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
	590031	A. BUILDING: _____ B. WING _____	C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM WISCONSIN III INC CUDD	211 SOUTH CUDD AVENUE RIVER FALLS, WI 54022

(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 02/21/2025, Surveyor conducted an abbreviated survey and self-report review. Data collection continued through 03/06/2025. Two deficiencies were identified. Census: 4	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure two of 3 employees received 8 hours of training every year beginning with the calendar year after the year in which initial training was received. Findings include: On 02/21/2025, Surveyor requested employee records for Caregiver B and Caregiver C. On 02/24/2025, Surveyor reviewed employee records received via email. Caregiver B had a hire date of 03/20/2023.	M 246		

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

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M 246	Continued From page 1 Caregiver B had no training hours for calendar year 2024. Caregiver C had a hire date of 12/01/2015. Caregiver C had 4.75 hours of training for calendar year 2023 and 1 hour of training in 2024. On 03/05/2025, Surveyor interviewed Program Director (PD) A and asked if there was additional training documentation for Caregiver B and Caregiver C. On 03/06/2025 at 10:44 AM, PD A stated via email, "As far as [Caregiver C] and [Caregiver B] go; they do not have anything other than what's in Relias (online training). I will write both of them up and see that the [sic] have designated training time to complete."	M 246		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be	M 332		

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M 332	Continued From page 2 inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the fire extinguisher located in the basement was mounted. Findings include: On 02/21/2025, Surveyor toured the home and observed the fire extinguisher in the basement on the floor. Program Director (PD) A informed Surveyor 1 of 4 residents resided in the basement and stated s/he would submit a maintenance request to get the extinguisher mounted.	M 332		