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
	0018286	A. BUILDING: _____ B. WING _____	C 08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM DOMAN	1366 DOMAN DR NEW RICHMOND, WI 54017

(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 08/26/2025, Surveyor conducted a complaint investigation and abbreviated licensing survey at REM Doman. Data was collected through 08/27/2025. The complaint was unsubstantiated. Three violations were identified. Census: 3	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 staff sampled (Caregiver C, Caregiver D, and Caregiver E) were screened for communicable illness, including tuberculosis (TB), in accordance with standards of practice. Findings include:	M 232		

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

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M 232	Continued From page 1 The Department of Health Services publication Tuberculosis Screening and Testing: Health Care Personnel (HCP) and Caregivers (including assisted living staff) states: "Perform baseline testing for all HCP and caregivers without documented evidence of prior LTBI [latent tuberculosis] or TB disease... IGRA [blood test] or TST [tuberculin skin test] may be performed; IGRA is preferred... If TST is used as the baseline testing, 2-step testing is recommended for HCP and caregivers who have not had TST testing previously or have only had one negative TST test greater than 12 months ago. If 2 or more TST tests have been previously performed, all results are negative, and documentation of results is available, a one-step TST may be performed before hire." (Retrieved 08/26/2025 from https://dhs.wisconsin.gov/publications/p02382.pdf) On 08/26/2025, Surveyor reviewed 3 employee records. Caregiver C was hired on 02/27/2023, Caregiver D was hired on 03/09/2023, and Caregiver E was hired on 02/26/2025. All of the records included results of a 1-step TST within 10 days of hire. The records provided to Surveyor did not include evidence of additional TB baseline testing. On 08/27/2025 at 10:17 AM, Program Director (PD) B stated the provider's policy was to conduct 1-step TST on new employees.	M 232		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and	M 278		

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M 278	Continued From page 2 rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was safe from hazards. The ramp at the backyard exit was loose and unsteady on 08/26/2025. Findings include: On 08/26/2025 at 9:28 AM, Surveyor observed the facility exits. The exterior door to the fenced-in backyard had a small wooden platform that was fashioned with 2 ramps to eliminate the step from the threshold to the platform and from the platform to the ground. The ramp from the platform to the ground shifted and bounced when Surveyor stepped on it. The wood on the platform had split where the ramp was screwed in. At 10:05 AM, Surveyor interviewed Program Supervisor (PS) A. PS A stated residents no longer used the backyard. PS A confirmed the backyard door was not one of the facility emergency exits. At approximately 10:35 AM, Surveyor discussed the concern with Program Director (PD) B. PD B stated the backyard was not level, so resident tended to use the front yard instead.	M 278		
M 354	88.05(5) TELEPHONE TELEPHONE. A home shall provide a	M 354		

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M 354	Continued From page 3 non-pay phone for residents to make and receive telephone calls. The home may require that long distance calls be made at a resident's own expense. Emergency telephone numbers, including numbers for the fire department, police, hospital, physician, poison control center and ambulance, shall be located on or near each telephone. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure emergency phone numbers were posted at 2 of 2 phones in the facility. Findings include: On 08/26/2025, Surveyor toured the facility and did not observe emergency phone numbers posted. On 08/26/2025 at approximately 10:35 AM, Surveyor asked Program Director (PD) B if the provider had emergency phone numbers posted near phones. PD B looked and could not locate them. PD B stated s/he would post new emergency phone numbers near both phones.	M 354		