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
	0009561	A. BUILDING: _____ B. WING _____	C 06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM WISCONSIN III INC 21ST STREET	3901 N 21ST STREET SUPERIOR, WI 54880

(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
N 000	Initial Comments On 06/17/2024, Surveyor began a standard survey and complaint investigation at REM Wisconsin III Inc 21st Street. Data was collected through 06/20/2024. The complaint was substantiated. One deficiency was identified. Census: 6.	N 000		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all rooms were kept clean. Findings include: The provider is licensed to care for 6 residents in the client groups advanced aged, emotionally disturbed/mental illness, and developmentally disabled. On 06/17/2024, Surveyor observed that for approximately 4 hours, Resident 1 was sitting in his/her recliner located in the living room. Surveyor observed a hardened white colored substance on the right side of Resident 1's recliner, on the carpet, and on the wall next to the recliner. At approximately 2:00 PM, Surveyor interviewed Guardian A who stated s/he had past concerns about the cleanliness of Resident 1's bedroom,	N 489		

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

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N 489	Continued From page 1 but the conditions had improved. Guardian A stated that currently, there was dried vomit on Resident 1's living room chair, on the carpet and wall next to the chair. Guardian A stated the vomit had been there for approximately 2 months and s/he was keeping an eye on it to see how long it took for staff to clean it. At approximately 1:30 PM, Surveyor interviewed House Manager (HM) B who stated that all staff were responsible for cleaning. Surveyor pointed out Resident 1's chair and the stain on the chair, floor, and wall but HM B stated s/he had not noticed it. HM B stated it could possibly be a nutritional supplement. At approximately 4:15 PM, Surveyor interviewed Caregiver C, who stated s/he had not noticed the spots on the chair, floor and wall but would get it cleaned right away. On 06/20/2024 at approximately 8:15 AM, Surveyor interviewed HM B who stated they had a cleaning checklist posted in the staff office, but staff do not sign off as tasks were completed. HM B stated they could do better with attention to detail. The provider did not ensure that all rooms were kept clean.	N 489		