STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016590	A. BUILDING: _____ B. WING _____	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DECLARATION REM WISCONSIN III INC	61148 HILLSIDE LN ASHLAND, WI 54806

(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 09/10/2024, Surveyor conducted a standard licensure survey at Declaration REM Wisconsin III Inc. Data was collected through 09/11/2024. Four deficiencies were identified. Two of the 4 deficiencies were repeat deficiencies. See Statements of Deficiency (SOD) 5NQW11, dated 04/28/2021 and SOD 27RI11, dated 03/28/2022. Census: 4	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or	M 114		

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

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M 114	Continued From page 1	M 114		

property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 2 staff members, Program Supervisor (PS) B, had a complete caregiver background check (CBC).

Findings include:

A complete CBC consists of the following:

- A completed Background Information Disclosure (BID) form.
- A report of findings from the Department of Justice (DOJ).
- Government Findings Report (GFR) from the Department of Health Services (DHS).

On 09/10/2024, Surveyor reviewed PS B's employee file.

PS B's date of hire was 10/03/2022.
S/he had a BID, dated 09/19/2022. The employee file did not contain a DOJ or GFR.

On 09/11/2024 at 10:36 a.m., Area Director (AD) C emailed Surveyor, which read, in part: "We are

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M 114	Continued From page 2 still locating [PS B]'s background [sic] the [person] who runs them is out on LOA (leave of absence) right now ..." On 09/11/2024 at 3:20 p.m., AD C emailed Surveyor a copy of PS B's DOJ report and GFR, dated 09/11/2024. AD C's email read: "We re-ran it today because I don't know that I am going to be able to get it by noon tomorrow." The provider did not ensure PS B had a complete CBC.	M 114		
M 282	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that water obtained from a well was screened annually for safety. This is a repeat deficiency. See Statement of Deficiency (SOD) 5NQW11, dated 04/28/2021. Findings included: The facility is located in a rural area and has a private well for water. On 09/10/2024, Surveyor reviewed the provider's safety reports. The well water test was dated 07/26/2022, over 2 years old.	M 282		

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M 282	Continued From page 3 On 09/10/2024 at approximately 11:45 a.m., Surveyor interviewed Program Manager (PM) A and asked if there was a more recent well water test. PM A told Surveyor that the water test, dated 07/26/2022, was the most recent well water test.	M 282		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each required smoke detector was checked monthly to ensure they were in working condition. Findings include: The provider is licensed to care for up to 4 residents in the client groups of emotionally disturbed/mental illness, irreversible dementia/Alzheimer's disease, and developmentally disabled. On 09/10/2024, Surveyor reviewed the provider's safety reports, including the 2023 and 2024 smoke detector checks. There were no documented smoke detector checks for the	M 336		

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M 336	Continued From page 4 calendar year of 2024. On 09/10/2024 at approximately 11:45 a.m., Surveyor interviewed Program Manager (PM) A. PM A said s/he did not have documentation of the smoke detector checks for 2024.	M 336		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct and document a semi-annual fire drill for the first half of 2024. This is a repeat deficiency. See Statement of Deficiency (SOD) 27RI11, dated 03/28/2022. Findings include: On 09/10/2024, Surveyor reviewed the provider's safety reports, including the fire evacuation drills for 2023 and 2024. There were no documented fire drills for 2024. On 09/10/2024 at approximately 11:45 a.m., Surveyor interviewed Program Manager (PM) A. PM A told Surveyor s/he did not have any documented fire evacuation drills for 2024.	M 348		