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 08/26/2025

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 08/26/2025, Surveyor conducted a complaint investigation at REM Wisconsin Inc Pheasant Run. Two of 2 complaints were substantiated. One violation was identified. Census: 4	M 000		
M 548	88.10(3)(a) Fair Treatment Fair treatment. To be treated with courtesy, respect and full recognition of the resident's dignity and individuality. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure residents were treated with dignity and respect when staff played on their personal cell phones at work. Findings include: The provider is licensed to care for 4 residents in the client groups developmentally disabled, traumatic brain injury, and physically disabled. In July 2025, the Department received 2 complaints related to staff's phone usage and lack of interaction with residents. On 08/26/2025 at 11:12 AM, Surveyor interviewed Resident 1. Resident 1 stated s/he enjoyed most of the staff at the provider. Resident 1 stated Staff A was not helpful, and s/he spent the majority of his/her time at work on his/her phone. Resident 1	M 548		

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

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M 548	Continued From page 1 stated Staff A worked alone on the evening and/or overnight shift. Resident 1 stated s/he has had to yell at Staff A to put down his/her phone to get Staff A to respond to residents. Surveyor reviewed the staff schedule provided at entrance. Staff A worked at the facility 22 out of 25 days in August 2025. Twelve of these days, Staff A worked alone at the provider from 3:00 PM to 11:00 PM. On 08/26/2025 at 11:24 AM, Surveyor interviewed Program Supervisor (PS) B. PS B stated s/he overheard Resident 1 talking to Surveyor about staff phone usage. PS B stated s/he was aware of the issue and had talked to Staff A multiple times about his/her phone usage at work. PS B stated s/he did not believe his/her talks with Staff A made a difference, and Staff A's phone usage had a negative effect on residents. On 08/26/2025 at 11:40 AM, Surveyor interviewed Program Director (PD) C. PD C stated the program used to have a policy that prohibited personal cell phones at work; however, the company recently switched to a 2-factor authentication system that required staff to verify their identities on their personal phones before they could access the provider's electronic charting system.	M 548		