STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016685	A. BUILDING: _____ B. WING _____	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKVIEW MANOR REM WISCONSIN III INC	121 A WEST 8TH AVE STANLEY, WI 54768

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M 000	INITIAL COMMENTS On 03/11/2025, Surveyor conducted a licensure survey at Parkview Manor REM Wisconsin Inc. Data was reviewed through 03/13/2025. Three deficiencies were identified. Census: 3	M 000		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each required smoke detector was tested monthly to ensure the smoke detector was operating in 2023 and 2024. Findings include: The provider is licensed to care for up to 4 non-ambulatory residents in the client groups of: developmentally disabled, physically disabled, irreversible dementia/Alzheimer's disease, advanced age, and emotionally disturbed/mental illness. On 03/11/2025 at approximately 2:30 p.m., Surveyor reviewed the provider's safety binder	M 336		

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

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M 336	Continued From page 1 with Program Supervisor (PS) A. Surveyor reviewed monthly fire drills and smoke detector checks for the following dates in 2023 and 2024: 03/27/2023 05/05/2023 06/18/2023 07/07/2023 08/28/2023 09/01/2023 05/27/2024 06/28/2024 PS A explained to Surveyor, s/he was recently hired as the supervisor. PS A said there was no supervisor in 2024. PS A told Surveyor s/he will ensure the smoke detectors get checked every month. PS A explained the smoke detectors were not monitored by an external company, and they were required to be checked individually each month. Surveyor requested any other documentation to indicate the smoke detectors were checked monthly in 2023 and 2024 to be emailed or faxed to Surveyor. On 03/13/2025, Quality Improvement Specialist (QIS) B emailed Surveyor which indicated they were unable to locate any additional documentation of the monthly smoke detector checks.	M 336		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing	M 424		

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M 424	Continued From page 2 agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 3 individual service plans (ISP) was updated when Resident 1 had a change in needs/preferences. Findings include: On 03/11/2025, at approximately 2:00 p.m., Surveyor toured the facility with Program Supervisor (PS) A and Caregiver C. Resident 2 and Resident 3 were in the common area of the house in their wheelchairs. Resident 2 and Resident 3 were seated on slings that were used for a mechanical lift. PS A told Surveyor that Resident 2 and Resident 3 use a mechanical lift for transfers. PS A said they use 2 staff to transfer when there are 2 staff working. Surveyor observed Resident 1 in bed in his/her room. PS A told Surveyor Resident 1 also used a mechanical lift with 2 staff. On 03/12/2025, Surveyor reviewed the employee schedule. There were 2 staff scheduled between 7:00 a.m. and 9:00 p.m. From 9:00 p.m. until 7:00	M 424		

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M 424	Continued From page 3 a.m., there was 1 staff scheduled. There is also a tenant that lives in a supportive apartment that is attached to the adult family home. On 03/12/2025, Quality Improvement Specialist (QIS) B emailed Surveyor, stating the tenant received less than 24-hour supervision, and received staff assistance during the day when there was more than 1 staff working. On 03/12/2025, Surveyor reviewed Resident 1, Resident 2, and Resident 3's ISPs. Resident 1's ISP, dated 11/06/2024, indicated s/he used the following mechanical lifts: Hoyer lift and ceiling lift. The ISP indicated Resident 1 was a 2-person transfer. On 03/13/2025 at approximately 4:00 p.m., Surveyor interviewed Regional Director (RD) D. Surveyor reviewed Resident 1's ISP with RD D, which indicated s/he required 2 staff to assist with transfers. Surveyor explained concerns that there were not 2 staff working at all times to assist Resident 1 with transfers as the staff schedule indicated only 1 staff worked from 9:00 p.m. - 7:00 a.m., and staff assisted with the tenant in the separate entity connected to the home. RD D told Surveyor staff were trained to use the Hoyer lift and ceiling lifts with 1 staff member. RD D said Resident 1's ISP was not accurate and staff were able to transfer Resident 1 with 1 staff member. The provider did not ensure Resident 1's ISP accurately reflected his/her need to have 1 staff to assist with transferring Resident 1 with mechanical lifts.	M 424		

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M 574	Continued From page 4	M 574		
M 574	88.10(3)(n)1 Freedom From Seclusion and Restraints Except as provided in subd. 2, to be free from seclusion and from all physical and chemical restraints, including the use of an as-necessary (PRN) order for controlling acute, episodic behavior. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 3 of 3 residents were free from physical restraint. Resident 1, Resident 2, and Resident 3 had seatbelts in their wheelchairs. The provider did not assess or develop a service plan for the use of seatbelts. Findings include: Wis. Admin. Code § DHS 88.02(24): "Physical restraint means any manual method or any article, device or garment interfering with the free movement of a resident or the normal functioning of a portion of the resident's body or normal access to a portion of the body, and which the individual is unable to remove easily, or confinement in a locked room." This provider is licensed to care for up to 4 residents in the client groups of: developmentally disabled, physically disabled, irreversible dementia/Alzheimer's disease, advanced age, and emotionally disturbed/mental illness. On 03/11/2025 at approximately 2:00 p.m.,	M 574		

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M 574	Continued From page 5 Surveyor toured the adult family home with Program Supervisor (PS) A and Caregiver C. Surveyor observed Resident 3 in the common area in his/her wheelchair. Resident 3 had a seatbelt on in his/her wheelchair. Surveyor asked PS A and Caregiver C if Resident 3 could remove his/her seatbelt independently. Caregiver C told Surveyor Resident 3 could remove his/her seatbelt and s/he had in the past. Caregiver C and PS A asked Resident 3 to unbuckle his/her seatbelt. Resident 3 put his/her hand to the buckle but did not unbuckle the seatbelt. On 03/11/2025 at approximately 2:45 p.m., Surveyor interviewed PS A and Caregiver C. PS A told Surveyor Resident 1 had a seatbelt in his/her wheelchair that was primarily used when transporting Resident 1. PS A said Resident 1 could not remove the seatbelt independently. PS A said Resident 2 also used a seatbelt in his/her wheelchair for positioning. PS A said Resident 2 could not remove the seatbelt independently. On 03/11/2025, Surveyor reviewed Resident 3's individual service plan (ISP), dated 03/04/2025, in the facility binder. Resident 3 was admitted to the facility on 07/06/2023, with a diagnosis of developmental disorder. Resident 3's ISP did not include the use of a seatbelt in his/her wheelchair. On 03/12/2025, Surveyor reviewed Resident 1 and Resident 2's ISPs. Resident 1's ISP, dated 11/06/2024, indicated s/he was admitted to the facility on 05/06/2021. Resident 1 had multiple diagnoses including: contracture of muscle, epilepsy, history of traumatic brain injury, and intellectual disabilities. Resident 1's ISP did not include the use of a	M 574		

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M 574	Continued From page 6 seatbelt in his/her wheelchair. Resident 2's ISP, dated 11/07/2024, indicated s/he was admitted to the facility on 03/28/2014. Resident 2 had multiple diagnoses, including: cerebral palsy, intellectual disabilities, other psychotic disorder and Lewy body dementia. Resident 2's ISP did not include the use of a seatbelt in his/her wheelchair. On 03/12/2025, Quality Improvement Specialist (QIS) B e-mailed Surveyor, which read, in part: "[Resident 3] and [Resident 2] use wheelchair seatbelts due to scooting/falling out of them. Care teams will be contacted to discuss belt alternatives such as angled cushions or evaluation for better fitted wheelchairs due to what seems to be their progression of dexterity loss making independent use of their seatbelts more challenging." On 03/13/2025 at approximately 4:00 p.m., Surveyor interviewed Regional Director (RD) D on the phone. RD D confirmed to Surveyor that Resident 1, Resident 2, and Resident 3 all had seatbelts in their wheelchairs. Surveyor asked if there were any assessments for the use of seatbelts in their wheelchairs. RD D said Resident 1 and Resident 2 would have had assessments "years ago." S/he said Resident 3 was admitted with this wheelchair and a seatbelt. RD D said Resident 1 primarily used his/her seatbelt in the wheelchair for transports. RD D told Surveyor Resident 2 and Resident 3 had their seatbelts on most of the time. RD D confirmed Resident 1, Resident 2, and Resident 3's ISPs did not include the use of seatbelts. Resident 1, Resident 2, and Resident 3 had a device, which was a seatbelt, in their wheelchairs.	M 574		

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M 574	Continued From page 7 There were no assessments to indicate Resident 1, Resident 2, and Resident 3 could easily remove the seatbelts. There was no service plan developed for the use of seatbelts. The seatbelts had the potential to interfere with Resident 1, Resident 2, and Resident 3's free movement, therefore would be considered a restraint. The provider did not ensure Resident 1, Resident 2, and Resident 3 were free from physical restraint. Cross Reference M0424 DHS 88.06(3)(f) Review of ISP	M 574		