STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 02/11/2026 with information gathered through 02/25/2026, Surveyor conducted a standard survey, two complaint investigations and verification visit for SOD P61911, dated 05/17/2023, at Broadstep-Wisconsin, Inc (Oklahoma), a Community-Based Residential Facility (CBRF) in Milwaukee, WI. Nine deficiencies were identified. One of the 9 deficiencies was a repeat deficiency from Statement of Deficiency P61911, dated 05/17/2023. Two of 2 complaints substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 301	83.28(3) Provide admission agreement as required. Admission agreement. Before or at the time of admission, the CBRF shall provide the admission agreement as required under s. DHS 83.29(2). This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide written information regarding services available and the charges for those services to 3 of 3 residents (Resident 7, Resident 8 and Resident 9). The provider also did not ensure 2 of 3 residents (Resident 8 and Resident 9) admission agreements were signed by Resident 8 and Resident 9.	N 301		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 301	Continued From page 1 Findings include: On 02/11/2026, Surveyor reviewed resident records and identified the following: Resident 7 - Resident 7 was admitted on 12/16/2025 and his/her record did not contain evidence of written information regarding charges for services. Resident 8 - Resident 8 was admitted on 01/08/2026 and his/her record did not contain evidence of written information regarding charges for services. -Resident 8 was his/her own person. -Resident 8's admission agreement, dated 01/07/2026, did not contain Resident 8's signature. Resident 9 - Resident 9 was admitted on 01/09/2026 and his/her record did not contain evidence of written information regarding charges for services. -Resident 9 was his/her own person. -Resident 9's admission agreement, dated 01/08/2026, did not contain Resident 9's signature. On 02/11/2026, at approximately 12:34 PM, Surveyor interviewed Operations Coordinator (OC) J. OC J stated s/he was not aware of the requirement to ensure resident records contain written information regarding services available and charges for those services. On 02/11/2026, at approximately 12:34 PM,	N 301		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 301	Continued From page 2 Surveyor interviewed Operations Coordinator (OC) J. OC J confirmed Resident 8 and Resident 9 were their own person. OC J confirmed Resident 8's and Resident 9's admission agreements were not signed by Resident 8 and Resident 9. OC J reported s/he did not realize Resident 8's and Resident 9's admission agreements were not sign by Resident 8 and Resident 9.	N 301		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 residents (Resident 7 and Resident 9) reviewed was screened for clinically apparent communicable disease, including tuberculosis (TB), by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse within 90 days before or	N 302		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 302	Continued From page 3 7 days after admission. Findings include: On 02/11/2026, Surveyor reviewed Resident 7's and Resident 9's records and identified the following: Resident 7 -Resident 7 was admitted on 12/16/2025. -Resident 7's record did not contain a communicable disease screening, including TB. Resident 9 -Resident 9 was admitted on 01/09/2026. -Resident 9's record did not contain a communicable disease screening, including TB. On 02/11/2026, at approximately 3:30 PM, Surveyor interviewed Administrator B. Administrator B reported Resident 7 and Resident 9 were not screened for clinically apparent communicable disease, including TB. Administrator B reported s/he would schedule a nurse to come to facility tomorrow to conduct the above-mentioned tasks for Resident 7 and Resident 9.	N 302		
N 305	83.28(6) Resident rights, grievance procedure, rules Resident rights, grievance procedure, and house rules. Before or at the time of admission, the CBRF shall provide and explain resident rights, the house rules of the CBRF as required under s. DHS 83.32 (2), and the grievance procedure, including written information regarding the	N 305		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 305	Continued From page 4 names, addresses and telephone numbers of all resident advocacy groups serving the client groups in the facility, including the long term care ombudsman program and the protection and advocacy services of Disability Rights Wisconsin, Inc. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a signed statement acknowledging the provider explained resident rights and the grievance procedure to 3 of 3 residents (Resident 7, Resident 8 and Resident 9) reviewed. Findings include: On 02/11/2026, Surveyor reviewed resident records and identified the following: Resident 7 -Resident 7 was admitted on 12/16/2025. Surveyor was unable to locate documentation indicating resident rights and the grievance procedures were explained to or signed by Resident 7 upon admission. Resident 8 -Resident 8 was admitted on 01/08/2026. Surveyor was unable to locate documentation indicating resident rights and the grievance procedures were explained to or signed by Resident 8 upon admission. Resident 9 was admitted on 01/09/2026. Surveyor was unable to locate documentation indicating resident rights and the grievance procedures were explained to or signed by	N 305		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 305	Continued From page 5 Resident 9 upon admission. On 02/11/2026, at approximately 12:34 PM, Surveyor interviewed Operations Coordinator (OC) J. OC J reported it was his/her responsibility to review admission paperwork for new residents. OC J reported s/he reviewed the resident rights and grievance procedure with Resident 7, Resident 8 and Resident 9. OC J reported s/he shredded the documentation due to not being aware of the requirement to keep documentation in resident records.	N 305		
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 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 6 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5 and Resident 6) were served a 30-day written advance notice of discharge. Residents or their legal representatives were not provided a 30-day	N 326		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 326	Continued From page 6 written notice of discharge when residents were moved to another facility within the company. Findings include: On 09/12/2025, the Department received a complaint alleging residents were discharged and moved to another facility within the company without being provided a written notice of discharge. On 02/11/2026, Surveyor reviewed resident records and identified the following: Resident 1 -Resident 1 was admitted to the facility on 01/30/2020. -Resident 1 was his/her own person. -Resident 1 was discharged on 07/31/2025 to another facility within the company. -Resident 1's record did not contain a written 30-day notice of discharge. Resident 2 -Resident 2 was admitted to the facility on 11/14/2019. -Resident 2 had a guardian. -Resident 2 was discharged on 07/31/2025 to another facility within the company. -Resident 2's record did not contain a written 30-day notice of discharge. Resident 3 Resident 3 was admitted to the facility on	N 326		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 326	Continued From page 7 06/05/2018. -Resident 3 had a guardian. -Resident 3 was discharged on 07/09/2025 to another facility within the company. -Resident 3's record did not contain a written 30-day notice of discharge. Resident 4 -Resident 4 was admitted to the facility on 04/21/2021. -Resident 4 was his/her own person. -Resident 4 was discharged on 07/09/2025 to another facility within the company. -Resident 4's record did not contain a written 30-day notice of discharge. Resident 5 -Resident 5 was admitted to the facility on 12/01/2023. -Resident 5 was his/her own person. -Resident 5 was discharged on 07/31/2025 to another facility within the company. -Resident 5's record did not contain a written 30-day notice of discharge. Resident 6 -Resident 6 was admitted to the facility on 02/13/2025. -Resident 6 was his/her own person.	N 326		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 326	Continued From page 8 -Resident 6 was discharged on 07/31/2025 to another facility within the company. -Resident 6's record did not contain a written 30-day notice of discharge. On 02/11/2026, at approximately 3:29 PM, Surveyor interviewed Administrator B. Administrator B reported Resident 1, Resident 4, Resident 5 and Resident 6 were their own person and Resident 2 and Resident 3 had a guardian. Administrator B confirmed Resident 1, Resident 2, Resident 3, Resident 4, Resident 5 and Resident 6 were moved to another facility within the company without residents or their legal representative being served a 30-day written notice of discharge. Administrator B reported the reason for residents' discharge was due to this facility temporary closing.	N 326		
N 348	83.32(3)(d) Rights of Residents: Free from mistreatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Freedom from mistreatment. Be free from physical, sexual and mental abuse and neglect, and from financial exploitation and misappropriation of property. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 10 was free from misappropriation of property. Resident 10's headphones, Xbox system and monitor were	N 348		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 348	Continued From page 9 destroyed by his/her roommate. Findings include: On 06/26/2025, the Department received a complaint stating a resident's personal property was destroyed. On 02/11/2026, Surveyor reviewed Resident 10's record and identified the following: -Resident 10 was admitted on 01/01/2025. -Resident 10 discharged on 06/22/2025 and transferred to another facility operated by this provider. -Resident 10 had a guardian. Resident 10's record did not contain documentation of an investigation regarding Resident 10's personal property being destroyed by his/her roommate. On 02/25/2026, at approximately 5:01 PM, Surveyor interviewed Administrator B. Administrator B reported Program Manager L stated Resident 10's roommate admitted to destroying Resident 10's personal property (headphones, Xbox system and monitor). Administrator B reported that when Resident 10's items were destroyed by his/her roommate there was an inquiry into the case manager but that never went anywhere. Administrator B reported this facility and Resident 10's roommate never reimbursed Resident 10 for his/her personal property (headphones, Xbox system and monitor) that was destroyed.	N 348		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 386	Continued From page 10	N 386		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 6) had a comprehensive individual service plan (ISP) developed. Resident 6's record did not contain a comprehensive individual service plan. Findings include: On 02/11/2026, Surveyor reviewed Resident 6's record and identified the following: -Resident 6 was admitted to the facility on 02/13/2025. -Resident 6 discharged from facility on 07/31/2025. -Resident 6's record did not contain a	N 386		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 386	Continued From page 11 comprehensive individualized service plan. On 02/24/2026, at approximately 1:34 PM, Surveyor interviewed Administrator B. Administrator B confirmed Resident 6's record did not contain a comprehensive individualized service plan. Administrator B reported that if Resident 6 had a comprehensive individualized service plan it would have been in Resident 6's record.	N 386		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Individual Service Plans (ISPs) were updated annually for 5 of 5 residents. Resident 1, Resident 2, Resident 4 and Resident 5 did not have updated ISPs in 2025. Resident 3 did not have an ISP updated in calendar year 2024 and 2025.	{N 389}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 389}	Continued From page 12 This is a repeat deficiency. See Statement of Deficiency P61911, dated 05/17/2023. Findings include: 02/11/2026, Surveyor reviewed resident records and identified the following: Resident 1 -Resident 1 was admitted to the facility on 01/30/2020. -Resident 1 discharged from facility on 07/31/2025. -Resident 1's ISP was dated 06/20/2024. Resident 1's ISP was due for update by 06/20/2025. Resident 1's record did not include an updated ISP for 2025. Resident 2 -Resident 2 was admitted to the facility on 11/14/2019. -Resident 2 discharged from facility on 07/31/2025. -Resident 2's ISP was dated 06/17/2024. Resident 2's ISP was due for update by 06/17/2025. Resident 2's record did not include an updated ISP for 2025. Resident 3 -Resident 3 was admitted to the facility on 06/05/2018. -Resident 3 discharged from facility on 07/09/2025. -Resident 3's ISP was dated 06/05/2023.	{N 389}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 389}	Continued From page 13 Resident 3's ISP was due for update by 06/05/2024 and 06/05/2025. Resident 3's record did not include an updated ISP for 2024 and 2025. Resident 4 -Resident 4 was admitted to the facility on 04/21/2021. -Resident 4 discharged from facility on 07/09/2025. -Resident 4's ISP was dated 06/17/2024. Resident 4's ISP was due for update by 06/17/2025. Resident 4's record did not include an updated ISP for 2025. Resident 5 -Resident 5 was admitted to the facility on 12/01/2023. -Resident 5 discharged from facility on 07/31/2025. -Resident 5's ISP was dated 06/20/2024. Resident 5's ISP was due for update by 06/20/2025. Resident 5's record did not include an updated ISP for 2025. On 02/24/2026, at approximately 1:34 PM, Surveyor interviewed Administrator B. Administrator B confirmed Resident 1's, Resident 2's, Resident 4's and Resident 5's ISPs were not updated in 2025. Administrator B confirmed Resident 3's ISP was not updated in calendar year 2024 and 2025. Administrator B reported s/he was not aware the ISPs were not updated.	{N 389}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 538	Continued From page 14	N 538		
N 538	83.48(3)(a) Fire detection systems inspected annually. After the first year following installation, fire detection systems shall be inspected, cleaned and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer ' s specifications and procedures. This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for an annual fire detection systems to be inspected for 2 of 2 years (2024 and 2025). Findings include: On 02/11/2026, Surveyor requested from Facilities Management (FM) K the annual fire detection systems inspection for calendar years (2024 and 2025). FM K stated s/he would email Surveyor this documentation via email by 8:00 AM on 02/12/2026. On 02/13/2026, at 4:06 PM, Surveyor received an email from FM K. The email contained the following document: Securitas Electronic Security Service Call Report, dated 02/13/2026, documenting the following: "Problem/Work Requested: Check heat detectors for proper function. Description of Work: Tripped zone 1 basement and kitchen heat detectors. They triggered and restored and sent signals for proper function. Heat detectors are located in kitchen and basement, on zone 1 of panel." The heat detection system was inspected on 02/13/2026 (2 days after Surveyor requested this documentation).	N 538		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	3245 S 24TH ST MILWAUKEE, WI 53215

(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 538	Continued From page 15 On 02/13/2026, at approximately 4:20 PM, Surveyor interviewed Administrator B. Administrator B confirmed the heat detection system was not inspected for calendar years 2024 and 2025. Administrator B reported the heat detection system was inspected on 02/13/2026, two days after Surveyor requested the annual fire detection systems inspection for calendar years 2024 and 2025.	N 538		
N 640	83.59(2)(b) Solid core wood doors or equivalent A solid core wood door or an equivalent fire resistive door shall be provided at any interior stair between the basement and the first floor. The door shall have a positive latch and an automatic closing device and normally shall be kept closed. Enclosed furnace and laundry areas with self-closing doors in a split level home may substitute for the self-closing door between the first and second levels. Enclosed furnace and laundry areas shall have self-closing solid core wood doors or an equivalent fire resistive door when located on a common level with resident bedrooms. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the door leading to the basement was self-closing. Findings include: The facility is licensed as a Class AA (Ambulatory) facility for up to 8 residents with programs in alcohol/drug dependent, developmentally disabled, pregnant women/counseling, correctional clients, physically	N 640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012672	A. BUILDING: _____ B. WING _____	R-C 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADSTEP-WISCONSIN, INC (OKLAHOMA)	**3245 S 24TH ST MILWAUKEE, WI 53215**

(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 640	Continued From page 16 disabled, and emotionally disturbed/mental illness. On 02/11/2026, at approximately 4:46 PM while touring the facility with Executive Director (ED) I, Surveyor observed the door leading to the basement did not have a self-closing mechanism and did not self-close when tested by Surveyor. On 02/11/2026, at approximately 4:46 PM, Surveyor interviewed ED I. ED I confirmed the door leading to the basement did not self-close. ED I reported s/he was not aware of this requirement.	N 640		