

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/11/2026
NAME OF PROVIDER OR SUPPLIER REM INC MARIA PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 1 MARIA PLACE MADISON, WI 53713		
(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 08/11/2026, Surveyor conducted a verification visit at REM Inc Maria Place. No deficiencies were identified. All previous violations from Statement of Deficiency (SOD) 6NCP11, dated 02/12/2026 were substantially corrected. Under statutory provisions of Wis. Ch. 50, a \$200 revisit fee is being assessed Census: 3	{M 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE