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
	190012	A. BUILDING: _____ B. WING _____	R-C 02/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM MILLSTONE	41 MILLSTONE RD MADISON, WI 53717

(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 02/16/2026, Surveyor conducted a verification visit at REM Millstone, an AFH in Madison. Two deficiencies were identified. Both deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) WW9V11, dated 02/02/2022, SOD WW9V12, dated 07/18/2022, SOD WV9V13, dated 01/16/2023, SOD WW9V14, dated 06/20/2023 and SOD 75I311, dated 09/19/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 448}	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the health of 1 of 3 residents reviewed was monitored and changes documented in the provider's record. Resident 2's stomach was not measured and recorded daily, his/her bowel movements were not monitored and recorded daily and a bruise observed on 01/19/2026 was not monitored. This is a repeat deficiency. See Statement of Deficiency (SOD) WW9V11, dated 02/02/2022, SOD WW9V12, dated 07/18/2022, SOD	{M 448}		

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

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{M 448}	Continued From page 1 WV9V13, dated 01/16/2023 and SOD 75I311, dated 09/19/2025. Findings include: On 02/16/2026 at approximately 12:00 p.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 09/17/2021. Resident 2's record included the following: Stomach Measurements: Resident 2's individual service plan (ISP), dated 08/20/2025, stated, "[Resident 2] has a bowel protocol that should be followed." Resident 2's record included a "Bowel Protocol" that stated Resident 2 had a history of bowel obstructions/constipation and that staff should measure Resident 2's stomach daily and record on the 'Daily Record of Care' form. Resident 2's record included a document titled, "Stomach Measurements." Surveyor reviewed documentation of measurements, dated 12/23/2025 through 02/16/2026, and noted the following dates did not include record of a stomach measurement: 12/28/2025, 12/30/2025 through 01/01/2026, 01/03/2026, 01/04/2026, 01/09/2026, 01/10/2026, 01/16/2026 through 01/22/2026, 01/24/2026 through 01/26/2026, 01/28/2026, 01/30/2026 through 02/11/2026. On 02/16/20266 at approximately 12:30 p.m., Surveyor interviewed Program Director A and asked if there was documentation of stomach measurements on the days the "Stomach Measurements" document had blank entries. Program Director A asked House Manager D. House Manager D reviewed Resident 2's	{M 448}		

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{M 448}	Continued From page 2 "Stomach Measurements" document and replied, "No. [Staff] aren't doing it." Bowel Movement Tracking: Resident 2's record included a "Bowel Protocol" that stated Resident 2 had a history of bowel obstructions/constipation. The protocol stated, "Remember to mark all bowel movements on his/her chart. Check his/her work bowel movement chart and transfer the information to the one in his/her documentation binder. Work chart is in a small pouch inside his/her backpack." Resident 2's physician orders included an order for Polyethylene Glycol (Start Date: 11/06/2025) - Take 17 grams in 8 ounces of liquid and drink 3 times daily as needed for constipation. *Chart all bowel movements every shift. Resident 2's Medication Administration Record (MAR), dated 01/01/2026 to 02/16/2026, documented caregivers administered Resident 2's Polyethylene Glycol scheduled 3 times daily. Resident 2's record included a "Bowel Movement Chart." Surveyor reviewed the chart, dated 01/01/2026 through 02/16/2026. The chart had 3 entries per day (10:00 p.m. to 8:00 a.m. shift, 8:00 a.m. to 3:00 p.m. shift and 3:00 p.m. to 10:00 p.m. shift. Of the 139 entries reviewed, 39 entries were completed. On 02/16/2026 at approximately 12:30 p.m., Surveyor interviewed Program Director A and shared concern that several entries on Resident 2's "Bowel Movement Chart" were blank. Program Director A asked House Manager D if s/he had additional documentation regarding Resident 2's bowel movements. House Manager D replied, "No." Program Manager A stated Resident 2 may have been at work/day program	{M 448}		

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{M 448}	Continued From page 3 during some of the entries and that work/day program staff were great about letting the provider know if Resident 2 had a bowel movement or not but that the information didn't always get placed in Resident 2's record. Program Director A stated staff would typically administer a PRN medication if Resident 2 had not had a bowel movement in 2 days. Resident 2's February "Bowel Movement Chart" documented 2 48-hour periods without a bowel movement documented (entries were blank), yet the MAR did not document administration of a PRN medication for constipation. Bruising: Resident 2's record included a progress note, dated 01/19/2026, that stated s/he had a bruise to the right thigh. The progress note did not include any further documentation of monitoring the bruise. Resident 2's record did not include documentation of a body chart. On 02/16/2026 at 12:48 p.m., Surveyor asked Program Director A if there was a body chart or any documentation of monitoring for Resident 2's bruise observed on 01/19/2026. Program Director A replied, "I'm not sure [staff] started one." Program Director A reviewed Resident 2's record and was unable to provide additional documentation. House Manager D stated the bruise was likely from Resident 2 hitting him/herself.	{M 448}		
{M 474}	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner.	{M 474}		

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{M 474}	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in a sanitary manner. This is a repeat deficiency. See Statement of Deficiency (SOD) WW9V14, dated 06/20/2023 and SOD 75I311, dated 09/19/2025. Findings include: On 02/16/2025 at approximately 11:45 a.m., Surveyor toured the provider's kitchen. Surveyor observed the following concerns with food storage in the refrigerator: Unlabeled Food: An unsealed package of raw bacon in an unsealed Ziploc bag with an onion. An "open" date was not observed on the packaging. "Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat Time-Temperature Control for Safety Foods, April 2022) Food Kept Beyond Safe Date: - An open package of hot dogs with "Opened 2/4" written on the package. - Ham with a "Best if Used By" date of 02/03/2026 and "1/30" written on the package, indicating the date the package was opened.	{M 474}		

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{M 474}	Continued From page 5 - An open and unsealed container of bologna with "2/3" written on the package, indicating the date the package was opened. The manufacturer label stated use within 7 days of opening. - Two open containers of chicken broth with "12/23" written on the containers, indicating the date the package was opened. Sliced deli meat is good for 3 to 5 days after opening (Source: FoodSafety.gov, Cold Food Storage Chart, September 19, 2023, https://www.foodsafety.gov/food-safety-charts/cold-food-storage-charts (retrieval date - September 17, 2025).) Commercially produced chicken broth should be consumed within 3-4 days, if refrigerated, after opening. (Source: FoodSafety.gov, FoodKeeper App, April 26, 2019, https://www.foodsafety.gov/keep-food-safe/foodkeeper-app (retrieval date - February 16, 2026).) On 02/16/2026 at approximately 1:00 p.m., Surveyor interviewed Program Director A and House Manager D. Surveyor shared food storage concerns. Program Director A and House Manager D stated they were unaware that deli meat should be used within a few days of opening and that it seemed wasteful to throw the food out. House Manager D stated s/he was unsure what food was sent to day program with 2 of the residents that day since their lunches were prepared by the overnight shift, but that s/he had used the lunch meat to prepare a sandwich for Resident 3 earlier in the day.	{M 474}		