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 |
|---|---|---|---|
| | 0015641 | A. BUILDING: _____ B. WING _____ | C 05/27/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REM KING STREET | 106 KING ST OCONTO FALLS, WI 54154 |

| (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 |
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| N 000 | Initial Comments<br><br>On 05/20/2025, Surveyor conducted a standard survey and 1 complaint investigation at REM King Street. Additional information was collected through 05/27/2025. The complaint was substantiated, and the survey identified 2 deficient practices.<br><br>Census: 4 | N 000 | | |
| N 302 | 83.28(4)(a) Resident health screening and documentation<br><br>Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 residents (Residents 1 and 2) reviewed were screened within 90 days before or 7 days after admission by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse for clinically apparent communicable disease. | N 302 | | |

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

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| N 302 | Continued From page 1<br>Findings Include:<br><br>On 05/20/2025, Surveyor reviewed resident records and noted the following:<br><br>Resident 1 was admitted to the facility on 09/16/2024. Resident 1's medical record did not contain documentation of communicable disease screening within 90 days before or 7 days after admission to the facility.<br><br>Resident 2 was admitted to the facility on 11/07/2022. Resident 2's medical record did not contain documentation of communicable disease screening within 90 days before or 7 days after admission to the facility.<br><br>On 05/20/2025 at 2:15 PM, Surveyor interviewed Regional Director B. Regional Director B verified the provider did not have documentation of a communicable disease screening for Resident 1 and Resident 2. Regional Director B stated both residents had transferred from another program and the provider was unaware a new communicable disease statement would be needed for transferring to a new license. Regional Director B stated the resident's original communicable diseases statements would have been filed with the previous facility's records.<br><br>On 05/27/2025 at 1:35 PM, Surveyor interviewed Director C and Regional Director B. Director C corroborated no communicable disease screening had been completed for Residents 1 and 2 within 90 days before or 7 days after admission and no additional documentation had been located. | N 302 | | |

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| N 702 | Continued From page 2 | N 702 | | |
| N 702 | 83.64(7) Small CBRF: clear-width door openings<br><br>All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms in small CBRFs shall have a clear-width opening of at least 32 inches.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure all interior doors serving common living areas, all bathrooms and bedrooms, had a clear-width door opening of at least 32 inches. Resident 1's bedroom door had a clear-width door opening of 30 inches.<br><br>Findings include:<br><br>The facility is a Class CNA (non-ambulatory) Community Based Residential Facility and may serve up to 5 residents within the traumatic brain injury, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/ Alzheimer's, physically disabled, and advanced aged client groups.<br><br>On 02/24/2025, the Department received a complaint alleging a resident's room was not equipped with a door wide enough to meet regulations.<br><br>On 05/20/2025 at 1:00 PM, Surveyor toured the facility. Surveyor measured the clear width opening of Resident 1's interior bedroom door and observed the door had a clear width opening of 30 inches.<br><br>On 05/20/2025, at 1:10 PM, Surveyor interviewed Compliance Officer A regarding the door width. Compliance Officer A stated s/he was not aware the interior door did not have a clear width | N 702 | | |

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| N 702 | Continued From page 3<br>opening of 32 inches. | N 702 | | |