Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110458	A. BUILDING: _____ B. WING _____	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM JONATHON	223/225 JONATHON DR JANESVILLE, WI 53548

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N 000	Initial Comments From 09/25/2025 to 09/30/2025, Surveyor conducted a standard survey at REM Jonathon, a CBRF in Janesville. Five deficiencies were identified. Two of 5 deficiencies were a repeat violation. See statement of deficiency (SOD) #OO8S11, dated 06/25/2021, SOD # OO8S12, dated 09/29/2021, and SOD # SLM411, dated 09/18/2023. Census: 5	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	N 243		

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

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N 243	Continued From page 1 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 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 B and Caregiver C did not have documentation for completion of training in challenging behaviors. This is a repeat violation from Statement of Deficiency (SOD) SLM411, dated 09/18/2023. Findings include: On 09/25/2025, Surveyor conducted a review of employee files to verify compliance with all employee training requirements. Surveyor requested training records from Program Director	N 243		

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N 243	Continued From page 2 A. Recognizing, Preventing, Managing and Responding to Challenging Behaviors: -The record for Caregiver B, hired 01/01/2025, did not contain evidence of training in challenging behaviors within 90 days of hire, or evidence of meeting an exemption for the training. -The record for Caregiver C, hired 11/07/2024, did not contain evidence of training in challenging behaviors within 90 days of hire, or evidence of meeting an exemption for the training. On 09/25/2025 at 1:30 p.m., Surveyor interviewed Program Director A regarding the above concern. Program Director A confirmed Caregiver B and Caregiver C did not complete training in challenging behaviors. Program Director A reported that Caregiver B and Caregiver C were scheduled for an upcoming class	N 243		
N 403	83.37(1)(d) Documentation. Documentation. As required in s. DHS 83.42 (1) (m), when a resident is taking prescription or over-the-counter medications or dietary supplements, the resident ' s record shall include a current list of the type and dosage of medications or supplements, directions for use, and any change in the resident ' s condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that documentation was	N 403		

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N 403	Continued From page 3 completed in the Medication Administration Record (MAR) for 2 of 2 residents. Residents 1 and Resident 2 had missing documentation for August 2025 and September 2025. This is a repeat violation from Statement of Deficiency (SOD) #OO8S11, dated 06/25/2021 and SOD # OO8S12, dated 09/29/2021. Findings include: Example 1 - Resident 1 Surveyor reviewed Resident 1's MAR for August 2025 and September 2025. Gabapentin 250 mg give 3 times daily There was no documentation in Resident 1's MAR the following dates: 08/06/2025 08/15/2025 08/19/2025 09/03/2025 Lamotrigine 200 mg give 1 time daily There was no documentation in Resident 1's MAR for the following dates: 08/06/2025 08/15/2025 08/19/2025 Levetiracetam 100 mg give 2 times daily There was no documentation in Resident 1's MAR for the following dates: 08/06/2025	N 403		

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N 403	Continued From page 4 08/15/2025 08/19/2025 Example 2 - Resident 2 Surveyor reviewed Resident 2's MAR for August 2025 and September 2025. Daily Fiber Powder drink by mouth 2 times daily. There was no documentation in Resident 2's for the following dates: 08/19/2025 08/20/2025 08/21/2025 08/22/2025 08/23/2025 08/24/2025 08/25/2025 08/26/2025 08/27/2025 08/28/2025 08/29/2025 Olanzapine 20 mg give 3 times daily There was no documentation in Resident 2's MAR for the following dates: 08/21/2025 08/22/2025 On 09/25/2025 at 1:30 p.m., Surveyor discussed the above concerns with Program Director A. Program Director A acknowledged the missing documentation in the MAR. Program Director A stated that the staff passing medications were	N 403		

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N 403	Continued From page 5 trained in documenting in the electronic MAR.	N 403		
N 446	83.41(1)(b) Equipment. Equipment. The CBRF shall store equipment and utensils in a clean manner and shall maintain all utensils and equipment in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that equipment was maintained in good repair. The microwave and oven were not clean. Findings include: On 09/25/2025 at 10:30 a.m., Surveyor toured the facility kitchen and observed the following: Oven: - The oven door had food melted and scattered down the door. The bottom of the oven had a thick layer of burnt on food. Microwave: - The surface had food particles scattered throughout the bottom and sides. On 09/25/2025 at approximately 12:45 p.m., Surveyor interviewed Caregiver E. Caregiver E stated that they only use the 225 side for the kitchen and cooking. Surveyor observed the dirty equipment on the 225 side of the home. Caregiver E acknowledged that the oven needed	N 446		

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N 446	Continued From page 6 to be cleaned. On 09/25/2025 at 1:30 p.m., Surveyor reviewed concern of the dirty microwave and oven with Program Director A. Program Director A stated that the facility would do a deep clean of the kitchen appliances.	N 446		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility's floors were in good repair. Findings include: On 09/25/2025 at 10:45 a.m., Surveyor toured the provider's facility. Surveyor observed the following concerns: Carpeting and flooring: - 1 bedroom had brown stains across the entrance of the blue carpet - 2 areas on the wood laminate that were lifting and cracked in the hallway - 3 areas, greater than 5 inches, where the tile was scrapped away, scratched, and in need of repair. On 09/25/2025 at approximately 11:30 a.m., Surveyor interviewed Program Supervisor D. Program Supervisor D stated that they had a resident that damages the carpet regularly. Program Supervisor D stated that "they will have	N 491		

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N 491	Continued From page 7 to rent a carpet shampooer and get it cleaned up." Program Supervisor D stated that they have to clean the carpet alot. On 09/25/2025 at approximately 1:30 p.m., Surveyor reviewed concern with Program Director A. Program Director A stated that s/he would share the concerns of flooring repairs with maintenance department. Program Director A stated that "the carpet should be replaced with floors that were easy to clean."	N 491		
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 1 caregivers reviewed. The provider had not completed a background check for Caregiver E since 06/11/2020. Findings include: On 09/25/2025 at approximately 11:15 a.m.,	Z 019		

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Z 019	Continued From page 8 Surveyor requested 3 staff records from Program Director A. On 09/25/2025 at approximately 12:00 p.m., Surveyor reviewed Caregiver E's record. The record documented Caregiver E was hired on 08/25/2015 and his/her most recent background check was completed on 06/11/2025, greater than 4 years ago. Caregiver E was the only staff working at the facility at the time of the survey. On 09/25/2025 at approximately 1:30 p.m., Surveyor shared concern with Program Director A that Caregiver E's background check had not been completed in greater than 4 years. Program Director A stated that s/he would contact Area Director F for an updated background check. Surveyor requested that the background check be sent over by 09/26/2025 at 1:00 p.m. On 09/25/2025 at 1:57 p.m., Surveyor received an updated background check dated for 09/25/2025. Surveyor scheduled an exit call with Area Director F for 09/30/2025 at 9:00 p.m. On 09/30/2025 at 9:00 p.m., Surveyor reviewed concern with Area Director F regarding the background check being completed over 1 year past the due date. Area Director A acknowledged that the background check was late. Area Director A stated that the office person had left employment, and the provider was in the process of updating all the 4-year background checks.	Z 019		