

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017221	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER REM INC DRYDEN		STREET ADDRESS, CITY, STATE, ZIP CODE 2702 DRYDEN DR MADISON, WI 53704		
(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 From 07/01/2024 to 07/02/2024, Surveyor conducted a standard survey at REM Inc Dryden, an AFH in Madison. One deficiency of DHS Chapter 50 was identified. Census: 4	M 000		
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 a complete background check was completed every 4 years for 1 of 3 caregivers reviewed. The provider had not completed a background check for Caregiver B since 09/27/2019. Findings include: On 07/01/2024 at approximately 12:00 p.m., Surveyor requested 3 resident records from Program Director A. On 07/02/2024 at approximately 9:00 a.m.,	Z 019		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Z 019	Continued From page 1 Surveyor reviewed Caregiver B's record. The record documented Caregiver B was hired on 08/31/2000 and his/her most recent background check was completed on 09/27/2019, greater than 4 years ago. On 07/02/2024 at approximately 10:40 a.m., Surveyor shared concern with Program Director A that Caregiver B's background check had not been completed in greater than 4 years. Program Director A noted that the background check was overdue to be completed and stated s/he would make sure a background check was requested.	Z 019		