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 |
|---|---|---|---|
| | 110458 | A. BUILDING: _____ B. WING _____ | R-C 06/11/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REM JONATHON | 223/225 JONATHON DR JANESVILLE, WI 53548 |

| (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<br><br>On 06/11/2026, Surveyors conducted 2 verification visits (statement of deficiency (SOD) 05RK11, dated 03/10/2026 and SOD ZNNV12, dated 01/15/2026) at REM Jonathon, a CBRF in Janesville.<br><br>As a result of this survey, 0 violations of Chapter DHS 83 were issued.<br><br>Five (5) deficiencies from previous statement of deficiency (SOD) # 05RK11, dated 03/10/2026 were substantially corrected. One (1) violation from previous SOD #ZNNV12, dated 01/15/2026 were substantially corrected.<br><br>Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed.<br><br>Census: 5 | {N 000} | | |

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