STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010402	A. BUILDING: _____ B. WING _____	08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM WISCONSIN II INC COLLEGE AVE	3177 W COLLEGE AVE FRANKLIN, WI 53132

(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
N 000	Initial Comments On 08/01/2025 to 08/04/2025, Surveyor conducted an abbreviated survey at REM Wisconsin II Inc College Ave. Five deficiencies were identified. Census: 6	N 000		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for	N 243		

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

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N 243	Continued From page 1 each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed completed training in all employee training within 90 days after starting employment. Caregiver E and Caregiver F did not have documentation for completion of training in challenging behaviors. Findings include: On 08/02/025, Surveyor conducted a review of employee files to verify compliance with all employee training requirements. Surveyor requested training records from Area Director A and Program Director B. Recognizing, Preventing, Managing and Responding to Challenging Behaviors: -The record for Caregiver E, hired 02/12/2025, did not contain evidence of training in challenging behaviors within 90 days of hire, or evidence of	N 243		

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N 243	Continued From page 2 meeting an exemption for the training. -The record for Caregiver F, hired 03/04/2025, did not contain evidence of training in challenging behaviors within 90 days of hire, or evidence of meeting an exemption for the training. On 08/04/2025 at 1:07 PM, Surveyor interviewed Area Director A and Program Director B regarding the above concern. Area Director A confirmed Caregiver E and Caregiver F did not complete training in challenging behaviors. Area Director A reported the home has had many director changes, and Program Director B was helping to cover the home. Program Director B stated s/he would ensure Caregiver E and Caregiver F were signed up for the next challenging behaviors training.	N 243		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the	N 277		

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N 277	Continued From page 3 provider did not ensure 2 of 2 staff sampled, completed at least 15 hours of continuing education requirements in 2023 and 2024. Findings include: On 08/04/2025, Surveyor reviewed employee files and identified the following: -Caregiver C was hired 05/19/2015. Caregiver C's record contained approximately 13 hours in 2023 and 9 hours in 2024 of continuing education training. -Caregiver G was hired 08/12/2022. Caregiver G's record contained approximately 15 certificates of training completed in 2024, but did not contain the amount of time it took to complete them. On 08/04/2025 at 1:07 PM, Surveyor interviewed Area Director A and Program Director B regarding the above concern. Area Director A acknowledged an understanding of the concern. Area Director A reported Caregiver C does attend staff meeting where training is completed, but s/he did not have access to those records right now. Surveyor noted any continuing education for Caregiver C and Caregiver G would need to be submitted with a deadline of end of day 08/04/2025. On 08/04/2025 at 3:17 PM, Surveyor received an email from Area Director A: "I am unable to send further...meeting trainings on [Caregiver C] today as I am not in my Milwaukee office and do not have the pages saved that are signed during my meetings I just have the agendas saved prior to signatures. I have them in my office there and I am not there today. We will not be able to send	N 277		

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N 277	Continued From page 4 further on [Caregiver C] today." As of 11:00 AM on 08/06/2025, Surveyor did not receive any further documentation from the provider.	N 277		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure Resident 1 received all prescribed medications in the dosage and at intervals prescribed by a practitioner. From 03/08/2025 to 07/31/2025, Resident 1 did not receive his/her polyethylene glycol as prescribed. Findings include: On 08/01/2025 at 9:30 AM, Surveyor observed the provider's medication cabinet with Caregiver C and identified the following: Resident 1's polyethylene glycol container noted a manufacturer's label including the container originally held 30 once-daily dose of 17 grams. The container included a pharmacy label including Resident 1's practitioner's prescription for polyethylene glycol including, "Dissolve 1	N 352		

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N 352	Continued From page 5	N 352		

capful (17GM) into 4-8 ounces of liquid and drink daily." The pharmacy label included a delivery date to the facility of 03/06/2025. Surveyor observed approximately ½ of the medication remained within the container. Caregiver C observed and verbally confirmed ½ of the container remained.

Resident 1 was admitted to the provider on 02/26/2024 with a history of gastro-intestinal (GI) bleed. Resident 1's most recent individual service plan (ISP) dated 02/19/2025 indicated medications were administered by staff.

Surveyor reviewed Resident 1's March to July 2025 medication administration record (MAR) and identified the following:

Resident 1 was administered 122 doses of polyethylene glycol between 03/08/2025-07/31/2025 from a 30-dose container, based on Resident 1's practitioner's order, with ½ of the medication remaining in the container.

On 08/01/2025 at 9:30 AM, Surveyor interviewed Caregiver C. Caregiver C reported s/he worked almost daily at the facility as the medication passer. Surveyor shared concern for the medication amount still left in the container if given daily as prescribed. Caregiver C reported the pharmacy had delivered a couple bottles in March 2025 and the one observed was the last remaining. Surveyor questioned why the medication did not have an opened date written on the container. Caregiver C did not provide an answer.

On 08/04/2025 at 11:49 AM, Surveyor interviewed Pharmacy Staff D. Pharmacy Staff D reported one 30 once-daily dose container of Resident 1's

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N 352	Continued From page 6 polyethylene glycol, as prescribed, was delivered to the facility from the pharmacy on 03/06/2025. Pharmacy Staff D acknowledged if administered to Resident 1 as prescribed, the container would have been emptied on approximately 04/06/2025. Pharmacy Staff D reported the delivery before the 03/06 polyethylene glycol was 1 container sent in June 2024. On 08/04/2025 at 1:07 PM, Surveyor interviewed Area Director A and Program Director B regarding the above concern. Management staff acknowledged if the above medications were administered as prescribed the containers would have been emptied much earlier and requests for refills would have been sent to the pharmacy. Surveyor expressed concern with the medication amount still left in each container and staff continuing to document as administered. Program Director B stated maybe staff were administering poly glycol from another resident's container. Surveyor shared all other resident poly glycol containers had been dispensed in the last 30 days. Area Director A stated the provider would be starting an internal investigation and would talk with Caregiver C.	N 352		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by:	N 481		

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N 481	Continued From page 7 Based on observation and interview, the provider did not ensure that the environment was clean and homelike. Findings include: On 08/01/2025, Surveyor toured the home and observed the following: -At approximately 9:12 AM, toured the laundry room. Surveyor observed the dryer vent was not attached to the back of the dryer. Surveyor observed a large amount of lint built up behind the dryer. In addition, Surveyor observed lint accumulating on all 4 walls, ceiling, and on decorative items hung up on the wall. The sprinkler head was visibly coated in a significant buildup of lint and dust. The presence of excessive lint made the laundry room look messy and unkempt. -At approximately 9:34 AM, Surveyor observed cracks in the laminate flooring. The living room had 5 areas where the laminate flooring was either cracked or peeling upwards. The flooring outside the laundry room had 2 cracks in the laminate flooring. Resident 2's bedroom flooring had 2 large cracks near the doorway. On 08/04/2025 at 1:07 PM, Surveyor interviewed Area Director A and Program Director B regarding the above concerns. Both staff acknowledged an understanding of the concerns. Area Director A reported s/he reached out to their contractor in May for several environmental things including flooring. Area Director A stated s/he was unsure if the flooring replacement had been approved. Program Director B reported Caregiver C had put in a maintenance request to get the dryer vent reattached.	N 481		

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N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were stored in a secure area. Findings include: The provider is licensed to care up to 6 residents in the following client groups: traumatic brain injury, physically disabled, advanced age, developmentally disabled, and irreversible dementia/Alzheimer's. On 08/01/2025, Surveyor conducted an abbreviated survey and identified the following: At approximately 8:42 AM, Surveyor toured the resident bathroom. Inside the unsecured closet, Surveyor observed the following cleaning compounds: 1 gallon bottle of Simple Green all-purpose cleaner, 32 oz bottle of Lysol toilet bowl cleaner, 32 oz spray bottle of Clorox Scentiva disinfecting cleaner, 1 gallon of Clorox Urine remover, 32 oz spray bottle of Lysol all purpose cleaner, 32 oz bottle of Perk glass cleaner, and 1 gallon of Mico-Kill bleach solution. At approximately 9:15 AM, Surveyor toured the unsecured laundry room. Inside the cabinets above the washer/dryer, Surveyor observed the following cleaning compounds: 32 oz spray bottle of Clorox Scentiva disinfecting cleaner and 1	N 499		

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N 499	Continued From page 9 gallon of Clorox disinfectant cleaner with bleach. At approximately 9:51 AM, Surveyor toured the kitchen. Inside the unsecured cabinets under the sink, Surveyor observed the following cleaning compounds: 32 oz spray bottle of Fantastik grease cleaner, 32 oz spray bottle of Windex glass cleaner, 32 oz spray bottle of Lysol all purpose cleaner, 55 oz bottle of Fabuloso multi-purpose cleaner, and 1 gallon of Mico-Kill bleach solution. At approximately 9:54 AM, inside the unsecured cabinets above the microwave, Surveyor observed 2 spray bottles of Zep air fryer and microwave cleaner. The cleaning supplies remained unsecured for the duration of the survey. Surveyor observed residents independently move throughout the facility. On 08/04/2025 at 1:07 PM, Surveyor interviewed Area Director A and Program Director B regarding the above concern. Both staff acknowledged an understanding of the concern. Area Director A reported a new lock had been purchased for the kitchen cabinets. Program Director B stated 1 key works throughout the home, so s/he will ensure staff are securing cleaning compounds in the bathroom and laundry room. Program Director B reported staff had moved many of the above cleaning compounds to secured areas after the survey.	N 499		