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 _____	08/24/2026

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

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M 000	INITIAL COMMENTS From 08/24/2026 to 08/26/2026, Surveyor conducted a standard survey at REM Sylvan Lane, an AFH in Monona. Six deficiencies identified. Two deficiencies were repeat deficiencies. See Statement of Deficiency (SOD) 93K112, dated 02/10/2022, SOD 93K113, dated 08/10/2022 and SOD P7XE11, dated 06/10/2024. Census: 4	M 000		
M 276	88.05(3)(a) Homelike 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. This is a repeat deficiency. See Statement of Deficiency (SOD) 93K112, dated 02/10/2022, SOD 93K113, dated 08/10/2022 and SOD P7XE11, dated 06/10/2024. Findings include: On 08/24/2026 at 11:10 a.m., Surveyor toured the provider's home and identified the following	M 276		

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

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M 276	Continued From page 1 concerns: Main Bathroom: - The toilet in the main bathroom had gray build up along the waterline. - The walls in the main bathroom had brown substances scattered on the wall, as well as scrape marks. - There was a toilet hat, used to collect urine, on a shelf with half of the bottom surface stained yellow. Bedroom/Hallway: - Bedroom and bathroom trim had gashes in the wood. - Trim and flooring had gray build up. Laundry: - The laundry area had significant lint build up, including behind the dryer, on the backside of the dryer, on the top of the dryer and along the wall above the dryer. Kitchen: - The refrigerator and freezer had white and pinkish-red substances hardened on the shelves. Secondary Bathroom (Closest Resident 1's room): - The toilet had dark brown staining around the water ring of the toilet and feces on the toilet seat. - The counter had white toothpaste build up on the counter. On 08/24/2026 at 12:18 p.m., Surveyor interviewed Program Manager A and reviewed environmental concerns with him/her. Program Manager A stated staff were responsible for cleaning tasks and the provider had cleaning lists that were supposed to be followed. Program	M 276		

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M 276	Continued From page 2 Manager A stated s/he would address the environmental concerns.	M 276		
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 observation and interview, the provider did not ensure each smoke detector was maintained in working condition. Findings include: On 08/24/2026 at 11:10 a.m., Surveyor toured the provider's home with Program Director A. Surveyor observed a smoke detector in the hallway off the kitchen and near Resident 1's room that had the battery pulled out of it. Caregiver B saw Surveyor observe the smoke detector and stated if the battery was pushed in, the smoke detector continued to go off. Program Director A identified that the alarm would indicate a new battery was needed and stated s/he would place an order for a replacement battery.	M 336		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE	M 384		

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M 384	Continued From page 3 An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed, that had admitted in the past 2 years, had a service agreement completed prior to admission. The provider did not have a completed service agreement for Resident 2. Findings include: On 08/24/2026 at 10:45 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 06/30/2026. Resident 2 was his/her own decision maker. Resident 2's record did not include a service agreement. On 08/24/2026 at approximately 11:00 a.m., Surveyor requested Resident 2's service agreement from Program Director A. Program Director A stated Regional Director C was at the office and would send Surveyor the documentation. On 08/24/2026 at approximately 3:30 p.m., Regional Director C updated Surveyor that s/he	M 384		

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M 384	Continued From page 4 was unable to provide a completed service agreement for Resident 2. Regional Director C explained that there had been a change in program directors at the home and s/he was unable to locate a service agreement. Regional Director C stated s/he would complete a service agreement with Resident 2.	M 384		
M 446	88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS Keeping a current record of all medical visits, reports and recommendations for a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a record was kept of all medical visits, reports and recommendations for 1 of 2 residents reviewed. The provider did not have record of Resident 1's annual primary care/physical visit. Findings include: On 08/24/2026 at 10:45 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 08/29/2017. Resident 1's record did not include documentation of a primary care visit completed in the past year. On 08/24/2026 at approximately 11:00 a.m., Surveyor requested documentation of Resident 1's most recent primary care visit from Program Director A. Program Director A asked Caregiver B when Resident 1 was last seen. Caregiver B replied, "A couple months ago." Program Director A informed Surveyor s/he would request the	M 446		

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M 446	Continued From page 5 report . On 08/25/2026 at 2:00 p.m., Program Director A followed up with Surveyor and stated s/he talked to Resident 1's care team, who reported Resident 1's most recent physical/primary care appointment was 10/30/2024. Program Director A stated s/he was working on obtaining a copy of the report. On 08/26/2026 at 11:59 a.m., Program Director A updated Surveyor that Resident 1's care team was unable to provide a copy of Resident 1's primary care/physical documentation and that s/he had requested documentation from Resident 1's guardian. As of 08/26/2026 at 1:00 p.m., the provider was unable to provide documentation of Resident 1's physical/primary care visit.	M 446		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure arrangements were made for the health of 1 of 2 residents reviewed. The provider did not follow up on the RN's recommendation for Resident 1 to be seen by podiatry.	M 448		

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M 448	Continued From page 6 Findings include: On 08/24/2026 at 10:45 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 08/29/2017. Resident 1's progress notes, dated 04/28/2026 to 08/24/2026, documented the following: - 06/02/2026: RN assessment on feet. Complained to others a few days before assessment of foot pain. Observed 06/02/2026. No swelling, no discoloration. Denied pain. Has thickened calloused skin underneath/sides of great toes. Podiatry referral recommended to supervisors of the home. - 08/19/2026: Noticed s/he was in pain in his/her leg. Toenail was broken because it was very long. Trimmed it. All nails were very long. Dried blood under broken nail. On 08/24/2026 at approximately 11:00 a.m., Surveyor asked Program Director A if Resident 1 had been seen by podiatry and requested documentation if Resident 1 had been seen. Program Director A stated s/he would need to follow up. On 08/26/2026 at 11:59 a.m., Program Director A updated Surveyor that s/he had requested a referral for podiatry services from Resident 1's primary care physician. Program Director A stated s/he did look to see if the program director prior to him/her had initiated podiatry services, but was unable to find anything so Program Director A initiated the process.	M 448		
M 556	88.10(3)(e) Self-Direction Self-direction. To have opportunities	M 556		

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M 556	Continued From page 7	M 556		

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, record review and interview, the provider did not ensure the residents right to self-direction.

The provider locked food storage, limiting resident access to food.

This is a repeat deficiency. See Statement of Deficiency (SOD) P7XE11, dated 06/10/2024.

Findings include:

On 08/24/2026 at 11:10 a.m., Surveyor toured the provider's home with Program Director A. Surveyor observed the provider's refrigerator, freezer and a chest freezer, located in the kitchen, had locks prohibiting access to food. Licensee A stated food was kept locked because Resident 1 would continue to eat large amounts of food if s/he had unlimited access to food.

On 08/24/2026 at approximately 11:20 a.m., Surveyor reviewed a waiver, dated 07/31/2024, on file that approved the home refrigerator,

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M 556	Continued From page 8 freezer and kitchen cabinets containing food to be locked due to food seeking behaviors. The waiver stated meals and snacks would be provided throughout the day and residents would have locked food storage addressed in their individual service plans (ISP). On 08/24/2026 at 11:30 a.m., Surveyor reviewed resident records and identified 2 of 4 ISPs did not address locked food storage, including the following: - Resident 2 admitted to the provider's home on 06/30/2026. His/her ISP, dated 08/10/2026, did not address locked food storage. - Resident 3 admitted to the provider's home on 03/26/2026. His/her ISP, dated 04/03/2026, did not address locked food storage. On 08/24/2026 at 12:08 p.m., Surveyor interviewed Program Manager A and discussed concern that locked food storage was not addressed in 2 of 4 ISPs. Program Manager A stated s/he had recently taken over duties at the provider's home and would update the ISPs.	M 556		