

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/12/2026
NAME OF PROVIDER OR SUPPLIER REM INC MARIA PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 MARIA PLACE MADISON, WI 53713		
(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 02/10/2026 to 02/12/2026, Surveyor conducted a complaint investigation at REM INC Maria Place. Two deficiencies were identified. The complaint was substantiated. Census: 2	M 000			
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure Resident 1's individual service plan (ISP) described the services staff would provide to meet resident needs. Resident 1's ISP did not include information regarding how staff were to provide repositioning needs while Resident 1 had a pressure wound. In addition, Resident 1's ISP did not include information on who was responsible for wound and catheter care. Findings include: On 12/23/2025, the Department received a complaint alleging concerns residents were not	M 412			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/12/2026
NAME OF PROVIDER OR SUPPLIER REM INC MARIA PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 MARIA PLACE MADISON, WI 53713		
(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 412	Continued From page 1 being regularly repositioned. On 02/10/2026, Surveyor conducted a complaint investigation. Surveyor reviewed Resident 1's record and identified the following: On 02/10/2026 at 8:30 AM, Surveyor interviewed Caregiver B. Caregiver B provided a summary on Resident 1's care needs including staff helping with repositioning, transfers, and most activities of daily living. Caregiver B reported Resident 1 had a small pressure sore on his/her butt. Caregiver B stated a nurse came in daily to manage his/her wound and flush his/her catheter. On 02/10/2026 at 8:45 AM, Surveyor interviewed Resident 1 in his/her bedroom. Surveyor observed a hospital bed with an alternating pressure mattress, bed rails, trapeze bar (attached to head of bed), arjo ceiling lift, and a suprapubic catheter was in place. Surveyor observed a bulletin board with different documents pinned. One document stated "please reposition [Resident 1] every 2 hours or PRN when in pain. UWHCD PT." To the right of the bulletin board, Surveyor observed 2 documents taped to the wall that included pictures of Resident 1 explaining his/her bed positioning. Resident 1 reported s/he receives home health services for wound and catheter care. Resident 1 stated home health comes daily. Resident 1 noted the staff empty his/her catheter as needed and ensure his/her peri-area is cleaned. Resident 1 stated s/he currently had a pressure wound on his/her butt area due to spending a lot of time in his/her wheelchair. Resident 1 reported ongoing issues with his/her pressure mattress not always filling with air.	M 412			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/12/2026
NAME OF PROVIDER OR SUPPLIER REM INC MARIA PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 MARIA PLACE MADISON, WI 53713		
(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 412	Continued From page 2 Record Review: Resident 1 was admitted to the facility on 04/17/2025 with diagnoses including neuromuscular dysfunction of bladder, muscle spasms, and pos-traumatic stress disorder. Resident 1 is their own legal decision maker. Resident 1's ISP dated 01/25/2026 indicated s/he used an electric wheelchair for mobility and hooyer lift for transfers. The ISP did not document services on how staff were to provide repositioning needs, or who was responsible for wound and catheter care. Resident 1's progress notes documented: -12/15/2025: [Resident 1] wanted to be in bed by 830 pm. A home health nurse arrived around that time to irrigate his catheter line with saline, then clean and change the bandage on [his/her] pressure sore. A new air pump for [his/her] bed was also delivered at this time. Staff and the nurse got [Resident 1] out of [his/her] bed and into [his/her] wheelchair; they are installing the new air pump on [his/her] bed at this moment. -12/17/2025: [Resident 1] had a nurse from [MCO] arrive around 4 pm and clean and dress [his/her] pressure sore with a clean bandage. [S/he] had dinner at 5 pm, and requested to go to bed early. So far, the new air pump on [his/her] bed has been working as it should, and does not need to be re set every 30 minutes. -01/28/2026: [Resident 1's] bed air mattress was and is still in working condition per conversation with [PT therapist]. [PT therapist] visited [Resident 1] on 1/20, [s/he] stated [s/he] was complaining about [his/her] mattress again. This is [his/her] 2nd mattress that [s/he] purchased and if it doesn't work like [s/he] thinks it should [s/he]	M 412			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/12/2026
NAME OF PROVIDER OR SUPPLIER REM INC MARIA PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 MARIA PLACE MADISON, WI 53713		
(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 412	Continued From page 3 complains. [PT therapist] stated its best to let [him/her] lay in bed for a period of time and then get [him/her] up in [his/her] chair for a period of time and this seems to reduce [his/her] pain, as [s/he] is not in the same position all day ...The [Program Director (PD) C] arrived alias 536 to complete a skin assessment on [Resident 1]. Upon the PD arrival [s/he] met with the home health nurse. The nurse stated [s/he] completed a dressing change on the wound located on the resident coccyx area the current measurements were 0.3cm x 0.3cm x0.1cm. The nurse stated [his/her] wound appeared to be getting better and only required gentle cleansing and Vaseline and the dressing change. After the nurse left the PD completed a skin assessment on the [Resident 1] body front to back. In addition to the PD one staff member was present for the assessment. [Resident 1] upper and lower extremities were intact. No bruises, redness, open areas were present. Plan of Action: 1. Home Health will continue to do the dressing changes. 2. Home health recommendation is that staff apply Vaseline to [Resident 1's] peri are folds, and [his/her] gluteus maximum area 3. Although [Resident 1] feet are in good condition applying Vaseline to feet area daily will keep them soft and prevent possible skin break down. The PD will request an order from the PCP to that will entail staff completing the following daily: 1. Apply Vaseline to peri area folds after area is cleansed and dried 2. Apply Vaseline to gluteus maximum area including fold regions and coccyx area 3. Apply Vaseline to each foot daily after washing feet and before applying socks. 4. All measurement were facilitated by home health personnel. Attention All Staff: If [Resident 1's] Dressing accidentally becomes soiled with feces or any other bodily fluids etc. please notify	M 412			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/12/2026
NAME OF PROVIDER OR SUPPLIER REM INC MARIA PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 MARIA PLACE MADISON, WI 53713		
(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 412	Continued From page 4 the PD, [Program Supervisor], Nurse, and Home Health Nurse Immediately. Gently remove the dressing, cleanse the area with mild soap water and disposal wash cloths and apply Vaseline." Resident 1's doctor orders dated 10/28/2025 documented: "Turn every 2 hours. Transfer to wheelchair and back to bed if mattress not properly inflating." Resident 1's doctor orders dated 12/05/2025 documented: "Remove all old dressings. Actively wash wound with antibacterial soap and water using a washcloth. Rinse completely and pat dry with clean wash cloth or towel. Cover with foam border. Dressing changes to be done every other day or PRN. Please ensure the area is kept clean, dry and free from incontinence. Keep all pressure and friction away from the wound to promote healing." Surveyor reviewed an email from Home Health Nurse D to his/her care team dated 12/03/2025: "[Resident 1] asked me to look at [his/her] wound today. When [home health] first started with [Resident 1], it was for wound care as well as catheter irrigation and changes. Here is my assessment with measurements. BP 133/86, P 61. catheter irrigation with 100ml saline and 5ml vinegar solution. wound assessment- L intergluteal cleft: 0.9x1.5x0.2cm circular PU with macerated edges, periwound otherwise intact with minimal erythema, cleanse, apply skin prep, cover with mepilex bordered foam dressing. [Resident 1] has a hx of pressure ulcers (PU), therefore, I think it might be worth while to keep the area covered as best one can. If this doesn't work, I would suggest covering wound with Vaseline prior to the barrier	M 412			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/12/2026
NAME OF PROVIDER OR SUPPLIER REM INC MARIA PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 MARIA PLACE MADISON, WI 53713		
(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 412	Continued From page 5 cream. This is now the recommended care by most wound care teams and what I have personally seen to work the best. A referral to the wound clinic may also be warranted." On 02/12/2026 at 10:08 AM, Surveyor sent the following email to Area Director A: "...After going through [Resident 1's] record, there was 2 concerns I had. 1) Dec-Feb, there was many missing initials for different medications on the MAR. 2) [Resident 1's] ISP from 1/25/26 does not say anything about [his/her] repositioning schedule nor talk about skin integrity concerns (has a current pressure sore at least since Dec.)" On 02/12/2026 at 10:41 AM, Area Director A responded to the Surveyor email: "...I have attached our most recent wound orders that are for home health as they take care of the wound and communicate with us on progress. I have also attached the most recent bed transfer order. I can certainly add this to the ISP. [Program Director C] is still semi new to [providers name] and this may have been missed due to the transition of Program Directors. I will add it to the ISP and send you back an updated copy of this." On 02/12/2026 at 2:00 PM, Surveyor interviewed Area Director A. Surveyor reported after reviewing Resident 1's record, repositioning orders were sent to the provider in October 2025 and Resident 1 had a wound at least since December 2025. Area Director A confirmed the above information and stated Program Director C was newer to his/her role and may have missed this information to update Resident 1's ISP. Surveyor questioned Resident 1's ISP being reviewed in January 2026, and the above information not being reflected. Area	M 412			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/12/2026
NAME OF PROVIDER OR SUPPLIER REM INC MARIA PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 MARIA PLACE MADISON, WI 53713		
(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 412	Continued From page 6 Director A stated the ISP was updated in January 2026, but the care conference had not occurred yet. Area Director A acknowledged Resident 1's ISP should have included information on his/her repositioning needs and who was responsible for wound and catheter care.	M 412			
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a record was kept of all prescription medications administered by the provider's staff. The provider did not maintain accurate records of all medications administered to Resident 1. The medication administration record (MAR) for December 2025 contained 69 blank entries for Resident 1's medications. Findings include: On 02/10/2026, Surveyor reviewed Resident 1's record and identified the following:	M 466			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/12/2026
NAME OF PROVIDER OR SUPPLIER REM INC MARIA PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 MARIA PLACE MADISON, WI 53713		
(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 466	Continued From page 7 Resident 1 was admitted to the facility on 04/17/2025 with diagnoses including neuromuscular dysfunction of bladder, muscle spasms, and pos-traumatic stress disorder. Resident 1 is their own legal decision maker. Resident 1's ISP dated 01/25/2026 indicated staff were responsible for administering his/her medications. Surveyor reviewed Resident 1's December 2025 MAR. The following medications had blank entries: -Acetaminophen 500 mg at 8:00 AM: 1 of 31 entries were blank. -Acetaminophen 500 mg at 2:00 PM: 2 of 31 entries were blank. -Acetaminophen 500 mg at 8:00 PM: 2 of 31 entries were blank. -Arthritis Pain Reliever Gel at 8:00 AM: 1 of 31 entries were blank. -Arthritis Pain Reliever Gel at 2:00 PM: 2 of 31 entries were blank. -Arthritis Pain Reliever Gel at 8:00 PM: 2 of 31 entries were blank. -Bisacodyl 10 mg suppository at 6:00 AM: 4 of 31 entries were blank. -Certavite tablet at 8:00 AM: 2 of 31 entries were blank. -Polyethylene Glycol PWD at 8:00 AM: 4 of 31 entries were blank. -Probiotic at 8:00 PM: 2 of 31 entries were blank. -Tamsulosin 0.4 mg at 8:00 PM: 2 of 31 entries were blank. -Melatonin 3 mg at 8:00 PM: 2 of 31 entries were blank. -Calcium Antacid 500 mg at 8:00 AM: 1 of 31 entries were blank. -Calcium Antacid 500 mg at 12:00 PM: 2 of 31	M 466			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/12/2026
NAME OF PROVIDER OR SUPPLIER REM INC MARIA PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 MARIA PLACE MADISON, WI 53713		
(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 466	Continued From page 8 entries were blank. -Calcium Antacid 500 mg at 5:00 PM: 1 of 31 entries were blank. -Tizanidine 4 mg at 8:00 AM: 3 of 31 entries were blank. -Tizanidine 4 mg at 2:00 PM: 2 of 31 entries were blank. -Tizanidine 4 mg at 8:00 PM: 2 of 31 entries were blank. -Gabapentin 600 mg at 8:00 AM: 1 of 31 entries were blank. -Gabapentin 600 mg at 2:00 PM: 2 of 31 entries were blank. -Gabapentin 600 mg at 8:00 PM: 2 of 31 entries were blank. -Baclofen 20 mg at 2:00 AM: 14 of 31 entries were blank. -Baclofen 20 mg at 8:00 AM: 1 of 31 entries were blank. -Baclofen 20 mg at 2:00 PM: 2 of 31 entries were blank. -Baclofen 20 mg at 8:00 PM: 2 of 31 entries were blank. -Naltrexone 4.5 mg at 8:00 PM: 2 of 31 entries were blank. -Mexiletine 150 mg at 8:00 AM: 4 of 21 entries were blank. -Mexiletine 150 mg at 8:00 PM: 2 of 7 entries were blank. On 02/12/2026 at 10:08 AM, Surveyor sent the following email to Area Director A: "...After going through [Resident 1's] record, there was 2 concerns I had. 1) Dec-Feb, there was many missing initials for different medications on the MAR." On 02/12/2026 at 10:41 AM, Area Director A	M 466			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/12/2026
NAME OF PROVIDER OR SUPPLIER REM INC MARIA PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 MARIA PLACE MADISON, WI 53713		
(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 466	Continued From page 9 responded to the Surveyor email: "...I was able to send you the blank MARS for a couple of months that are used if there are technical issues or other reasons staff cannot log on the computer system. We were unable to find the Dec blank MARS but no missed medication was missed as staff report this to us immediately if so. These may have been documentation errors unfortunately." On 02/12/2026 at 2:00 PM, Surveyor interviewed Area Director A. Area Director A reported sometimes staff have trouble charting on their electronic health record, so we use paper MARS as a back up plan. Area Director A confirmed the provider was unable to find the paper MAR for December 2025. Area Director A acknowledged Resident 1's December 2025 MAR contained many blank entries for his/her medications. Area Director A stated s/he would work with staff on ensuring resident records were stored correctly going forward.	M 466			