STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016686	A. BUILDING: _____ B. WING _____	C 10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW MANOR VI REM WISCONSIN III IN(	621 A E CHIPPEWA ST CADOTT, WI 54727

(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 10/14/2025, Surveyor completed a complaint investigation at Riverview Manor VI Rem Wisconsin III Inc. Data collected through 10/23/2025. The complaint was substantiated. One deficiency identified. Census: 4	M 000		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed (Resident 1) received all medications as prescribed. Findings include: On 07/21/2025, the Department received a complaint that alleged residents were not receiving all medications due to them being out of stock.	M 582		

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

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M 582	Continued From page 1 Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 05/15/2024. S/he had multiple diagnoses that included: intracranial injury, psychoactive substance abuse, polysubstance abuse, and cerebral infarction. On 10/16/2025, Surveyor reviewed Resident 1's June, July, and August MAR (Medication Administration Record). The following medications were listed as "OOS" (Out of Stock) on the following days. JUNE -Tadalafil 5mg Tablet with instructions to Take one tablet by mouth every day at 8PM. 6/10, 6/15, 6/22, 6/24, 6/26, 6/28, and 6/29 -TYRVAYA 0.03 MG NASAL SPRAY Administer One Spray (0.03 Mg) Into Both Nostrils 2 Times a Day at 8am and 8pm. 6/2, 6/3 -KETOCONAZOLE 2% CREAM Apply one application topically twice daily to affected area until rash resolves. then as needed to flare ups 6/12-6/15, 6/25, 6/26 -ALCOHOL 70% PREP PADS Use 1 Pad With Checking Blood Glucose and Medication Administration 6/11, 6/18-6/20, 6/24, 6/25, 6/28, 6/29 -DESITIN RAPID RELIEF 13% CREAM Apply Liberally to Irritated Areas 2 Times a Day at 8am and 8pm Until Rash Is Improved. Then Use as Needed for Flares 6/25, 6/26	M 582		

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M 582	Continued From page 2	M 582		

-DICLOFENAC SODIUM 1% GEL Apply to Affected Area(s) Four Times a Day at 8am, 12pm, 4pm, and 8pm. Max 16 Grams/day Per Area and 32 Grams/day Total
6/20, 6/24-6/26

JULY
-AZELASTINE 0.1% (137 MCG) SPRY INSTILL ONE TO TWO SPRAYS IN BOTHNOSTRILS 2 TIMES A DAY AT 8AM AND 8PM
7/25-7/27, 7/29-7/31

-THERA TEARS 0.25% EYE DROPS*INCLUSA* ADMINISTER ONE DROP INTO THE LEFTEYE FOUR TIMES A DAY AT 8AM, 12PM, 4PM, AND 8PM
7/4, 7/9, 7/10

-RETAINE One drop in both eyes every 2 hours
7/13, 7/18, 7/22, 7/25, 7/29-7/31

-ALCOHOL 70% PREP PADS Use 1 Pad With Checking Blood Glucose and Medication Administration
7/2, 7/4

-DESITIN RAPID RELIEF 13% CREAM Apply Liberally to Irritated Areas 2 Times a Day at 8am and 8pm Until Rash Is Improved. Then Use as Needed for Flares
7/29, 7/30

-REFRESH TEARS 0.5% EYE DROP Instill One Drop Into the Right Eye Four Times a Day at 8am, 12pm, 4pm, and 8pm
7/9, 7/29-7/31

-REFRESH CELLUVISC 1% EYE GEL Administer Every 2 Hours as Directed
7/26, 7/30, 7/31

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M 582	Continued From page 3 In addition, there was an order for "ONETOUCH VERIO FLEX METER - Use as Directed to Check Blood Sugar Once Daily with a start date of 7/7/25." Under Vitals there was no blood sugar listed for the following days 7/8, 7/14, 7/15, 7/19-7/22, 7/24, 7/28, 7/29 AUGUST -Doxycycline Mono 100 Mg Cap with a start date of 6/25/25. Take one capsule by mouth every morning at 8AM. 8/11, 8/13, 8/20 -AZELASTINE 0.1% (137 MCG) SPRY INSTILL ONE TO TWO SPRAYS IN BOTH NOSTRILS2 TIMES A DAY AT 8AM AND 8PM 8/1-8/7, 8/9, 8/10 -THERA TEARS 0.25% EYE DROPS *INCLUSA* ADMINISTER ONE DROP INTO THE LEFT EYEFOUR TIMES A DAY AT 8AM, 12PM, 4PM, AND 8PM 8/20, 8/21 -HIBICLENS 4% LIQUID Apply Topically Once Daily at 8am 8/24, 8/26 -RETAINE One drop in both eyes every 2 hours 8/6, 8/7 -KETOCONAZOLE 2% CREAMAPPLY TO AFFECTED AREA 2 TIMES A DAY AT 8AM AND8PM UNTIL RASH RESOLVES THEN AS NEEDED FOR FLARES 8/2, 8/3, 8/6, 8/18, 8/25, 8/26 -REFRESH TEARS 0.5% EYE DROP Instill One Drop Into the Right Eye Four Times a Day at	M 582		

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M 582	Continued From page 4 8am, 12pm, 4pm, and 8pm 8/2 -DESITIN RAPID RELIEF 13% CREAM Apply Liberally to Irritated Areas 2 Times a Day at 8am and 8pm Until Rash Is Improved. Then Use as Needed for Flare 8/1, 8/3, 8/6, 8/9, 8/10, 8 /20 -DICLOFENAC SODIUM 1% GEL Apply to Affected Area(s) Four Times a Day at 8am, 12pm, 4pm, and 8pm. Max 16 Grams/day Per Area and 32 Grams/day Total 8/5, 8/7, 8/9, 8/10, 8/12, 8/13, 8/15 -SYSTANE GEL EYE DROPS Instill 1 Drop Into the Left Eye Once Daily at Bedtime at 8pm 8/6, 8/7 -MIEBO 100% EYE DROP Instill One Drop Into Both Eyes Four Times a Day at 8am, 12pm, 4pm, and 8pm 8/2-8/4, 8/6, 8/20 In addition, there was an order for "ONETOUCH VERIO FLEX METER - Use as Directed to Check Blood Sugar Once Daily with a start date of 7/7/25." Under Vitals there was no blood sugar listed for the following days: 8/9-8/11, 8/29 On 10/23/2025 at 1:10 PM, Surveyor interviewed Program Director (PD) A about multiple medications being out of stock for Resident 1. PD A stated they had issues with the pharmacy needing to get authorization from the provider each time the medication needed to be reordered. PD A stated Resident 1's medication orders change often based on weekly appointments. S/he stated s/he recently got in touch with the pharmacy manager and was able	M 582		

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M 582	Continued From page 5 to get Resident 1's medications the same day. PD A stated moving forward s/he will continue to reach out the pharmacy manger to get the medications in a timely manner.	M 582		