STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017221	A. BUILDING: _____ B. WING _____	C 09/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM INC DRYDEN	2702 DRYDEN DR MADISON, WI 53704

(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 09/21/2026, with information gathered through 09/25/2026, Surveyor conducted a standard licensure survey and a complaint investigation. Three deficiencies were identified. One of 3 deficiencies was a repeat violation (see Statement of Deficency (SOD) 8OXD12). Complaint was substantiated. Census: 3	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department within 24 hours a significant change when Resident 1 eloped from the home. Findings include: On 09/08/2026, the Department received a concern regarding residents who elope from the	M 134		

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

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M 134	Continued From page 1	M 134		

home.

On 09/21/2026, at approximately 11:30 AM, Surveyor requested Resident 1's record from Direst Support Person C. Surveyor reviewed the records.

Resident 1 moved into the home, 09/08/2022, with diagnoses including mild developmental delay, panic disorder without agoraphobia, obsessive-compulsive disorder and major depressive disorder.

Resident 1's daily notes, dated 07/09/2026, documented:
" This morning [Resident 1] said [his/her] ride is here. [Resident 1] ran outside before staff could get outside. Staff saw [him/her] leave in a black car. It turned out that [Resident 1] got in a car shortly after one of his roommate's [city bus]. [Resident 1] got the driver to take [him/her] to [day program] as the other residents plus one. Our staff picked up [Resident 1] and brought [him/her] back home. [Resident 1] told staff at first [s/he] did not know why [s/he] got in the car. Later during the car ride back home, [Resident 1] admitted [s/he] got into the car to go to [day program] because [s/he] wanted to see someone [s/he] knows who works there ... [Resident 1] was unharmed during the incident. I spoke with the REM staff at the home and [House Manager D] to come up with a plan going forward. The driver will always go to the door to transport [Resident 1]. Staff and driver will always make contact with each other for any transportation."

On 09/21/2026, at approximately 12:30 PM, Surveyor interviewed Program Director A. Program Director A stated s/he did not realize that the Department was to be notified within 24 hours

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M 134	Continued From page 2 if a resident had potentially eloped. On 09/22/2026, Surveyor reviewed the provider's self-reporting file held by the Department. Surveyor found no written report(s) had been submitted to the Department for Resident 1's change in status.	M 134		
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 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 record review and interview, the provider did not ensure 1 of 1 resident's Individual Service Plans (ISP) was reviewed when there was a change of condition by the licensee, the resident and/or resident's guardian, and the	M 424		

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M 424	Continued From page 3	M 424		

placing agency.

Resident 1 had been issued a state funded food card, and this information was not listed in his/her ISP nor guidelines for staff on how the card would be utilized.

This is a repeat deficiency. See Statement of Deficiency (SOD) 8OXD11, dated 04/12/2022.

Findings include:

The licensee can serve up to 3 residents within the client groups of Developmentally Disabled, Emotionally Disturbed/Mental Illness, Traumatic Brain Injury, Alcohol/Drug Dependent, Terminally Ill, Irreversible Dementia/Alzheimer's and Advanced Aged.

On 09/08/2026, the Department received a concern regarding resident funds.

On 09/21/2026, at approximately 12:45 PM, Surveyor interviewed Surveyor interviewed Area Director A and Program Manager B. Program Director A and Program Director B explained that Resident 1 received his/her petty cash weekly and s/he also had a state issued food card. Resident 1 often would ask staff to do his/her grocery shopping of his/her snacks/drinks if s/he did not want to go to the grocery store. Program Director A stated that s/he could not log onto Resident 1's food card account to determine what food items were purchased. Surveyor requested Resident 1's record.

Resident 1 moved into the home, 09/08/2022, with diagnoses including mild developmental delay, panic disorder without agoraphobia, obsessive-compulsive disorder and major

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M 424	Continued From page 4 depressive disorder. Resident 1's ISP, dated 08/27/2026, documented: "Non negotiables: To choose how to spend any extra spending money, coffee, opportunities to socialize or make phone calls, getting petty cash on Wednesdays each week." The ISP did not identify that Resident 1 had a state issued food card, and the ISP did not provide guidelines for staff on how the card would/could be utilized. On 09/25/2026 at 1:00 PM, Surveyor conducted the exit interview with Program Director A, Quality Improvement Specialist D, Area Director E, and Regional Director F. Program Director A and Area Director E discussed stated that Resident 1's ISP would be reviewed and updated accordingly.	M 424		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the freezer that were not properly sealed to avoid contamination and freezer burn. Findings include:	M 474		

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M 474	Continued From page 5	M 474		

The licensee can serve up to 3 residents within the client groups of Developmentally Disabled, Emotionally Disturbed/Mental Illness, Traumatic Brain Injury, Alcohol/Drug Dependent, Terminally Ill, Irreversible Dementia/Alzheimer's and Advanced Aged.

On 09/21/2026, at approximately 12:15 PM, Surveyor toured the kitchen with Program Director B and observed the following:

Freezer:
-An opened bag of meatballs that was not properly sealed.
-An opened bag of mixed vegetables that was not properly sealed.
-An opened bag of turkey franks that was not properly sealed.
-An opened bag of 100% pure beef burgers that was not properly sealed.

"Proper packaging helps maintain quality and prevent freezer burn. Aluminum foil, freezer paper, plastic containers, and plastic freezer bags will help food maintain optimum quality in the freezer. Plastic wrap alone will not provide enough protection by itself but can be used to separate foods within another package. When packaging food, press out as much air as possible to prevent freezer burn, and wrap tightly." (Source: USDA (United States Department of Agriculture) website, How should food be packaged for the freezer?, https://ask.usda.gov (retrieval date - March 29, 2023).)

On 09/21/2026, at approximately 12:30 PM, Surveyor interviewed Program Director B. Program Director B stated s/he would discuss the concerns with staff.

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M 474	Continued From page 6 On 09/25/2026 at 1:00 PM, Surveyor conducted the exit interview with Program Director A, Quality Improvement Specialist D, Area Director E, and Regional Director F. Program Director A stated additional freezer bags had been purchased to assist staff members. Area Director E stated that stickers would be provided to ensure food was dated.	M 474		