

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 12/29/2025
NAME OF PROVIDER OR SUPPLIER REM WISCONSIN INC CRESTLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 12/29/2025, 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, SOD 2LVY12 dated 01/09/2025 and SOD 2LVY13 dated 08/13/2025. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed.	{M 000}			
{M 570}	88.10(3)(I) 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.	{M 570}			

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

TITLE

(X6) DATE

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{M 570}	Continued From page 1 This is a repeat violation from previous Statement of Deficiency (SOD) 7F6811 dated 06/01/2022, SOD 2LVY11 dated 07/24/2024, SOD 2LVY12 dated 01/09/2025 and SOD 2LVY13 dated 08/13/2025. Findings include: Facility is able to serve up to 4 non-ambulatory residents with primary diagnoses that include but are not limited to: developmentally disabled, emotionally disturbed/mental illness, terminally ill, irreversible dementia/Alzheimer's, traumatic brain injury, physically disabled and advanced age. On 12/29/2025 at 09:15 AM, Surveyor toured the physical environment of the home and observed the following: The deck that was previously cited in the above SODs, remained unchanged and was still a hazard if residents attempted to use the deck for leisure or an exit. (See photos 1, 2 and 3) The deck at the back of the house was badly deteriorated with boards that were significantly warped, and visibly rotten wood. The deck boards appeared to be weak and that the weight of any person attempting to use the deck would fall through to the ground. The metal ramp leading from the patio door to the deck was rusted and contained several holes approximately .5 inches by .5 inches. The metal ramp did not appear to be able to hold the weight of any person attempting to use the ramp.	{M 570}			

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{M 570}	Continued From page 2 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 12/29/2025 at 09:30 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 now in the garage ready to be installed. The same materials had been observed on the driveway by Surveyor on 08/13/2025. observed	{M 570}			