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 _____	06/05/2025

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
M 000	INITIAL COMMENTS On 06/02/2025 with information gathered through 06/05/2025, Surveyor conducted a standard survey at Small Step Big Dreams Adult Family Home LLC, an adult family home (AFH) in West Bend, WI. Four deficiencies identified. Census: 2	M 000		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider	M 332		

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

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M 332	Continued From page 1 did not ensure 2 of 2 fire extinguishers were inspected annually by an authorized dealer or the local fire department for 1 of 1 year reviewed (2024). Findings include: On 06/02/2025 at approximately 11:56 AM, Surveyor conducted an onsite tour. Surveyor observed fire extinguishers in the kitchen and in the basement dated July 2023. On 06/03/2025 at approximately 3:39 PM, Surveyor interviewed Licensee A. Licensee A stated s/he thought they had to be updated every two years. Licensee A stated s/he would update extinguishers as soon as possible.	M 332		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1's) guardian was involved with the development of his/her individual service plan (ISP).	M 406		

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M 406	Continued From page 2 Findings include: On 06/04/2025 at approximately 11:30 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 11/20/2023 and had a court ordered guardian with protective placement. Resident 1's current ISP was dated for 04/01/2024 with no signature. On 06/04/2025 at approximately 8:11 PM, Surveyor interviewed Licensee A. Licensee A stated that the 04/01/2024 was the latest care plan and s/he just signed it on 06/04/2025 and sent it to Resident 1's guardian on 06/04/2025 for a signature as well.	M 406		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's	M 424		

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M 424	Continued From page 3 guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not update the Individual Service Plan (ISP) every 6 months for 1 of 1 resident reviewed (Resident 1). Findings include: On 06/04/2025 at approximately 10:30 AM, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 11/20/2023, had a guardian and protective placement. Resident 1's current ISP was dated for 04/01/2024 and had no guardian signature or facility representative signature. On 06/04/2025 at approximately 8:11 PM, Surveyor interviewed Licensee A. Licensee A stated that the 04/01/2024 was the latest care plan and s/he just signed it on 06/04/2025 and sent it to Resident 1's guardian on 06/04/2025 for a signature as well. Licensee A stated s/he did not update Resident 1's ISP at his/her 6-month review. Licensee A stated s/he was aware it needed to be updated every 6 months or when there was a change in condition.	M 424		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who	M 464		

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M 464	Continued From page 4 prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the physician for 1 of 1 resident reviewed who required staff to administer their medications. Resident 1 did not have a written order permitting the provider staff to administer medications. Findings include: On 06/04/2025 at 4:30 PM, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the facility on 11/20/2023. Resident 1 did not have evidence of written orders from his/her physician permitting the provider staff to administer his/her medications. On 06/05/2025 at 12:03 PM, Surveyor interviewed Licensee A. Licensee A stated s/he did not have an order from the doctor but had Resident 1's medication list. Licensee A stated s/he had Resident 1's guardian sign the authorization. Licensee A stated s/he is now aware that they need to have it done by the doctor so s/he did drop off the form for Resident 1's doctor to fill out.	M 464		