STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010783	A. BUILDING: _____ B. WING _____	R-C 02/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC. (BELWOOD)	5151 W SILVER SPRING DRIVE MILWAUKEE, WI 53218

(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 02/19/2024, Surveyor conducted a verification visit and 2 complaint investigations at Broadstep-Wisconsin, INC (Belwood). Two deficiencies were identified. One of 2 deficiencies were repeat violations (see SOD MRK211, dated 03/03/2023. Two complaints were substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 40	{N 000}		
{N 454}	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of	{N 454}		

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

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{N 454}	Continued From page 1 discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by:	{N 454}		

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{N 454}	Continued From page 2 Based on record review and interviews, the provider did not ensure 1 of 1 resident record was maintained. Resident 1's record was not updated to include her/his current address. Resident 1 was in the emergency room between approximately 10:30 PM and 5:00 AM when hospital staff was not provided Resident 1's current address and contact information. This is a repeat violation. See Statement of Deficiency MRK211, dated 03/03/2023. Findings include: On 09/05/2023, the Department received a complaint alleging a health care provider attempted to contact Resident 1's facility; however, they were unable to locate the current residence and had the police conduct 2 welfare checks at 2 different locations. A resident was in the emergency room between 10:30 PM and 5:00 AM when health care staff was not provided the correct information. On 02/19/2024, at approximately 10:30 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 07/29/2022. Resident 1's emergency data form identified Resident 1's address as the previous facility s/he resided at prior to current residence. Resident 1's after visit summary (AVS), dated 08/25/2023, reported Resident 1 was in the emergency room (ER) for a fall. The AVS indicated Resident 1 arrived at approximately 5:00 PM, on 08/24/2023 and discharged at approximately 5:00 AM. The report indicated staff at the ER attempted to reach Resident 1's residence; however, they were not provided the correct information upon the ER arrival. Resident 1's current address was listed as her/his previous residence. During the ER visit,	{N 454}		

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{N 454}	Continued From page 3 staff attempted multiple times to reach staff at her/his facility. ER staff were unable to reach staff. The ER staff contacted the Milwaukee Police Department (MPD), District 6, and requested a welfare check for the facility listed as Resident 1's residence. MPD made contact and was informed Resident 1 did not reside at that facility. The staff provided the MPD the number for Resident 1's residence. The ER staff called several times and were unable to reach anyone at the facility. The MPD, District 6, conducted a welfare check and was able to speak with staff at Resident 1's current residence. Resident 1 was eventually discharged after 5:00 AM. On 02/19/2024, between 10:35 AM and 11:15 AM, Surveyor interviewed Program Manager (PM) A and Direct Support Person (DSP) B. PM A reported when a resident was sent to the ER, the staff provided a copy of the emergency data form and a list of current medications. PM A and DSP B confirmed Resident 1's emergency data form listed the previous residence as Resident 1's residence. DSP B reported the case managers were responsible for updating resident's information. DSP B reported s/he did not know why the form was not updated. DSP B stated, "They're having issues keeping case managers."	{N 454}		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility was safe, clean and comfortable. The resident's bathroom heater's	N 489		

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N 489	Continued From page 4	N 489		

grill was removed, exposing the wires. Resident rooms and bathrooms were dirty and contained a foul odor. Resident 2's room contained a pungent urine odor. The bedding was urine soaked and the floor had a dried, yellow sticky substance next to the bed. There were boarded up windows in resident bedrooms. The small activity room's white curtains contained brown stains and a window was boarded up. The large activity room contained stored appliances and mattresses for a different facility.

Findings include:

On 02/05/2024, the Department received a complaint alleging the facility was not clean.

On 02/19/2024, between 9:25 AM and 10:30 AM, Surveyor toured the facility with Program Manager A and observed the following:

Resident's common shower room #2:
-The heater's grill screws were removed causing it to hang off the heather. The grill was attached with a black wire/rope. The heating wires were exposed.

Resident bedrooms:

Resident 2:
-There was a pungent urine odor. The sheet and mattress pad were soaked in what appeared to be urine. The floor next to the bed contained a yellow, sticky substance.

Resident 3 and Resident 4's shared room:
-The bathroom contained an odor similar to sewage.
-There was no soap in the bathroom.
-The floor contained dark stains.

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N 489	Continued From page 5 -There were small, black flying bugs in the room. -The window to the left, was boarded up with Tyvek insulation. The window to the right was boarded-up with plywood. Resident 5: -The bathroom ceiling contained scattered, yellow, and brown stains. -The bathroom contained an odor similar to sewage. -The bedroom walls contained gauges and scratches. -A window was boarded-up with plywood. Resident 6 and Resident 7's shared room: -The floors contained a visible walk pattern with dark areas. -A window was boarded up with plywood. -The windowsills contained debris and dirt. Resident 8: -A window was boarded up with plywood. Resident 9: -A window was boarded up with plywood. Resident 10: - The bathroom contained an odor similar to sewage. Resident 11: -The bathroom floor contained a visible walk pattern of dirt and stains. -The bedroom floor contained scattered debris near the bed and dried, yellow/brown stains. West wing resident bathroom: -The bathroom contained a strong odor similar to sewage. -The was no soap in the dispenser.	N 489		

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N 489	Continued From page 6 - The bathroom ceiling contained scattered, yellow, and brown stains. West wing ceiling: -Outside room 19, the ceiling panel was missing. Small activity room: -The curtains were initially white in color. There were brown stains located on the bottom of the panel. The windowsills contained dried brown stains and debris. -A window was boarded up with plywood. -The walls contained gauges and scratches. Facility wide flooring: -The flooring contained a visible walk pattern of dirt and stains. There was scattered debris and food throughout. Large activity room: -Stored in the resident's activity room were appliances and mattresses belonging to a different facility owned by the licensee. There were 2 refrigerators, a range, 2 rocking chairs and 14 twin size mattresses. Staff were observed sitting on chairs, at the end of the hallways monitoring the residents. On 02/19/2024, between 9:30 AM and 10:20 AM, Surveyor interviewed Resident 5, and Program Manager (PM) F. Resident 5, with the boarded-up window, reported her/his window had been boarded up for over 1 ½ years. Resident 5 stated, "There used to be an air conditioner in it, but not anymore." Resident 5 reported s/he did not like the plywood on the window. PM F reported s/he was not assigned to the facility and was unable to speak to the plywood on the windows. PM F reported Resident 3's window was boarded-up	N 489		

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N 489	Continued From page 7 with Tyvek insulation due to another resident breaking the window with a chair. PM F reported staff were responsible for cleaning resident rooms. PM F reported s/he was unable to speak to the cleaning schedule. PM F reported Resident 2 was incontinent and would not allow staff to assist with clean up. PM F reported staff had to clean up when Resident 2 was not in the room. Surveyor observed Resident 2 outside smoking most of the onsite visit. Resident 2's room and bedding had not been changed. PM F reported s/he would update the facility's program manager upon her/his return. On 02/21/2024, at 11:30 AM, Surveyor interviewed PM H. PM H reported the windows were removed after summer of 2023 and new windows were ordered. PM H reported the windowpanes would be installed once they were delivered. PM H reported maintenance and housekeeping were working on making corrections to deficiencies identified during the onsite.	N 489		