

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0010846</b>             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>07/24/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>REM WISCONSIN III INC - OAK ST A</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>232 E OAK ST</b><br><b>CADOTT, WI 54727</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| M 000                                                                       | <p>INITIAL COMMENTS</p> <p>On 07/11/2024, the Department conducted a licensure survey at REM Wisconsin III - Oak St A. Data collected through 07/24/2024.</p> <p>One deficiency was identified.</p> <p>Census: 0</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | M 000                                                                                   |                                                                                                                          |                                                                    |
| M 276                                                                       | <p>88.05(3)(a) HOME ENVIRONMENT</p> <p>An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation and interview, the provider did not ensure the home was well maintained, clean, and provided a homelike environment. Multiple rooms in the home required cleaning and/or repairs.</p> <p>Findings include:</p> <p>The provider is licensed to care for 3 residents in the client groups developmentally disabled, traumatic brain injury and emotionally disturbed/mental illness.</p> <p>On 07/11/2024, from 10:55 AM to 12:15 PM, Surveyors were on site and observed the following:</p> <p>Kitchen<br/>- Oven had grime and/or food buildup inside</p> | M 276                                                                                   |                                                                                                                          |                                                                    |

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| M 276                                                                       | <p>Continued From page 1</p> <ul style="list-style-type: none"> <li>- Hinge to cabinet loose</li> <li>- Door leading into kitchen had a hole</li> </ul> <p>Dining Room</p> <ul style="list-style-type: none"> <li>- Documents sitting on dining room table with resident information</li> </ul> <p>Office/Medication Room</p> <ul style="list-style-type: none"> <li>- Mouse droppings along window ledge</li> </ul> <p>West Side Bathroom</p> <ul style="list-style-type: none"> <li>- Toilet full of stains/grime</li> <li>- Ceiling vent dusty</li> <li>- Dead bugs in light fixture</li> <li>- Shower full of grime</li> </ul> <p>Bathroom With Tub</p> <ul style="list-style-type: none"> <li>-Ceiling vent dusty</li> </ul> <p>Living Room</p> <ul style="list-style-type: none"> <li>- Paint scuffs on walls</li> </ul> <p>Bedroom 1</p> <ul style="list-style-type: none"> <li>- Large paint scuffs all over bedroom walls</li> <li>- Window had block that allowed it to only open approximately 6 inches</li> <li>- Window sills full of dust and dead bugs</li> <li>- Electrical outlets without covers</li> <li>- Multiple nail holes in the walls</li> <li>- No window covering</li> <li>- Lock on closet door</li> </ul> <p>Bedroom 2</p> <ul style="list-style-type: none"> <li>- Window had block that allowed it to only open approximately 6 inches</li> <li>- Large paint scuffs all over bedroom walls</li> <li>- Dead bugs in the ceiling light</li> <li>- No window screen</li> </ul> <p>Bedroom 3</p> | M 276                                                                       |                                                                                                                          |  |                                                                    |

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| M 276                                                                       | <p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Resident clothing still on the floor and in closet</li> <li>- Missing closet handle</li> <li>- Pop can &amp; broken knife with butter on it sitting on desk in bedroom</li> <li>- Other debris from previous resident</li> <li>- Large paint scuffs on bedroom wall</li> <li>- No window screen</li> <li>- Window had block that allowed it to only open approximately 6 inches</li> </ul> <p>Seclusion Room</p> <ul style="list-style-type: none"> <li>- Completely padded room top to bottom</li> <li>- Plain mattress on the floor with nothing on it</li> <li>- Magnetic lock on door</li> <li>- Viewing window on door from hallway</li> <li>- Camera in upper corner behind door</li> <li>- Camera view in real time outside of the room on wall behind the door</li> </ul> <p>At 11:26 AM Area Director (AD) A arrived at facility. AD A stated the facility had been vacant since 2022 and staff used the facility as office space currently. AD A stated they did plan to admit residents because staffing had been a barrier. AD A stated the landlord just replaced the front deck. AD A had questions about the seclusion room and would like to keep the room for use if able. AD A stated the camera in the seclusion room only showed in real time and did not record. The camera was there due to a blind spot from the hallway viewing window for resident safety. AD A stated the front door used to be magnetic locked and was no longer activated.</p> <p>On 07/24/2024 at 1:00 PM, Surveyor interviewed AD A in an exit conference. AD A stated they currently did not have a waiver for the seclusion room. AD A stated they had a waiver for one resident in the past. AD A stated they had already put in maintenance work orders for the concerns</p> | M 276                                                                                   |                                                                                                                          |                                                                    |

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| M 276                                                                       | Continued From page 3<br><br>discussed. AD A stated they would not know the<br>timeline to admit residents until the work orders<br>were completed.<br><br>The provider did not ensure the home was<br>well-maintained and homelike. | M 276                                                                       |                                                                                                                          |                          |                                                                    |