STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017298	A. BUILDING: _____ B. WING _____	R 08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM WISCONSIN INC CRESTLINE	2506 CRESTLINE 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 On 08/13/2025/2025, Surveyor conducted a verification visit at REM Wisconsin Inc Crestline, an AFH located in Madison, WI. As a result of the survey, 1 violation of Chapter DHS 88 was issued. One violation is a repeat violation from previous Statement of Deficiency (SOD) 7F6811 dated 06/01/2022, SOD 2LVY11 dated 07/24/2024 and SOD 2LVY12 dated 01/09/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.	{M 000}		
{M 570}	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment appropriate for residents. This is a repeat violation from previous Statement of Deficiency (SOD) 7F6811 dated 06/01/2022,	{M 570}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017298	A. BUILDING: _____ B. WING _____	R 08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM WISCONSIN INC CRESTLINE	2506 CRESTLINE 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 570}	Continued From page 1 SOD 2LVY11 dated 07/24/2024 and SOD 2LVY12 dated 01/09/2025. Findings include: On 08/13/2025 at 10:15 AM, Surveyor toured the physical environment of the home and observed the following: The deck at the back of the house was badly deteriorated with boards that were significantly warped, and visibly rotten wood. The metal ramp leading from the patio door to the deck was rusted and contained several holes approximately .5 inches by .5 inches. The ramp at the side of the house used as an emergency exit was deteriorated and contained boards that were damaged due to use and weather. On 08/13/2025 at 11:30 AM, Surveyor interviewed Regional Director B who stated that the deck was not used by residents because it was too damaged. Regional Director B acknowledged that both the exit ramp and the deck needed repair. Regional Director B stated there was a purchase order completed for materials to repair the deck, and the materials were on the driveway ready to be installed.	{M 570}		