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
	0016060	A. BUILDING: _____ B. WING _____	R 03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM MOORELAND CIRCLE	708 MOORELAND CIRCLE DR PORTAGE, WI 53901

(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 03/27/2024, Surveyor conducted a standard licensing survey and verification visit at REM Mooreland Circle, an AFH located in Portage, WI. As a result of the survey, 1 violation of Chapter DHS 88 was issued. One violation is a repeat violation from previous SOD# 376M12 dated 02/25/2022. Three violations from previous SOD# 376M12 were corrected. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 1	{M 000}		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the individual service plan (ISP) and written assessment were developed be the licensee, the resident and/or resident's	M 406		

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

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M 406	Continued From page 1 guardian. 1 of 1 resident ISP's reviewed were not signed by the licensee, the resident, or the resident's guardian. This is a repeat violation from previous Statement of Deficiency (SOD) 376M12 dated 02/25/2022. FINDINGS INCLUDE: On 03/27/2024, Surveyor reviewed Resident 5's 's facility record. Resident 5 was admitted to the facility on 11/15/2012. Resident 5 has a guardian (Guardian G). Surveyor reviewed Resident 5's ISP dated 11/2023. Resident 5's ISP was not signed by the licensee, Resident 5, or Guardian G. On 02/25/2022 at 10:30 AM, Surveyor discussed concerns with Area Director H. Area Director H stated that Resident 5's ISPs were updated but that guardian signatures were not obtained. Area Director H stated that Guardian G has all been sent Resident 5's ISP to sign. Area Director H stated they are working on a new system to keep resident ISPs up to date.	M 406		