STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310059	A. BUILDING: _____ B. WING _____	C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC. (CONGRESS)	6333 W CONGRESS ST MILWAUKEE, WI 53218

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N 000	Initial Comments On 04/08/2026 with in information gathered through 04/14/2026, Surveyor conducted an abbreviated survey and 1 complaint investigation. Six deficiencies were identified. One complaint was substantiated. Census: 06	N 000		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on interview and record review, the provider did not report to the Department within 3 working days after law enforcement personnel were called to the community based residential facility (CBRF) for 1 of 1 incident reviewed that jeopardized the health, safety, and/or welfare of residents or employees. On 06/25/2026, law enforcement responded to a call to the CBRF due to an incident involving resident on resident altercation. The provider did not submit a written report to the Department regarding the incident. Findings include: On 04/09/2026 at approximately 9:00 AM,	N 164		

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

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N 164	Continued From page 1 Surveyor reviewed Milwaukee Police Department incident report #C2506250034 dated 06/25/2025, which indicated a resident had assaulted another group home resident and was taken into police custody. On 04/08/2026 at approximately 1:15 PM, Surveyor interviewed Director of Operations C (DOO) C. DOO C stated, "[Resident 1] was arrested after throwing [Resident 2] into a window. [Resident 1] was jailed and upon discharge the police told us [s/he] was to have no contact with [Resident 2] so we moved them to one of our other locations." On 04/09/2026 at approximately 7:30 AM, Surveyor completed a review of Broadstep-Wisconsin (Congress) CBRF facility folder. Surveyor did not observe a self-report submitted to the Department regarding law enforcement responding to a call to the facility. On 04/09/2026 at approximately 1:40 PM, Surveyor asked Director of Nursing B (DON B) if a Self-Report had been filed with the Department regarding law enforcement coming into the home due to the altercation. DON B said they could not recall if it had been done but would double check with co-workers and send a copy it there was one. As of 9:32 AM on 04/14/2026, no copy of a Self-Report has been received.	N 164		
N 326	83.31(4)(a) Notice of facility initiated discharges Discharge or transfer initiated by CBRF. Notice and discharge requirements. 1. Before a CBRF involuntarily discharges a resident, the licensee shall give the resident or legal representative a 30 day written advance notice. The notice shall	N 326		

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N 326	Continued From page 2 explain to the resident or legal representative the need for and possible alternatives to the discharge. Termination of placement initiated by a government correctional agency does not constitute a discharge under this section. 2. The CBRF shall provide assistance in relocating the resident and shall ensure that a living arrangement suitable to meet the needs of the resident is available before discharging the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident was served a 30-day written advance notice of discharge. Resident 1 was at risk of harming another resident and was not provided with written notice which explained to the resident and legal representative the need for and possible alternatives to the discharge. Findings include: On 04/14/2026 at approximately 2:00 PM, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the facility on 06/26/2025 with a diagnosis including Schizophrenia and generalized anxiety disorder. -Resident 1's record did not contain a written 30-day notice of discharge. On 04/08/2026 at approximately 1:15 PM, Surveyor requested a copy of the 30-day notice issued to Resident 1 on or before 05/26/2026 from . Director of Operations C (DOO) C. DOO C confirmed there had not been a 30-day notice provided to Resident 1. DOO C reported Resident 1 was jailed after s/he assaulted Resident 2.	N 326		

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N 326	Continued From page 3 Upon discharge from jail, the police informed the provider Resident 1 was not to have any contact with Resident 2 so they moved Resident 1 to another sister location. On 04/14/2026 at approximately 2:30 PM, Surveyor interviewed Administrator A who confirmed that a 30-day notice of discharge was not provided to Resident 1. Administrator A stated, "I will make sure our staff know this is a requirement."	N 326		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 6 of 6 residents were provided with a living environment that is safe, clean, comfortable, and homelike. The exterior of the home had cigarette butts on the steps to enter/exit the facility and in the grass and around the entries. Two of 6 resident bedrooms smelled of urine (Resident 2 and Resident 5) . Findings include: The provider is licensed to serve 8 residents who are developmentally disabled, advanced aged and/or emotionally disturbed/mental illness.	N 481		

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N 481	Continued From page 4 On 04/08/2026, Surveyor toured the facility and observed the following: -Outside the facility at front door, cigarette butts were observed in the grass, on the steps, and around the front area. -Outside the side door cigarette butts were observed around the foundation of the house and in the grass. -Hallway intake vent was observed to have approximately 1/8-inch thickness of a gray substance consistent with dust build up. Resident 2's bedroom -Had a very strong odor consistent with urine. -Dresser was littered with loose tobacco. -Forty percent of open floor area was covered with random paper, book parts and pages which were surrounded by what appeared to be clumps of dirt. -Window shade was broken and in need of replacement. Shade could not be lifted or lowered, and 10 individual slats were hanging at 45° angle or missing. -Window screen was obscured with a gray substance that appeared to be dust and dirt. -Window sill had approximately ¼ inch of gray substance that appeared to be a combination of dust and dirt. Resident 5's bedroom -Had a strong odor consistent with urine. -Window screen was obscured with a gray substance that appeared to be dust and dirt. -Window sill had approximately ¼ inch of gray substance that appeared to be a combination of dust and dirt. -Thirty percent of open floor area was covered with random pencil shavings and what appeared to be clumps of dirt.	N 481		

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N 481	Continued From page 5 -Corner TV table had uncovered paper cups of sour cream and a paper towel folded over approximately 8 chips. The table was sticky to touch. -Open area of bed frame had 1/4 inch of what appeared to be dust and dirt accumulating in edge of the bed frame. On 04/08/2026 at approximately 1:15 PM, Surveyor interviewed Director of Operations C (DOO C) who confirmed the direct support staff was responsible for cleaning and maintaining the home. DOO C stated, "I will speak to them about getting it cleaned up."	N 481		
N 485	83.43(2)(d) Clean sheets, pillowcases, and towels Bedroom furnishings. If a resident does not provide the resident ' s own bedroom furnishings, the CBRF shall provide all of the following: Clean sheets, pillowcases, towels and washcloths adequate to meet the needs of the resident. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 6 residents (Resident 2, and Resident 5) were provided with clean sheets and pillowcases, adequate to meet the needs of the residents. Findings include: On 04/08/2026 at 11:10 AM Surveyor toured the facility and observed the following: Resident 2 - Bed did not have a fitted sheet. There was a top sheet over the mattress which was covered in plastic with no mattress pad. The pillowcase had a dark stain the size and shape of	N 485		

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N 485	Continued From page 6 a person's head. The comforter was balled up on top of the bed. Resident 5 - Bed did not have a fitted sheet. There was a top sheet over the mattress which was covered in plastic with no mattress pad. On 04/08/2026 at approximately 1:00 PM, Surveyor asked Director of Operations C (DOO C) how often the bed linens were laundered and who was responsible for keeping the bedding clean. DOO C was unsure of the laundry schedule but confirmed they smelled and looked dirty. DOO C stated, "Staff are expected to do the bedding, but I am not sure how often it is being done."	N 485		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.	N 525		

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N 525	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted quarterly for 4 of 4 quarters in 2025 and 1 of 1 quarter in 2026. The provider did not ensure at least one drill in 2025, simulated the conditions during usual sleeping hours. Findings include: On 04/08/2026, Surveyor reviewed safety records and identified the following: -There were no documented fire drills during 2025. -There was no fire drill conducted to date in 2026. On 04/09/2026 at approximately 1:30 PM, Surveyor interviewed Administrator A regarding the missing fire drills. Administrator A confirmed that there were no additional fire drills to review. Administrator A stated, "I will look into this."	N 525		
N 613	83.55(4)(a) Bath and toilet areas: privacy. Bath and toilet rooms shall have door locks to ensure privacy, except where the toilet, bath or shower room is accessed only from a resident room that is occupied by one person. All door locks shall be operable from both sides. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure 1 of 2 bathroom doors (first floor) ensured privacy. Findings include: On 04/08/2026, at approximately 11:40 AM,	N 613		

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N 613	Continued From page 8 Surveyor toured the facility. Surveyor observed the 1st floor bathroom had a door hinge which was pulled away from the door frame causing the door to drag at the bottom making it impossible to close. On 04/09/2026 at approximately 1:30 PM, Surveyor interviewed Administrator A who expressed surprise regarding the broken door. Administrator A stated, "I will get maintenance to repair it right away."	N 613		