		
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. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure resident prescription medications remained in their original containers as received from the pharmacy. Resident 1's medication was prepared ahead of administration time and stored in a cup located inside the medication room. Findings include: On 02/14/2025, at approximately 3:00 PM, Surveyor observed a medication room located in	M 458		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 458	Continued From page 1 the lower level of the home. Surveyor entered the medication room with Caregiver A. Surveyor observed a cup sitting on a shelf with pills inside. When asked about the cup, Caregiver A stated the medication was for Resident 1. Caregiver A stated it was Resident 1's 4:00 PM medication and Resident 1 requested it be administered at 5:00 PM. Surveyor shared concerns about preparing medication ahead of administration time. Caregiver A stated s/he was aware the medication should not be prepared ahead of time, and that management had talked to him/her about that in the past. Upon exiting the medication room, the cup with the medications remained on the shelf. At approximately 3:20 PM, Surveyor observed Program Supervisor (PS) B enter the medication room. When asked if s/he had noticed the prepared medication, PS B stated s/he had noticed and that s/he put them away. PS B confirmed the provider had previously addressed concerns with Caregiver A regarding the early preparation of medications. At approximately 4:00 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 09/17/2017. Resident 1's Medication Administration Record (MAR) for February 2025 identified the following: -Carb-Levo 25-100 MG: Take two tablets by mouth four times daily at 8:00 AM, 12:00 PM, 4:00 PM and 8:00 PM. The provider did not ensure resident prescription medications remained in their original containers. Resident 1's medication was prepared ahead of administration time and stored in a cup in the medication room.	M 458		