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 12/03/2025

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 12/02/2025, Surveyor began a complaint investigation at REM Wisconsin III Inc 21st Street. Data was collected through 12/03/2025. The complaint was substantiated. Three deficiencies were identified. Census: 6.	N 000		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by: Based on interview and record review, the provider did not investigate and document an allegation of abuse or neglect of residents.	N 158		

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

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N 158	Continued From page 1 Findings include: On 10/02/2025, the Department received a complaint regarding an allegation that staff members engaged in sexual intercourse while in view of residents and while on duty at the facility. On 12/02/2025, at approximately 11:10 AM, Surveyor interviewed Program Director (PD) A. PD A stated concerns of caregiver misconduct had been brought up to him/her. PD A stated s/he was aware a resident thought s/he had seen Caregiver B and Caregiver C engaging in sexual intercourse in the staff office on 09/12/2025. PD A stated Licensee D was also aware of the allegations. On 12/02/2025, Surveyor requested records documenting the provider's investigation into the allegations. PD A stated there was no documented investigation, only that s/he had discussed the allegations with staff. PD A stated s/he "didn't take it as seriously as I probably should have." PD A stated s/he did not think the allegations were true. PD A stated Caregiver B was terminated for attendance, but that Caregiver C still worked at the facility. On 12/02/2025 and 12/03/2025, Surveyor reviewed employee timesheet entry records. Time entry records for both Caregiver B and Caregiver C indicated they continued to report to work through the rest of September and were not placed on administrative leave pending an investigation. On 12/03/2025, Surveyor interviewed Licensee A. Licensee A stated s/he was not made aware of the allegations until early November 2025 when a	N 158		

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N 158	Continued From page 2 state official began a caregiver misconduct investigation at the facility. Licensee A stated s/he did not conduct an internal investigation into the allegations. The provider did not ensure to investigate and document allegations of abuse and neglect.	N 158		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 1 resident received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Findings include: On 10/02/2025, the Department received a complaint regarding medication administration. Resident 1's diagnoses include Type 1 diabetes mellitus with diabetic chronic kidney disease. On 12/02/2025, at approximately 12:03 PM, Surveyor interviewed Resident 1. Resident 1 stated the facility staff would skip his/her medications if they were out of stock. On 12/02/2025 and 12/03/2025, Surveyor	N 352		

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N 352	Continued From page 3 reviewed Resident 1's medication administration regimen (MAR) for August 2025, September 2025, and October 2025. Resident 1's August 2025 MAR indicated the following medications were not administered due to being "out of stock": - 4 doses of renal multivitamins. - 10 doses of probiotics 250 milligram (mg). - 1 dose of multivitamins. - 1 dose of apixaban. Resident 1's September 2025 MAR indicated the following medications were not administered due to being "out of stock": - 11 doses of phosphate binders 800 mg. - 1 dose of insulin 100 unit/milliliter (ml) pen. Resident 1's October 2025 MAR indicated the following medications were not administered due to being "out of stock": - 2 doses of probiotics 250 mg. On 12/03/2025, at approximately 3:08 PM, Surveyor interviewed Licensee D, who stated s/he remembered when Resident 1's insulin had been missed. Licensee D stated the dose was not administered due to either the pharmacy not filling the prescription or the provider not reordering it. The provider did not ensure that medications were administered as prescribed.	N 352		
N 450	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and	N 450		

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N 450	Continued From page 4 appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation and record review, the provider did not ensure deviations from the planned menu were documented. Findings include: On 10/02/2025, the Department received a complaint regarding the accuracy of the posted menu at the facility. On 12/02/2025, at approximately 1:13 PM, Surveyor observed there was not a posted menu available to residents. Surveyor observed that there was a blank whiteboard on the refrigerator. Surveyor observed residents being fed lunch-meat sandwiches, yogurt, and pasta salad for lunch. At approximately 1:22 PM, Surveyor interviewed Program Supervisor (PS) E, who stated the lunch menu had been written on the whiteboard, but that s/he had erased it. PS E stated the menu had changed from what it originally was supposed to be, due to Surveyor being on-site and there being leftovers in the refrigerator. PS E stated staff take food preparation "day-by-day" and indicated that they did not adhere to a set menu. On 12/03/2025, Surveyor requested the menu for the current week from Licensee D. Licensee D provided a menu dated from 11/30/2025 to 12/06/2025. The menu indicated that chicken	N 450		

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N 450	Continued From page 5 sandwiches, celery sticks and hummus, a peach, and a sugar cookie were to be served for lunch on 12/02/2025. The provider did not ensure that written menu documentation was updated.	N 450		