STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009000	A. BUILDING: _____ B. WING _____	R-C 07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC. (KINNICKINNIC	2858 S 68TH ST MILWAUKEE, WI 53219

(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
{N 000}	Initial Comments On 07/24/2025, Surveyor conducted a verification visit and 2 complaint investigations. Three deficiencies were identified. Two of 3 deficiencies were repeat violations. Two complaints were substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{N 000}		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents received all prescribed medications in the dosage and at intervals prescribed by a practitioner for 1 of 1 resident reviewed. Resident 5 did not receive 8 doses of Ocusoft eye drops 0.02 % Ophthalmic solution (OPHTH SOLN) (an eyelid/eyelash cleanser), 20 doses of REFRESH Drop Optive (DRO OP) and 6 doses of Erythromycin % Ophthalmic ointment (OPTH OINT). Findings include: On 07/09/2025, the Department received a complaint alleging eye medications were not provided as ordered.	N 352		

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

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N 352	Continued From page 1 On 07/24/2025, Surveyor reviewed Resident 5's record. Resident 5 was admitted on 08/01/13, with diagnoses including legal blindness. The following was identified: Resident 5's July 2024 (date range 07/18/2025 through 07/14/2025) Medication Administration Records (MARs) identified the following: - Ocusoft 0.02 % OPHTH SOLN "Use 3 sprays on cotton pad and wipe eyelids/lashes nightly and in morning." The following dates did not include a staff signature indicating administration was completed: 08:00 AM: 07/20/2025. 08:00 PM: 07/18/2025, 07/19/2025, 07/20/2025, 07/21/2025, 07/23/2025. -REFRESH DRO OP "Apply 1 drop in both eyes four times daily." The following dates did not include a staff signature indicating administration was completed: 8:00 AM: 07/20/2025, 07/21/2025, 07/23/2025, 07/24/2025. Noon: 07/20/2025, 07/21/2025, 07/22/2025, 07/23/2025. 4:00 PM: 07/18/2025, 07/19/2025, 07/20/2025, 07/21/2025,07/22/2025, 07/23/2025. 8:00 PM: 07/18/2025, 07/19/2025, 07/20/2025, 07/21/2025,07/22/2025, 07/23/2025. -ERYTHROMYCIN % OPHTH OINT "Apply 1CM ribbon in both eyes once daily at bedtime." The following dates did not include a staff signature indicating administration was completed: 08:00 PM: 07/18/2025, 07/19/2025, 07/20/2025, 07/21/2025,07/22/2025, 07/23/2025.	N 352		

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N 352	Continued From page 2 On 07/24/2025, at approximately 12:15 PM, Surveyor interviewed Regional Manager (RM) H. RM H confirmed Resident 5's MAR was missing staff signatures and medications had not been administered. Surveyor inquired who was responsible for ensuring the medication administration was monitored. RM H stated, "The case manager is responsible to verify all medication orders are being followed. Our new manager starts soon and will ensure all orders are followed."	N 352		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident received updated Individual Service Plans (ISPs) annually for 2 of 4 residents (Resident 2, and Resident 5) reviewed. Resident 2, and Resident 5 ISPs, were not reviewed or updated in 2023 or 2024.	{N 389}		

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{N 389}	Continued From page 3 This is a repeat deficiency. See statement of deficiency (SOD) HVB512, dated 04/06/2023. Findings include: On 07/24/2025, at 11:00 AM, Surveyor reviewed resident records and identified the following: -Resident 2 was admitted on 06/28/2016. Resident 2's record contained a message that stated, "No ISP on file." -Resident 5 was admitted on 09/12/2022. Resident 5's record contained a message that stated, "No ISP on file." On 07/24/2025, at approximately 12:15 PM, Surveyor interviewed Regional Manager (RM) H. RM H confirmed resident ISPs needed to be updated annually. Surveyor inquired who was responsible for ensuring resident ISPs are updated, RM H reported "Each facility has a case manager who is responsible for updating resident ISPs. The facility's case manager position has been vacant, but a new person will start on Monday." When Surveyor inquired who was responsible in the absence of a case manager, RM H reported, "another case manager fills in. The service plans are in process of being revised and some have not made it into the system yet." Cross Reference DHS N0391 83.35(3)(f) Staff Access to Assessment And ISP	{N 389}		
{N 391}	83.35(3)(f) Staff access to assessment and ISP Availability. All employees who provide resident care and services shall have continual access to the resident ' s assessment and individual service	{N 391}		

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{N 391}	Continued From page 4 plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all staff providing resident care and services had continual access to each resident's individual service plan (ISP) for 2 of 4 residents (Resident 2 and Resident 5) reviewed. This requirement is being cited for a third time. See Statement of Deficiency (SOD) HVB511, dated 06/13/2022, and SOD HVB512, dated 04/06/2023. Findings include: On 04/06/2023, at 11:15 AM, Surveyor reviewed resident records and identified the following: -Resident 2 was admitted on 06/28/2016. Resident 2's record contained a message that stated, "No ISP on file." -Resident 5 was admitted on 09/12/2022. Resident 5's record contained a message that stated, "No ISP on file." On 07/24/2025, at approximately 12:15 PM, Surveyor interviewed Regional Manager (RM) H. RM H confirmed staff did not have access to all residents' service plans. RM H stated, "We are in process of updating the ISPs in our system. Cross Reference DHS N0389 83.35(3)(d) Service Plans Updated Annually or On Changes	{N 391}		