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
	0015868	A. BUILDING: _____ B. WING _____	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER TRAIL ADULT FAMILY HOME	2211 RIVER TRAIL CT DE PERE, WI 54115

(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 01/22/2025 with additional information obtained through 01/23/2025, Surveyor conducted an abbreviated survey at River Trail Adult Family Home. As a result, 1 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 all prescription medications remained in the original container as received from the pharmacy. Findings include: The provider is licensed to care for up to 4 residents who may be developmentally disabled. On 01/22/2025 at 2:00 PM, Surveyor toured the home accompanied by Licensee A and observed the following:	M 458		

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

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M 458	Continued From page 1 *A clear medication cup with a lid labeled "[Resident 1 PM]" on the nightstand table next to Resident 1's bed. Inside the clear medication cup was a pink rectangular pill. *A clear medication cup with a lid labeled "[Resident 2 PM]' on the nightstand table next to Resident 2's bed. Inside the clear medication cup was 2 white rectangular pills. *A clear medication cup with a lid labeled "[Resident 3 PM]" on the nightstand table next to Resident 3's bed. Inside the clear medication cup was 6 pills; 4 gray rectangular pills and 3 small round pills. At approximately 2:09 PM, Surveyor interviewed Licensee A who confirmed s/he administers morning medications and for PM medications s/he removes them from their pill packages and places them in the medication cups for residents to take when they return home from day program. Licensee A reported Resident 1, Resident 2 and Resident 3 are able to self-administer their own medications which is identified in their individual service plans (ISP's). Surveyor requested a copy of Resident 3's ISP. On 01/23/2025 at approximately 10:00 AM, Surveyor reviewed Resident 3's ISP. Surveyor noted a section titled "Other" which states, "[Resident 3] can self-administer his medications with oversight and supervision from the AFH (Adult Family Home) Caregiver. The AFH Caregiver maintains the medication in a safe place, removes the proper doses from the medication container, and documents when the medications are given to [Resident 3]. [Resident 3] is not resistant to taking medications. [S/he]	M 458		

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M 458	Continued From page 2 would not be able to identify each pill by name and purpose..." On 01/23/2025 at 11:45 AM, Surveyor interviewed Licensee A via phone. When Surveyor asked how s/he ensures Resident 1, Resident 2 and Resident 3 take their PM medications, Licensee A stated, "They usually take their PM medications at dinner time." S/he reported, "I was doing this because evenings can get hectic with everyone's schedules." The provider did not ensure all prescription medications remained in the original container as received from the pharmacy.	M 458		