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
	0015659	A. BUILDING: _____ B. WING _____	C 05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM WISCONSIN INC PHEASANT RUN	1260 PHEASANT RUN NEW RICHMOND, WI 54017

(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 05/15/2025, Surveyors conducted an abbreviated licensure survey at REM Wisconsin Inc Pheasant Run. One violation was identified. Census: 4	M 000		
M 260	88.05(2) ACCESS TO HOME AND WITHIN THE HOME RESIDENT ACCESS TO THE HOME AND WITHIN THE HOME. An adult family home shall be physically accessible to all residents of the home. Residents shall be able to easily enter and exit the home, to easily get to their sleeping rooms, a bathroom, the kitchen and all common living areas in the home, and to easily move about in the home. Additional accessibility features shall be provided as follows, if needed to accommodate the physical limitations of the resident or if specified in the resident's individual service plan: This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was physically accessible to all residents and that residents were able to easily enter and exit the home. Findings include:	M 260		

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

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M 260	Continued From page 1 The provider is licensed to care for 4 residents in the client groups physically disabled, traumatic brain injury, and developmentally disabled. On 05/15/2025, at approximately 9:22 am, Surveyors observed Caregiver A assisting Resident 1, who was in a wheelchair, from the home to the back deck. Surveyors observed a sliding glass door that led from the dining area to the back deck. Surveyors observed that the threshold of the sliding glass door was not to grade with the dining room floor or the deck. The threshold was approximately 2 inches above grade. Surveyors observed that Caregiver A struggled to push Resident 1's wheelchair through the doorway. On 05/20/2025, at approximately 9:50 am, Surveyors interviewed Program Manager (PM), B who stated that Resident 1 had been in a wheelchair for approximately a year. PM B stated that Resident 1 always required assistance exiting and entering over the threshold leading to and from the deck. PM B stated staff would pull Resident 1's wheelchair backwards to get him/her over the threshold. PM B stated the threshold had been like that for at least a couple of years and modifying the exit to grade had not been discussed. PM B stated the threshold was difficult to get over. The provider did not ensure the home was physically accessible to all residents and that residents were able to easily enter and exit the home.	M 260		