Wisconsin Department of Health Services

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019708 | A. BUILDING: _____ B. WING _____ | R-C 05/12/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SMALL STEP BIG DREAMS ADULT FAMILY HO | 532 S 16TH AVE WEST BEND, WI 53095 |

| (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 |
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| {M 000} | INITIAL COMMENTS<br><br>On 05/12/2026, Surveyors conducted a verification visit at Small Step Big Dreams Adult Family Home LLC. As a result of the survey three (3) of four (4) previous deficiencies were corrected and one (1) was a repeat violation. One (1) new deficiency was identified for a total of two (2) deficiencies.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 1 | {M 000} | | |
| M 262 | 88.05(2)(a) DIFFICULTY WALKING<br><br>If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance:<br>1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails.<br>2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches.<br>3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. | M 262 | | |

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

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| M 262 | Continued From page 1 | M 262 | | |

This Rule is not met as evidenced by:
Based on observation, interview and record review, the provider did not ensure the home had exits ramped to grade with a hard surfaced pathway and handrails.

Findings include:

The provider is licensed to provide care for individuals with primary diagnoses including terminally ill, developmentally disabled, emotionally disturbed/mental illness, pregnant women/counseling, physically disabled, correctional clients, advanced aged, irreversible dementia/Alzheimer's, traumatic brain injury and/or alcohol/drug dependent. The provider is licensed to provide care to individuals who are ambulatory. Chapter DHS 88 defines "ambulatory" as able to walk without difficulty or help.

On 05/12/2026 at 2:00 PM, Surveyors observed Resident 3 in the home. Surveyors requested Resident 3's record from Licensee A. Resident 3 was admitted to the home on 01/09/2025. Resident 3's record reflected Primary Needs on care card from previous facility with name crossed out and written AFH:
* Transfer assistance
* Mobility support (walker/wheelchair)
* Assistance with bathing and dressing
* Meal prep assistance
* Daily ROM (range of motion)
* Medication reminders/monitoring

Client Face Sheet (from previous facility):
* Mobility: Wheelchair long distance
* Walker short distance with standby assist

Individual Service Plan (ISP) - ADL Supports

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| M 262 | Continued From page 2<br>(from previous facility)<br>* Mobility - Wheelchair long distance, walker short distance, transfer assist<br><br>Surveyors observed steps from the side walk to the front door and steps to get in/out the back door.<br><br>On 05/12/2026 at approximately 2:10 PM, Surveyors interviewed Resident 3. Resident 3 stated s/he can not use his/her left side and confirmed s/he used a walker.<br><br>On 05/12/2026 at approximately 2:40 PM, Surveyor reviewed concern with Licensee A. Licensee A stated Resident 3 used a cane in the house and did not use the wheelchair/walker. Surveyors shared observation with the ISP and Licensee A stated s/he had taken that information from prior facility. Licensee A admitted s/he did not complete a written assessment or an ISP when Resident 3 admitted. Licensee A acknowledged s/he had used information from previous facility. Surveyors observed a cane in the kitchen, staff confirmed it was Resident 3's. Licensee A acknowledged s/he was unaware s/he couldn't admit a resident with a cane.<br><br>The provider did not ensure the home had exits ramped to grade with a hard surfaced pathway and handrails. The provider was licensed to serve ambulatory only residents. | M 262 | | |
| {M 404} | 88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT<br><br>The licensee shall ensure that a written assessment and individual service plan is completed and | {M 404} | | |

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| {M 404} | Continued From page 3<br>developed for each resident within 30 days after placement.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure a written assessment and individual service plan (ISP) were completed for 1 of 1 resident within 30 days of placement.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) LUSV11, dated 12/16/2025.<br><br>Findings include:<br><br>On 05/12/2026 at 2:15 PM, Surveyors requested Resident 3's record from Licensee A. Surveyors reviewed Resident 3's record and identified the following:<br><br>Resident 3 was admitted to the home on 01/09/2025. Resident 3's record reflected Primary Needs on care card from previous facility:<br>* Transfer assistance<br>* Mobility support (walker/wheelchair)<br>* Assistance with bathing and dressing<br>* Meal prep assistance<br>* Daily ROM (range of motion)<br>* Medication reminders/monitoring<br><br>Client Face Sheet (from previous facility):<br>* Mobility: Wheelchair long distance<br>* Walker short distance with standby assist<br><br>Individual Service Plan (ISP) (from previous facility) - ADL Supports<br>* Mobility - Wheelchair long distance, walker short | {M 404} | | |

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| {M 404} | Continued From page 4<br>distance, transfer assist<br><br>On 05/12/2026 at approximately 2:10 PM, Surveyors interviewed Resident 3. Resident 3 stated s/he can not use his/her left side and confirmed s/he used a walker.<br><br>On 05/12/2026 at 2:45 PM, Surveyor interviewed Licensee A. Licensee A stated s/he created Resident 3's record with information s/he had received from previous facility. Licensee A stated Resident 3 utilized a cane when s/he admitted. Licensee A admitted s/he did not complete a written assessment or an ISP when Resident 3 admitted. Licensee A acknowledged s/he had used information from previous facility. Surveyors observed a cane in the kitchen, staff confirmed it was Resident 3's. Licensee A acknowledged s/he was unaware s/he couldn't admit a resident with a cane. Licensee A acknowledged s/he needed to correct the ISP.<br><br>The provider did not ensure the ISP was completed and accurate for Resident 3 within 30 days of placement. | {M 404} | | |