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 02/10/2025

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 02/10/2025, Surveyors concluded a verification visit at Broadstep-Wisconsin, INC (Belwood). Six deficiencies were identified. Four of the 6 deficiencies were repeat violations. See Statement of Deficiencies (SOD) WFG111, dated 12/28/2020; SOD WFG112, dated 06/17/2021; SOD WFG113, dated 02/16/2022; SOD WFG114, dated 11/02/2022; and SOD MRK213, dated 09/12/2024. One of the 5 deficiencies was cited for a fifth time. One of the 5 deficiencies was cited for a fourth time. Two of the deficiencies were cited for a second time. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 37	{N 000}		
{N 196}	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, record review, and interview the licensee did not ensure the provider and its operation were compliant with all laws governing a Community Based Residential Facility (CBRF). This had the potential to affect	{N 196}		

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

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{N 196}	Continued From page 1 37 of the 37 residents that resided at the facility. As a result of this survey, a total of 6 deficiencies were identified. Four of the 6 deficiencies were repeat violations. See Statement of Deficiencies (SOD) WFG111, dated 12/28/2020; SOD WFG112, dated 06/17/2021; SOD WFG113, dated 02/16/2022; SOD WFG114, dated 11/02/2022; and SOD MRK213, dated 09/12/2024. One of the 6 deficiencies was cited for a fifth time. One of the 6 deficiencies was cited for a fourth time. Two of the deficiencies were cited for a second time. Findings include: The provider is licensed by the Department as a class CS (semi-ambulatory) CBRF able to serve up to 46 residents within the client groups of public funding, emotionally disturbed/mental illness, alcohol/drug dependent and/or developmentally disabled. On 01/30/2025, Surveyors conducted a verification visit. As a result of this survey, the following citations were issued: 83.14(2)(a) Licensee Ensures Facility Complies with Laws - This is a repeat deficiency. 83.38(1)(a) Personal Care - This is a repeat deficiency. 83.38(1)(c) - Leisure Time Activities 83.28(1)(g) Health Monitoring 83.38(1)(i) Behavior Management - This is a repeat deficiency. 83.45(3) - Toxic Substances - This is a repeat deficiency. On 12/06/2024, the Department issued SOD MRK213, which included the following Notice and	{N 196}		

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{N 196}	Continued From page 2 Orders: " . . . Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Broadstep-Wisconsin, Inc (Belwood): CONSULTANT REQUIRED 1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., EFFECTIVE IMMEDIATELY, the licensee shall ensure the provision of services to meet residents' physical and mental health needs. The licensee shall develop and implement corrective measures in consultation with a qualified professional (e.g., registered nurse, health care administrator), not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 83, Wis. Stat. ch. 50) and knowledge of the client groups served by Broadstep-Wisconsin Inc (Belwood). The licensee will provide the RN with a copy of the Statement of Deficiency (SOD) MRK213 along with this Notice and Order letter prior to providing consultation services. Consultation will include the development (or revision) of written procedures and staff training (as appropriate) to address: Behavior Management The procedure shall include, but is not limited to: (a) identifying specific behavior patterns that are or may be harmful to the resident or others (e.g., aggression, elopement, or other behavioral safety risks), (b) assessing and documenting	{N 196}		

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{N 196}	Continued From page 3	{N 196}		

contributing factors to the behaviors, (c) developing and implementing the Individualized Service Plan (ISP) with specific individualized interventions to reduce incidences of these behaviors, (d) staff response when the identified interventions are not effective, (e) monitoring the effectiveness of any behavioral intervention including the use of PRN psychotropic medications, and (f) notifying the resident's legal representative and physician when there is a significant change in a resident's mental condition.

Additionally:

- All managers and resident care staff (as appropriate) will receive in-service training regarding the facility's written procedures required by Order #1.

- Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

- Consultation activities, including dates of consultation, will be documented, signed, and dated by the consultant.

- A copy of the written procedures and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request."

On 01/30/2025, at approximately 12:00 PM, Surveyor reviewed the facility's consulting documentation, staff trainings, and Department documents. The consultant obtained by the facility was Person GG. Person GG was affiliated with the licensee in the following capacity:

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{N 196}	Continued From page 4 - Person GG's email address was listed as the facility's secondary electronic statement of deficiency (E-SOD) email contact. - Person GG was listed as the Director of Detoxification Program on Milwaukee Crisis Stabilization Houses website, which is owned and operated by Broadstep - Wisconsin, Inc. - Person GG was listed as an additional recipient on Department form F-00593, Provider Agreement for Electronic Statements of Deficiency and Plans of Correction, completed and submitted by the provider on 05/04/2023. - Person GG submitted self-reports to the Department on 02/16/2024 and 03/18/2024, under the title Client Rights Specialist. - Person GG submitted a Misconduct Incident Report to the Department on 05/07/2024, under the title Client Rights Specialist. Training documentation noted staff received a training titled, "Behavioral Management Policy." The following staff did not receive the training: - Director of Case Management T - Direct Support Professional (DSP) HH, date of hire (DOH): 11/18/2024 - DSP II, DOH: 01/06/2025 - DSP JJ, DOH: 12/16/2024 - Case Manager KK On 01/30/2024, at 3:13 PM, Surveyors interviewed Program Manager (PM) H and Executive Team Member (ETM) R. They confirmed the consultant whom they used was Person GG, and s/he was their consultant prior to the Department issuing SOD MRK213 and the Notice and Order Letter. They confirmed Person GG was listed as their secondary E-SOD email contact. ETM R confirmed the facility's	{N 196}		

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{N 196}	Continued From page 5 consultant, Person GG, has submitted self-reports to the Department, but was unable to provide further information on this. In summary, the licensee was ordered by the Department to consult with a qualified professional, not currently affiliated with the licensee. The licensee consulted with Person GG, who was affiliated with the licensee in the examples provided above. The Department also ordered the licensee to provide "all managers and resident care staff (as appropriate)" with "in-service training regarding the facility's written procedures required by Order #1." Five staff members did not receive the Behavioral Management Policy training.	{N 196}		
{N 425}	83.38(1)(a) Personal care. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by:	{N 425}		

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{N 425}	Continued From page 6 Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident (Resident 11) was taught the necessary skills to maintain his/her highest level of functioning with activities of daily living. Resident 11 appeared dirty and disheveled upon survey. This is a repeat deficiency. See Statement of Deficiency MRK213, dated 09/12/2024. Findings include: From 01/30/2025 to 02/05/2025, Surveyors reviewed the records for Resident 11. Resident 11 was admitted to the facility on 04/01/2015, with diagnoses including schizoaffective disorder, bipolar type, post-traumatic stress disorder, tobacco dependence and depression. Resident 11 was his/her own person. Resident 11's record contained an Individual Service Plan (ISP) dated 12/02/2024. Resident 11's ISP did not identify Resident 11's needs and abilities concerning personal cares or activities of daily living (ADL). Under section titled, Capacity for ADLs, it read, "Assistance needed." Under meeting summary, it read, ... "S/He did let the medical provider trim his/her toenails that were so long they curled over his/her other toes. S/He refused showers and does not like to change clothes.... S/He refuses podiatry and dental cares, does see medical and psych [sic] (psychiatrist) providers regularly." Wis. Admin. Code § DHS 83.02 (37) defines personal care as, "Assistance with activities of daily living but does not include nursing care." On 01/30/2025 at 11:14 a.m., Surveyor observed Resident 11 in his/her room. Resident 11's hair	{N 425}		

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{N 425}	Continued From page 7 appeared to be unwashed and uncombed. Resident 11 was not wearing shoes. Surveyor observed, what appeared to be dark, brown mud in between his/her toes (Photo 3). His/Her toenails were long and dirty." Surveyor observed Resident 11's fingernails to be long with dark matter underneath the nails. Resident 11 told Surveyor, "I have long fingernails because I am an arena fighter. I need my longer fingernails." Resident 11 stated, "I don't shower here at all. It's not clean. People [expletive] in there, on the floor. The staff tells [Family CC] that I haven't taken a shower in over two years." On 01/30/2025 at 11:10 a.m., Surveyor interviewed Caregiver EE, who stated. "[Resident 11] wears his/her shoes but no socks. S/He has dirt on his/her legs and feet. Staff asks him/her to shower, but s/he says, 'no, that's okay.' I don't know how s/he does not smell. Look at him/her." On 01/30/2025 at 12:35 p.m., Surveyor interviewed Caregiver J, who stated. "Management has not given us any new ideas/interventions for [Resident 11] to shower. [Operations Coordinator (OC) I] encourages us to prompt him/her to shower." Caregiver J confirmed Resident 11 does not take showers. On 01/30/2025 at 1:00 p.m., Surveyor interviewed Program Manager (PM) H, who stated Resident 11 still does not shower but, "we ask him/her to wash up." Cross Reference: N0431 DHS 83.38 (1)(g) Health Monitoring	{N 425}		
N 427	83.38(1)(c) Leisure time activities.	N 427		

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N 427	Continued From page 8 As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on record review, interview, and observation the provider did not provide a daily activity program to meet the interests and capabilities of the residents. The calendars posted for January 2025 and February 2025 did not include daily activities. Findings include: The provider is licensed by the Department as a Class CS (semi-ambulatory) community based residential facility (CBRF) able to serve up to 46 residents within the client groups of emotionally disturbed/mental illness, alcohol/drug dependent, developmentally disabled, and public funding. On 01/30/2025, at 9:00 AM, Surveyor toured the facility with Operations Coordinator (OC) I. During the tour, Surveyor observed the January and February 2025 Activities Calendar posted. Upon review of the January calendar the following was documented, "Activity Schedule - Week 1: Arts	N 427		

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and Crafts; Week 2: Movie Day; Week 3: Outing; Week 4: Game Day 10AM - 3PM." The calendar was made to include multiple CBRFs within the company. Belwood was listed on Wednesdays, including 01/08/2025, 01/15/2025, 01/22/2025, and 01/29/2025. Belwood did not have activities listed on the weekends or any other day of the week, except Wednesdays.

Upon review of the February calendar the following was documented:

02/03/2025: "Coffee and Donuts"
02/05/2025: "Prize Bingo"
02/07/2025: "Shopping Day!"
02/10/2025: "Valentine Day Tie Dye"
02/11/2025: "DIY Valentine Lolli Pop"
02/12/2025: "Lets [sic] Bake Cookies!"
02/13/2025: "Valentine Day Cards"
02/14/2025: "Valentines Day Party/Mingle"
02/17/2025: "Milwaukee Public Museum"
02/18/2025: "R & B Tuesday Brunch"
02/19/2025: "Prize Bingo"
02/21/2025: "Shopping Day!"
02/24/2025: "Macaroni Art"
02/26/2025: "Prize Bingo"
02/28/2025: "Shopping Day!"

February's calendar did not include activities on the weekends, and the following dates: 02/04/2025, 02/06/2025, 02/20/2025, 02/25/2025, and 02/27/2025.

On 01/30/2025, at approximately 12:05 PM, Surveyor interviewed Program Manager (PM) H. PM H reported Manager of Life Enrichment (MLR) LL no longer worked for the company and the position was not filled. Former MLR LL was responsible for creating the activity calendar and encouraging the residents to participate in

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activities. PM H reported without a MLR in place, the residents' case managers and the direct support professional (DSP) staff were responsible for conducting activities with the residents.

On 01/30/2025, at 4:10 PM, Surveyors interviewed PM H and Executive Team Member (ETM) R, and they reported the following:

Residents played games and created art during their activities. Activities were offered on Wednesdays and weekday evenings. PM H and ETM R confirmed the facility did not have a daily schedule of activities.

On 01/30/2025, Surveyors conducted a survey at the facility and remained there from approximately 9:00 AM - 4:30 PM. During the survey, residents were not observed engaging in any activities. Residents were observed walking around, taking hourly cigarette breaks, eating meals, and watching television.

National Alliance on Mental Illness (NAMI) stated the following:

"Here is a brief overview of why each form of activity is beneficial for mental health.

Physical
Various forms of research conclusively demonstrate that physical activity advances mental health. It can improve self-image on a psychological level, and on a biological level, it increases blood flow to the brain and helps the growth and survival of neurons.

Social
Humans evolved in hunting-gathering groups, instilling a social brain. This is in contrast to

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tigers, for instance, that are quite fine on their own. We require social contact, and in a world that is becoming more and more socially fragmented, isolation and loneliness can contribute to mental illness. However, you can bolster your mental health with social and emotional support.

Nature
Given the beauty and serenity of natural settings it makes sense that nature is beneficial for mental health. Nature activity works because it induces relaxation responses thereby reducing stress responses. Several features of natural settings, such as smooth and round contours and saturated colors, seem to help the brain reduce stress and feel calm.

Cognitive
Although it would seem that mental activity can improve a person's mood, very little research focuses on this theory. And for the research that has, most addresses the impact of cognitive activity on cognitive functioning, such as in schizophrenia. However, one clear outcome is that cognitive activity does improve cognitive health.

Art/hobby
Many people, particularly those with mental illness, can benefit from developing a hobby. Research demonstrates how such activity may both contribute to the treatment of mental illness and improve mental health in the general population. For example, hobbies can help a person to feel empowered and motivated.

Music
This form of activity might seem to fit into the art/hobby category, but it is very distinct due to

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N 427	Continued From page 12 the way that it connects with emotions. In addition, music appears to activate and stimulate many brain regions. When combined with regular treatment, music therapy has even been shown to reduce symptoms of depression and anxiety compared to treatment alone. Activity, including the specific forms of physical, social, nature, cognitive, art/hobby and music, represents a robust, cost-effective and easily accessible mental health intervention for both people with existing mental health conditions and those who are looking to improve their overall mental well-being." (Source: NAMI Website, Author: Brad Bowins, What is the Role of Activity for Mental Health?, April 20, 2020, https://www.nami.org/complimentary-health-approaches/what-is-the-role-of-activity-for-mental-health/ (retrieval date - February 10, 2025).)	N 427		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a	N 431		

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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 431	Continued From page 13 CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not monitor the health of 1 of 1 resident (Resident 11), who had schizoaffective disorder; bipolar type, and required monitoring and cueing to maintain proper hygiene. On 01/15/2025, Resident 11's physician visit documentation indicated Resident 11 had a callus on both his/her right and left feet. On 01/30/2025 at 11:15 a.m., Surveyor observed Resident 11 in his/her room. Surveyor observed, Resident 11's bare feet (Photo 2, photo 4, and photo 5). There was no evidence Resident 11's hygiene was monitored to maintain proper health. Findings include: From 01/30/2025 to 02/04/2025, Surveyors reviewed the records for Resident 11. Resident 11 was admitted to the facility on 04/01/2015, with	N 431		

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N 431	Continued From page 14	N 431		

diagnoses including schizoaffective disorder, bipolar type, post-traumatic stress disorder, tobacco dependence, and depression. Resident 11 was his/her own person.

Resident 11's record contained an Individual Service Plan (ISP) dated 12/02/2024. Resident 11's ISP did not identify Resident 11's needs and abilities concerning personal cares or activities of daily living. Under section titled, Capacity for activities of daily living, it read, "Assistance needed." Under meeting summary, it read, ... "S/He did let the medical provider trim his/her toenails that were so long they curled over his/her other toes."

On 02/06/2025, Surveyor reviewed Resident 11's patient health summaries for the time-period of 01/15/2025 to 02/04/2025 and identified the following:

- On 01/15/2025, Resident 11's after visit notes issued by Nurse Practitioner (NP) DD read, "Feet. The patient complained of toenail abnormality." Under Physical Exam/Constitutional it read, "General appearance. Hygiene/Attention to Grooming: disheveled appearance and poor hygiene." Under Feet/Examination of foot, it read, "Left inspection-foot: callus; Right inspection-foot: callus... digits and nails- Left Nails: thickened nail all toenails; Right Nails; thickened nail all toenails ...Patient Instruction. toenails trimmed."

On 01/30/2025 at 11:10 a.m., Surveyor interviewed Caregiver EE, who stated the only time staff would do a body check on a resident would be if they fell and had an injury. The staff would write up a report and give it to management.

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N 431	Continued From page 15 On 01/30/2025 at 11:14 a.m., Surveyor observed Resident 11 in his/her room. Surveyor observed Resident 11's left foot (Photo 3). Resident 11 stated, "I think I may need bigger shoes or something. They really hurt my feet. They rub on my left foot a lot." On 01/30/2025 at 1:00 p.m., Program Manager (PM) H stated Resident 11 just had his/her feet looked at by monthly physician visit and they trimmed his/her toenails. On 01/30/2025 at 3:50 p.m., Facility Nurse (FRN) V received an email from NP DD. The email read, "[Resident 11] did have a callus on his/her right foot that I did note, however no open areas." On 01/30/2025 at 3:25 p.m., Surveyor interviewed Facility Nurse (FRN) V, who stated s/he was in the building full time. Caregivers did bodychecks on residents when they had a fall or during a shower. Surveyor asked FRN V the last time Resident 11 had a body check done. FRN V stated s/he did not know. Surveyor showed photograph 2 to PM H and FRN V and asked when they were made aware of the condition of Resident 11's left foot. FRN V stated, "[NP DD] was here last month and trimmed [Resident 11's] toenails. I was not made aware of that of Resident 11's left foot having any issues. I used to have access to their notes, but I do not anymore. I did not know about that." Cross Reference: N0425 DHS 83.38 (1)(a) Personal care	N 431		
{N 433}	83.38(1)(i) Behavior management. As appropriate, the CBRF shall teach residents	{N 433}		

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{N 433}	Continued From page 16 the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Behavior management. The CBRF shall provide services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on observation, interview, and record review the provider did not arrange or provide services adequate to manage behaviors which may be harmful to themselves or others for 2 of 2 (Resident 2 and Resident 12) residents reviewed. Resident 2 had a known history of behaviors including verbal/physical aggression and urinating/defecating on self and on floors. Resident 12 had a known history of excessive fluid consumption (polydipsia). Resident 12 had a history of inappropriate behaviors including leaving the facility and going onto the neighbor's property to seek liquids, money, and/or cigarettes. Resident 12's 1:1 staffing from Behavioral Health Services (BHS) expired 06/01/2024. This deficiency is being cited for a fourth time. See Statement of Deficiency (SOD) WFG112 dated 6/17/2021, SOD WFG114, dated 11/02/2022, and MRK213, dated 09/12/2024. Findings include: From 01/30/2025 to 02/10/2025, Surveyors reviewed Resident 2's and Resident 12's records.	{N 433}		

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{N 433}	Continued From page 17 The following was identified: Resident 2 Resident 2 was admitted to the facility on 01/21/2020, with diagnoses including schizoaffective disorder, bipolar type, restlessness and agitation. Resident 2 had a guardian. Resident 2's record contained an Individual Service Plan (ISP) dated 12/09/2024. The section, Functional Assessment/Community Integration read, "General Appearance and Behavior. Hygiene & Grooming: Unkept .... Appropriately dressed. (Describe): [Resident 2] requires significant prompting and reassurance for personal hygiene tasks, especially bathing. Eye contact: Good eye contact. Demeanor: Uncooperative/guarded. Belligerent ... Personal and social awareness. [Resident 2] shows awareness of his/her relationships but often withdraws or behaves erratically under distress, particularly if s/he feels threatened ...Supervision Needed. Needs some supervision .... CAPACITY FOR SELF-CARE: [sic] needs some assistance ... CAPACITY FOR SELF DIRECTION: [sic] Makes needs known." Resident 2's Individual Service Plan (ISP) dated 12/09/2024, did not identify interventions or methods to reduce behaviors including, physical/verbal aggression or urinating/defecating in his/her room and who was responsible for delivering the care. The ISP did not identify specific approaches staff would provide to Resident 2 during a behavioral incident. The ISP did not include established measurable goals with specific time limits for attainment. Resident 2's ISP was not signed by Guardian X.	{N 433}		

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{N 433}	Continued From page 18 Resident 2's Behavioral Support Plan (BSP), dated 09/07/2024, provided by PM H, did not identify interventions or methods to reduce behaviors including, physical/verbal aggression or urinating/defecating in his/her room. Client Notes Surveyor reviewed Resident 2's client notes from 12/30/2024 to 01/30/2025. The following was identified: -Four client notes reported behavioral issues that involved physical altercations with other residents, police and/or staff. Notes dated: 01/03/2025, 01/06/2025, 01/22/2025 and 01/27/2025. -Six client notes reported behavioral issues that involved verbal altercations with other residents and/or staff. Notes dated: 12/30/2025, 01/02/2025, 01/06/2025, 01/27/2025, 01/28/2025, and 01/30/2025. -Seven client notes reported behavioral issues that involved property damage. Notes dated: 01/13/2025, 01/13/2025, 01/26/2025, 01/27/2025, 01/27/2025, 01/28/2025, and 01/30/2025. -Seventeen client notes reported behavioral issues that involved hygiene, grooming and toileting. Notes dated: 01/07/2025, 01/11/2025, 01/12/2025, 01/14/2025, 01/16/2025, 01/16/2025, 01/20/2025, 01/22/2025, 01/23/2025, 01/24/2025, 01/24/2025, 01/24/2025, 01/25/2025, 01/26/2025, 01/28/2025, 01/28/2025, and 01/28/2025. Interviews	{N 433}		

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{N 433}	Continued From page 19 -On 01/30/2025 at 9:05 a.m., Surveyor interviewed Program Manager (PM) F, who stated, "Resident 2 was just out of the building for attacking another resident on 01/27/2025. Resident 2 snuck a lighter into his/her room and was smoking. Then s/he tried to set paper on fire. Staff took the lighter away and [Resident 2] became combative. We called the police, and s/he became combative with them too. They took [Resident 2] to a crisis center, where s/he was gone for 3-4 hours. [Operations Coordinator (OC) I] requested they keep her longer, but they sent her back to facility." -On 01/30/2025 at 9:20 a.m., Surveyor interviewed Facility Nurse (FRN) V who stated resident 2's behaviors have not changed since last survey. His/Her behaviors remained consistent. FRN V stated, "I have not read the new service plan, but I believe there are new interventions." -On 01/30/2025 at 10:00 a.m., Surveyor interviewed Program Manager (PM) H, who stated Resident 2 continued to have behaviors of urinating on the floor. On 01/30/2025 at 12:25 p.m., Surveyor interviewed Caregiver FF, who stated, [Resident 2] gets physical when s/he doesn't get his/her way. It's usually on second shift because management is not here. When s/he gets angry, s/he gets very aggressive." Caregiver FF stated s/he just tried to redirect Resident 2 the best s/he could. On 01/30/2025 at 12:35 p.m., Surveyor interviewed Caregiver J who stated Resident 2 still urinates on the floor and rarely showers. Caregiver J stated, "It's the approach we use with	{N 433}		

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him/her. [OC I] always encourages us to prompt him/her to shower." Caregiver J confirmed s/he had not had any new trainings or new paperwork on Resident 2 from management on how to work with his/her behaviors.

Resident 12

Resident 12 was admitted to the facility on 08/29/2019, with diagnoses including schizoaffective disorder and polydipsia. Resident 12 had a guardian.

Resident 12's record contained an ISP, dated 12/02/2024. Under leisure time activities, it read, "S/He does have a 1:1 staff due to his/her mental illness and behavior(s)." Residents 12's ISP did not include program service frequency, approaches to be provided, established measurable goals with specific time limits for attainment, specified methods for delivering needed care or who was responsible for delivering his/her 1:1 care. Residents 12's ISP did not address his/her need for 1:1 oversight or interventions for caregivers when behaviors occurred. Residents 12's ISP did not address Resident 12's behaviors in the community. Residents 12's ISP did not identify interventions or methods to reduce behaviors including elopement. Resident 12's ISP was not signed by Guardian Y.

Resident 12's Behavioral Support Plan (BSP), dated 09/11/2024, provided by PM H, stated, "[Resident 12] is a one-to-one client with direct support professional (DSP) staff."

Client Notes

-01/07/2025. "[Resident 12] keeps going into

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{N 433}	Continued From page 21 other client rooms [sic] stealing their drinks and lying to staff about it when questioned [sic] but evidence is found in [his/her] room [sic]" Corrective Actions Taken: "Taken [sic] cigar breaks and last soda given at medication." -01/18/2025. "[Resident 12] was giving staff a hard time [sic] first shift so going into second shift [Resident 12] continue [sic] to act out, [sic] it was for smoke break [sic] s/he was giving [sic] a cigarette and ended up leaving out of the gate to [sic] across the street [sic]." Corrective Actions Taken: "walked him/her back to the building." -01/21/2025. "[Resident 12] went out in the courtyard to smoke. While out smoke s/he left out the courtyard. Staff when out to look for him/her and s/he was across the street at the restaurant. When s/he saw staff, s/he took off out the door on the other side of the building. Staff met him/her behind the building and walked back with him/her to facility." Corrective Actions Taken: "[S/He] was not able to smoke anymore tonight." On 01/30/2025 at 12:25 p.m., Surveyor observed Resident 12 without a 1:1 DSP staff. Interviews On 01/30/2025 at 12:27 p.m., Surveyor interviewed Caregiver FF, who stated Resident 12 was no longer on 1:1 staffing. "We all watch him/her." On 01/30/2025 at 2:05 p.m., Surveyors	{N 433}		

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{N 433}	Continued From page 22 interviewed Program Manager (PM) H, who stated Resident 12 is no longer staffed 1:1. "S/He rotated off on June 1st, 2024." PM H told Surveyors Resident 12's behaviors were, "the same. Except now it's all staff eyes on [Resident 12] ...We always have to monitor him/her." PM H stated s/he believed all changes were made in Resident 12's ISP and BSP for caregivers. On 01/30/2025 at 3:50 p.m., Surveyors interviewed Program Manager (PM) H and Executive Team Member (ETM) R, and they reported Resident 12's level of care had not changed. Staff is still providing the same oversight. PM H stated 1:1 coverage was within arm's length between staff and resident. PM H confirmed Resident 12 did not have the same level of care provided.	{N 433}		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were securely stored in 2 of 2 areas. Findings include: The provider is licensed by the Department as a Class CS (semi-ambulatory) community based residential facility (CBRF) able to serve up to 46 residents within the client groups of emotionally disturbed/mental illness, alcohol/drug dependent,	N 499		

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developmentally disabled, and public funding.

On 01/30/2025, at 9:00 AM, Surveyor toured the facility with Operations Coordinator (OC) I, and observed the following:

There were 2 hallways which led to common bathrooms, shower rooms, and supply closets. In the first hallway the supply closet was propped open with a cart. The cart contained 1 bottle of glass cleaner, 2 bottles of multi-purpose cleaner, 1 bottle of Lysol toilet bowl cleaner, 2 cans of Microban sanitizing spray, 1 can of disinfectant spray, 1 bottle of Zep all-purpose cleaner, 1 gallon bottle of unknown clear liquid, and a bucket filled with an unknown clear liquid. In the second hallway a cart was parked in the hallway in front of the supply closet. The cart contained 2 bottles of Lysol toilet bowl cleaner, 2 bottles of Zep all-purpose cleaner, 2 bottles of Microban sanitizing spray, 1 can of air freshener, 1 gallon of Dial liquid hand soap, 1 unknown spray bottle, and a bucket filled with an unknown blue liquid.

OC I observed Surveyor stop and take photos of the unsecured cleaning compounds and toxic substances. OC I did not comment on why the carts were left unattended and unsecured in the hallways of the facility. Residents were observed moving freely throughout the facility.

On 01/30/2025, at 4:10 PM, Surveyors interviewed Program Manager (PM) H and Executive Team Member (ETM) R, and they reported the following:

The facility had 2 maintenance storage closets, where cleaning carts were kept. The facility had a policy which required the cleaners to keep the cleaning carts with them at all times. The facility

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N 499	Continued From page 24 had 3 residents with polydipsia (excessive thirst, characterized by an increased urge to drink large amounts of fluids), Resident 12, Resident 30, and Resident 28. PM H and ETM R confirmed the code requirement and the danger this posed for the residents. They did not know why the carts were left unsecured and unattended by staff.	N 499		