STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010592	A. BUILDING: _____ B. WING _____	C 06/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCORMICK FAMILY CIRCLE	1018 GRAHAM AVE 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
N 000	Initial Comments On 06/29/2023, Surveyor conducted an abbreviated survey at McCormick Family Circle. Three deficiencies were identified. Census: 7	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 physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a physician, pharmacist, or registered nurse conducted an on-site review of the CBRF's (community based residential	N 404		

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

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N 404	Continued From page 1 facility) medication administration and medication storage systems at least annually. Findings include: On 06/29/2023, Surveyor requested documentation from Licensee A to show an on-site review of the CBRF's medication administration and medication storage systems were completed in 2021 and 2022. On 06/29/2023 at approximately 12:00 PM, Licensee A informed Surveyor that an on-site inspection was not completed in 2021 or 2022 by a physician, pharmacist, or registered nurse. Licensee A stated s/he had just sent a fax to the pharmacy and requested a review. Licensee A stated s/he would get it scheduled as soon as possible.	N 404		
N 443	83.39(5) Pets vaccinated. The CBRF shall ensure that pets are vaccinated against diseases, including rabies, if appropriate. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure pets were vaccinated against diseases, including rabies. Findings include: On 06/29/2023 at approximately 8:30 AM, Surveyor toured the facility with Caregiver B and observed a toy dangling from a table in the living room. Surveyor asked Caregiver B if there were any pets residing in the home. Caregiver B stated, "Yes, we have a cat, but you'll probably never see [him/her] because [s/he] hides."	N 443		

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N 443	Continued From page 2 On 06/29/2023 at approximately 12:15 PM, Surveyor asked Licensee A for the cat's vaccination record. The vaccination record showed an expiration date of 09/16/2022. Licensee A contacted the clinic and informed Surveyor the cat was past due for vaccinations, including rabies and an appointment had been scheduled 06/30/2023 at 4:15 PM.	N 443		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an annual fire inspection was conducted in 2021 and 2022 by the local fire authority or certified fire inspector. Findings include: On 06/29/2023 at approximately 12:00 PM, Surveyor requested the annual fire inspection for 2021 and 2022 from Licensee A. Licensee A provided Surveyor with an inspection dated 12/20/2020 and informed Surveyor no inspections had been completed in 2021 or 2022. Licensee A scheduled an inspection to be completed on 07/06/2023.	N 530		