STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015163	A. BUILDING: _____ B. WING _____	C 11/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM WISCONSIN NORTH 89TH	7453 N 89TH STREET MILWAUKEE, WI 53224

(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 11/03/2023, with information gathered through 11/07/2023, Surveyor conducted a standard survey and 2 complaint investigations at REM Wisconsin North 89th. As a result, 2 deficiencies were identified, and the complaints were unsubstantiated. Census: 3	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregiver completed 8 hours of training approved by the licensing agency related to health, safety, welfare, rights, and treatment of residents every year beginning with the calendar year after the year in which the initial training was received. Caregiver B did not receive 8 hours of annual training in 2022. Findings include: On 11/03/2023, Surveyor reviewed Caregiver B's employee record. Caregiver B was hired on	M 246		

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

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M 246	Continued From page 1 05/31/2021. Caregiver B's record indicated s/he had 4.0 hours of training in 2022. Caregiver B was missing 4 hours of training in 2022. On 11/07/2023, at 10:40 AM, Surveyor interviewed Area Director (AD) C regarding caregiver training. AD C reported program supervisors and directors were responsible to ensure staff completed trainings. AD C reported s/he was not aware Caregiver B was missing 4 hours of training in 2022. AD C reported s/he would discuss the process of tracking training with quality assurance division to develop a system.	M 246		
M 260	88.05(2) ACCESS TO HOME AND WITHIN THE HOME RESIDENT ACCESS TO THE HOME AND WITHIN THE HOME. An adult family home shall be physically accessible to all residents of the home. Residents shall be able to easily enter and exit the home, to easily get to their sleeping rooms, a bathroom, the kitchen and all common living areas in the home, and to easily move about in the home. Additional accessibility features shall be provided as follows, if needed to accommodate the physical limitations of the resident or if specified in the resident's individual service plan: This Rule is not met as evidenced by:	M 260		

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M 260	Continued From page 2 Based on observation and interview, the provider did not ensure 3 of 3 residents were able to easily enter or exit the home. The side door contained a delayed egress mechanism to exit. The delayed egress mechanism did not work, and the door did not open without entering a code. The front door contained a delayed egress door; however, there was no sign posted indicating how the mechanism worked. Findings include: On 11/03/2023, at 9:05 AM, Surveyor toured the facility and observed the following: The facility's 2 exits contained delayed egress door locks and a key code device on the wall next to the doors. Surveyor attempted to open the side exit; however, the door did not disengage after 30 seconds. Side Exit: -The side door did not disengage after 30 seconds when force was applied. -Staff utilized a code to open the side door. Front Exit: -There was no sign indicating how the door could be opened. On 11/03/2023, Surveyor interviewed Caregiver B regarding the doors. Caregiver B reported the side exit required a code to open the door. On 11/07/2023, at 3:00 PM, Surveyor interviewed Area Director (AD) C. AD C reported s/he was unaware the side door did not disengage after 15 seconds. AD C reported s/he would have a technician sent out to inspect the delayed egress system and post updated instructions on how the mechanism worked.	M 260		

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