STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016428	A. BUILDING: _____ B. WING _____	08/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM SHANNON	1606 SHANNON DR JANESVILLE, WI 53546

(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 08/18/2023, Surveyor completed a standard survey at REM Shannon, an AFH in Janesville. Three deficiencies were identified. Census: 3	M 000		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 caregivers reviewed had training in fire safety and first aid prior to or within 6 months after starting to provide care. Caregiver C did not have training in fire safety and first aid prior to or within 6 months after starting to provide care. Findings include: On 08/15/2023 at approximately 9:15 a.m., Surveyor requested the initial trainings of Caregiver C, hired 04/15/2022, from Program Director A. Program Director A stated s/he would	M 244		

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

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M 244	Continued From page 1 need to work with Human Resources and email Surveyor the records. On 08/15/2023 at approximately 4:45 p.m., Surveyor received documentation of Caregiver C's initial trainings and noted that training did not document training in fire safety and first aid. Surveyor followed up with Program Director A and requested documentation of fire safety and first aid training. On 08/18/2023 at approximately 11:45 a.m., Program Director A stated s/he attempted to obtain documentation of Caregiver C's first aid and fire safety training from the UW Green Bay CBRF registry but was unable to perform the search. Surveyor performed the search and Caregiver C was not located on the registry. As of 08/21/2023 at 5:00 p.m., Surveyor did not receive documentation that indicated Caregiver C had received training in fire safety and first aid.	M 244		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the	M 384		

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M 384	Continued From page 2 placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed had a signed service agreement. Resident 1 did not have a signed service agreement. Findings include: On 08/15/2023 at approximately 9:15 a.m., Surveyor reviewed resident records. Resident 1, who admitted to the provider's home on 06/03/2022, did not have a service agreement signed by his/her legal representative. Surveyor asked Program Director A if Resident 1 had a signed service agreement. Program Director A replied, "No. We haven't gotten to that yet."	M 384		
Z 019	50.065(6)(am) Four Year Caregiver Background Requirement Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 caregivers reviewed had a complete background check conducted within the past 4 years. Caregiver B	Z 019		

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Z 019	Continued From page 3 did not have a background check completed with the Department of Justice (DOJ) and Department of Safety and Professional Services (DSPS) within the past 4 years. Findings include: On 08/15/2023 at approximately 9:15 a.m., Surveyor requested the most recent background checks for Caregiver B, hired 10/14/2013, from Program Director A. Program Director A stated s/he would need to work with Human Resources and email Surveyor the records. On 08/15/2023 at approximately 4:45 p.m., Surveyor received documentation of a background information disclosure (BID), completed 01/25/2018. Surveyor did not receive documentation that indicated a background check with the DOJ and DSPS were completed in the past 4 years. On 08/18/2023 at approximately 10:45 a.m., Surveyor received documentation that indicated a background check with DOJ and DSPS was completed on 10/09/2017, greater than 4 years ago. Surveyor shared concern with Program Director A, who stated s/he would complete a new background check.	Z 019		