STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014400	A. BUILDING: _____ B. WING _____	06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM SYLVAN LANE	6107 SYLVAN LANE MONONA, WI 53716

(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 From 06/04/2024 to 06/10/2024, Surveyor completed a standard survey at REM Sylvan Lane, an AFH in Monona. Three deficiencies were identified. One deficiency is a repeat deficiency - See Statement of Deficiencies (SOD) 93K111, dated 09/06/2019, SOD 93K112, dated 02/10/2022 and SOD 93K113, dated 08/10/2022. Census: 3	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was safe, clean and well-maintained. The provider's home had an exit blocked by a shrub, gouged trim, trim pulled away from the wall and water in the basement. This is a repeat deficiency. See Statement of Deficiencies (SOD) 93K111, dated 09/06/2019, SOD 93K112, dated 02/10/2022 and SOD 93K113, dated 08/10/2022. Findings include: On 06/04/2024 at approximately 9:45 a.m., Surveyor toured the provider's home with	M 276		

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

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M 276	Continued From page 1 Program Director A. Surveyor observed the following concerns: - A shrub in the front of the home obstructed a ramp, which was 1 of 3 identified emergency exits. Program Director A stated s/he would follow up on having the shrub trimmed. - Trim around door frames had gouges, was pulled away from the wall and/or was missing entirely (Photo 1 and Photo 2). One trim piece was pulled away from the wall leaving nails exposed. Surveyor shared concern regarding the trims need for repairs. Program Director A agreed with Surveyor's observation. - The basement, used for storage, had water spreading from one side of the floor halfway to the other side of the floor (Photo 3, Photo 4, Photo 5). Neither Program Director A, nor Caregiver B had been in the basement in the past week. Both Program Director A and Caregiver B were unsure how long the basement had contained water. On 06/10/2024 at approximately 11:40 a.m., Area Director C stated s/he was aware trim needed to be replaced, but the resident who continued to break the trim was moving to a new location soon so the provider didn't think it made sense to fix the trim until the resident moved out.	M 276		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted	M 464		

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M 464	Continued From page 2 to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed, who the provider administered medications for, had a written physician order specifying who by name or position was permitted to administer medications. The provider did not have a physician order to administer medications for Resident 2 or Resident 3. Findings include: On 06/04/2024 at approximately 9:15 a.m., Surveyor reviewed resident records. Records indicated the following: - Resident 2 was admitted to the provider's facility on 09/18/2022. Resident 2's record did not include a physician order to administer medications. - Resident 3 was admitted to the provider's facility on 02/16/2024. Resident 3's record did not include a physician order to administer medications. On 06/04/2024 at approximately 10:00 a.m., Surveyor reviewed concern with Program Director A that neither Resident 2, nor Resident 3 had a physician order for the provider's staff to administer medications in their records. Program Director A stated s/he was relatively new with the provider and would need to follow up.	M 464		

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M 464	Continued From page 3 On 06/04/2024 at approximately 12:50 p.m., Surveyor received a call from Area Director C regarding Surveyor's request for physician orders to administer medications. Area Director C stated s/he had never heard of the requirement. On 06/04/2024 at approximately 4:40 p.m., Program Director A updated Surveyor that s/he had reached out to Resident 2 and Resident 3's physicians for an order to administer medications, but had not received a signed order back yet.	M 464		
M 556	88.10(3)(e) Self-Direction Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any resident who expresses a preference for more independent living to contact any agency needed to arrange it. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the residents right to self-direction. The provider locked food storage, limiting resident access to food. Findings include: On 06/04/2024 at approximately 9:35 a.m., Surveyor toured the provider's home. Surveyor	M 556		

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M 556	Continued From page 4 observed the home's refrigerator, freezer and kitchen cabinets containing food were locked. Surveyor interviewed Program Director A regarding the locks. Program Director A stated food had been kept locked at the home since prior to his/her employment with the company in approximately August 2023. Program Director A stated food was kept locked because Resident 1 would eat all the food if not kept locked. On 06/04/2024 at approximately 10:00 a.m., Surveyor reviewed resident records. Records documented the following: - Resident 2 was admitted to the provider's home on 09/18/2022. Resident 2's individual service plan (ISP), dated 11/07/2023, stated food was kept locked in the home due to a housemate. - Resident 3 was admitted to the provider's home on 02/16/2024. Resident 3's ISP, dated 03/14/2024, did not address food locks in the home. - Resident 1 was admitted to the provider's home on 08/29/2017. Resident 1's ISP, dated 11/07/2023, stated the fridge/freezer was kept locked due to Resident 1 wanting to consume food at all times. On 06/04/2024 at approximately 10:15 a.m., Surveyor asked Program Manager A if the provider had a waiver on file regarding food locks. Program Manager A stated s/he would need to follow up regarding a waiver. Program Manager A was given until the end of the day to provide follow up documentation. On 06/04/2024 at approximately 4:00 p.m., Surveyor reviewed the department records and was unable to locate a waiver on file regarding food locks.	M 556		

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M 556	Continued From page 5 On 06/10/2024 at approximately 11:40 a.m., Area Director C emailed Surveyor and stated s/he had been told by the provider's quality team that a waiver was not required as long as 3 days of food was kept unlocked and the food locks were indicated in the individual service plan or behavioral service plan.	M 556		