STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009007	A. BUILDING: _____ B. WING _____	R-C 07/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AURORA RES ALTERNATIVES INC 083	7736 NINE MILE CREEK ROAD 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 07/14/2023, Surveyor conducted a verification visit at Aurora Res Alternatives Inc 083. The deficiency identified in SOD FL0M12, dated 02/17/2023 was not corrected. One deficiency was identified and was a repeat violation (See SOD FL0M12, dated 02/17/2023 and FL0M11, dated 10/07/2021). Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{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 and interview, the provider did not ensure prescription medications were stored as specified by the pharmacist when medications stored in the filing cabinet were expired.	{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 This is a repeat deficiency. See Statement of Deficiency (SOD) FL0M12, dated 02/17/2023, and FL0M11, dated 10/07/2021. Findings include: On 07/14/2023, Surveyor observed the medication storage area with Caregiver A. Resident 1's medication drawer contained a card for PRN (as needed) Lorazepam, 29-1 mg tablets. The label on the card showed an expiration date of "Feb 22 (2022)." On 07/14/2023 at approximately 11:30 AM, Caregiver A stated, "We must've missed the card when we went through and got rid of all the other expired meds." Caregiver A informed Surveyor Resident 1 had not taken the medication in "a very long time." Caregiver A reviewed Resident 1's medication administration record (MAR) and reported Resident 1 last received a dose of PRN Lorazepam on 09/21/2020. Surveyor asked Caregiver A if Resident 1 was still prescribed an order for PRN Lorazepam. Caregiver A confirmed the order was still current. On 07/14/2023 at 11:35 AM, Caregiver A contacted Program Director (PD) B to discuss the expired card of PRN Lorazepam for Resident 1. PD B stated it must have been missed when they went through and destroyed the expired medications. PD B instructed Caregiver A and Caregiver C to destroy the card and informed Surveyor s/he would contact Resident 1's physician to re-order or discontinue the medication. PD B informed Surveyor an in-service training for "Medication Management and Disposal" was held for staff on 05/16/2023.	{M 458}		

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AURORA RES ALTERNATIVES INC 083	7736 NINE MILE CREEK ROAD EAU CLAIRE, WI 54701

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{M 458}	Continued From page 2 On 07/14/2023 at 11:40 AM, Caregiver A and Caregiver C destroyed the 29 expired tablets by dissolving the tablets in a "slurry" mix with hot water. The slurry bag was discarded in a kitchen garbage can.	{M 458}		