STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013506	A. BUILDING: _____ B. WING _____	C 05/28/2025

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BROADSTEP-WISCONSIN, INC. (NASH)	7620-22 W KEEFE AVE MILWAUKEE, WI 53222

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M 000	INITIAL COMMENTS On 05/22/2025, with information gathered through 05/28/2025, Surveyor conducted a standard licensure survey and 2 complaint investigations. Nine deficiencies were identified. One of 2 complaints was substantiated. Census: 4	M 000		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not evaluate 1 of 1 resident (Resident 2), using the form provided by the Department, to determine whether the resident was able to evacuate the home without any help within 2 minutes. Findings include: On 05/22/2025, at approximately 1:00 PM, Surveyor reviewed Resident 2's record with Case Manager C, Case Manager D and Operational Manager E. Resident 2 moved into the home 03/20/2025.	M 344		

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

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M 344	Continued From page 1 Resident 2's record did not contain an evacuation assessment, which would determine whether the resident is able to evacuate the home without help and within 2 minutes. Surveyor asked if an evacuation assessment had been completed. Case Manager D stated s/he was unable to locate an evacuation assessment for Resident 2. As of 05/28/2025 at 3:00 PM, Surveyor did not receive any additional documentation.	M 344		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents (Resident 2) had a health examination by a physician to identify health problems and receive a communicable disease screening or tuberculosis (TB) test within 90 days prior to admission to the home or within 7 days after admission. Findings include:	M 380		

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M 380	Continued From page 2 On 05/22/2025, Surveyor reviewed Resident 2's record with Case Manager C, Case Manager D and Operational Manager E. Resident 2 moved into the home 03/20/2025. Resident 2's record did not contain a health examination, including a communicable disease screen by a physician within 90 days prior to admission or within 7 days after admission. Surveyor asked if a health examination and communicable disease screen along with a TB test had been completed. Case Manager D stated s/he was unable to locate this information in Resident 2's record. As of 05/28/2025 at 3:00 PM, Surveyor did not receive any additional documentation.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident	M 384		

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M 384	Continued From page 3 2 and Resident 3) had a signed and dated service agreement by the licensee, resident, or resident's guardian or designated representative prior to admission. Findings include: On 05/28/2025, Surveyor reviewed Resident 2's and Resident 3's record. Resident 2 moved into the home 03/20/2025. Resident 2's "Admission Agreement Acknowledgement," was dated 03/17/2025 and did not contain a signature by the provider. Resident 3 moved into the home 11/05/2024. Resident 3's "Admission Agreement Acknowledgement" was dated 10/24/2024. On 05/28/2025 at 1:30 PM, Surveyor interviewed Program Manager A and Executive Team Member B. Surveyor asked what admission agreement did Resident 2 and Resident 3 review, before signing the admission agreement acknowledgement form. Executive Team Member B stated s/he was unsure and would review Resident 2's and Resident 3's record. On 05/28/2025 at 1:54 PM, Executive Team Member B emailed Surveyor a copy of a generic admission agreement entitled "Admissions Agreement - Community-Based Residential Facilities (CBRF) Licensed under DHS (Department of Health Services) 83 and Adult Family Homes (AFH) Licensed under DHS 88 - Effective March 1, 2025," utilized by the provider. Surveyor noted this is not the admission agreement format Resident 3 would have utilized.	M 384		

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M 384	Continued From page 4 Surveyor noted most of the admission agreement referenced DHS Chapter 83, which regulates CBRFs, and was difficult to determine which language referenced DHS Chapter 88, AFHs. On 05/28/2025 at 2:37 PM, Surveyor emailed Executive Team Member B and asked why Resident 2 and Resident 3 did not have a signed admission agreement when there was a signature page attached to the blank admission agreement that had been forwarded to the Surveyor. Surveyor expressed concerns with the language in the admission agreement and if the resident moving into the adult family home would be able to comprehend the difference between the CBRF language and the AFH language. On 05/28/2025 at 2:43 PM, Executive Team Member B emailed Surveyor and stated, "Thank you!"	M 384		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure 2 of 2 resident (Resident 2 and Resident 3) records reviewed had an individual service plan (ISP) completed and developed within 30 days after placement.	M 404		

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M 404	Continued From page 5 Findings include: On 05/22/2025, Surveyor reviewed Resident 2's and Resident 3's record with Case Manager C, Case Manager D and Operational Manager E. Resident 2 moved into the home on 03/20/2025, with diagnoses including depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder, and psychosis. Resident 2's record contained an undated and unsigned ISP. Resident 3 moved into the home on 11/05/2024, with diagnosis including schizophrenia and psychotic disorder. Resident 3's record did not contain an ISP. Case Manager D stated s/he would review his/her records and forward that documentation. On 05/22/2025, at approximately 2:00 PM, Surveyor interviewed Program Manager A. Program Manager A stated that residents in the home were part of a county-based program. Program Manager A explained that during a survey process at another facility, the provider had been informed that the current ISP format was not acceptable, so staff was in the process of updating all the resident's ISPs. On 05/26/2025 at 11:01 AM, Surveyor emailed Program Manager A and Executive Team Member B and requested Resident 3's ISPs since admission. On 05/28/2025 at 1:30 PM, Surveyor interviewed Program Manager A and Executive Team Member B. Executive Team Member B stated there were concerns on how the resident ISPs	M 404		

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M 404	Continued From page 6 were being completed and all case managers have been retrained. Executive Team Member B stated that all ISPs would be completed.	M 404		
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 guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 resident's (Resident 1 and Resident 4) reviewed Individual Service Plans (ISP) were reviewed at least once every six months by the licensee, the resident and/or resident's guardian, or the placing agency. Findings include: On 05/22/2025, Surveyor reviewed Resident 1's and Resident 4's record with Case Manager C,	M 424		

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M 424	Continued From page 7 Case Manager D and Operational Manager E. Resident 1 moved into the home on 07/24/2014 and was his/her own person. Resident 1's record contained unsigned ISPs dated 10/04/2023, 07/20/2024, and a current one that was undated, as it was in the process of being developed. Resident 1's ISP was due to be reviewed in 04/2024, 10/2024, and 04/2025. Resident 4 moved into the home on 09/25/2014 and was his/her own person. Resident 4's record contained an unsigned ISP dated 11/02/2023 and a current one that was undated, as it was in the process of being developed. Resident 4's ISP was due to be reviewed in 05/2024 and 11/2024. On 05/22/2025, at approximately 2:00 PM, Surveyor interviewed Program Manager A. Program Manager A explained that during a survey process at another facility, the provider had been informed that the current ISP format was not acceptable, so staff was in the process of updating all of the resident's ISPs. On 05/28/2025 at 1:30 PM, Surveyor interviewed Program Manager A and Executive Team Member B. Executive Team Member B stated all case managers had been trained on the proper way to complete an ISP and who was required to review and sign them.	M 424		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a	M 464		

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M 464	Continued From page 8	M 464		

prescription medication to a resident, the licensee shall obtain a written order from the physician who 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, prior to dispensing or administering medications to a resident, the provider did not obtain a written order from the physician who 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 for 2 of 2 residents (Resident 2 and Resident 3) reviewed.

Findings include:

On 05/22/2025, Surveyor reviewed Resident 2's and Resident 3's records with Case Manager C, Case Manager D and Operational Manager E.

Example 1: Resident 2

Resident 2 moved into the home on 03/20/2025.

Resident 2's May 2025 Medication Administration Record (MAR) documented staff had administered his/her prescribed medications.

Resident 2's current, undated, Individual Service Plan (ISP) documented:

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"Medication Management: All medications are locked in the medication room. Medications are provided by staff as scheduled by the provider. Staff observes that medications are taken properly, then documented in the MAR."

Surveyor was unable to locate a written order from Resident 2's physician stating who by name or position was permitted to administer his/her medication.

Example 2: Resident 3

Resident 3 moved into the home on 11/05/2024.

Resident 3's May 2025 documented staff had administered his/her prescribed medications.

Surveyor was unable to locate a written order from Resident 3's physician stating who by name or position was permitted to administer Resident 1's medication.

On 05/22/2025, at approximately 12:30 PM, Case Manager C contacted Nurse F via telephone. Surveyor asked Nurse F if Resident 2's and Resident 3's record contained a written order from the physician who 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. Nurse F stated s/he was not aware that this was a requirement but would ensure each resident record had this documentation.

On 05/28/2025 at 1:30 PM, Surveyor interviewed Program Manager A and Executive Team Member B. Executive Team Member B stated s/he would follow up with Nurse F to ensure

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M 464	Continued From page 10 compliance.	M 464		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 1 of 2 residents. Resident 3's Medication Administration Records (MAR) contained blanks where medication administration should have been initialed by the med passer. Findings include: On 05/22/2025, at approximately 12:00 PM, Surveyor, Program Manager A, Case Manager C, Case Manager D, and Operational Manager E reviewed Resident 3's medications in the med cabinet. Surveyor observed bottles of Quetiapine (psychotropic), Benztropine (medication for the nervous system), Lithium (medication for manic-depressive illness), and Fluphenazine (antipsychotic medication) which were dispensed	M 466		

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M 466	Continued From page 11 on 05/05/2025. Surveyor observed a blister card which contained the same medications dispensed 05/03/2025. On 05/22/2025, Surveyor reviewed Resident 3's record. Resident 3 moved into the home 11/05/2024. Resident 3's May 2025 Medication Administration Record (MAR), dated 05/01/2025 to 05/22/2025, documented: "Benztropine 1 MG (milligram) - Take one tablet by mouth twice daily. Scheduled at 8:00 AM and 8:00 PM" The MAR did not document administration on 05/06, 05/07, and 05/22 at 8:00 AM; 05/08 at 8:00 PM. "Fluphenazine 5 MG - Take 3 tablets by mouth twice daily. Scheduled at 8:00 AM and 8:00 PM" The MAR did not document administration on 05/06, 05/07, and 05/22 at 8:00 AM. "Quetiapine 100 MG - Take one tablet by mouth once a day for psychosis. Scheduled at 8:00 AM" The MAR did not document administration on 05/06, 05/07, and 05/22 "Lithium Carb 600 MG - Take 1 capsule by mouth twice daily. Scheduled at 8:00 AM and 8:00 PM" The MAR did not document administration on 05/06, 05/07, 05/09, 05/22 at 8:00 AM; 05/08, 05/15, 05/18 at 8:00 PM. On 05/22/2025, at approximately 12:15 PM, Surveyor interviewed Operational Manager E. Surveyor asked why the medications were not documented as administered when the medications were available. Operational Manager E stated that when the medications were dispensed from the pill bottles, staff did not document that administration on the MARs.	M 466		

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M 466	Continued From page 12 Program Manager A stated that medication administration was to be documented no matter how the medication was dispensed.	M 466		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident received all prescribed medications. Resident 1 did not receive his/her Fiasp Flextouch pen (insulin) and Basaglar Injection (insulin) as prescribed. Findings include: On 03/06/2025, the Department received a concern that residents did not receive medications as prescribed. On 05/22/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home 07/24/2014.	M 582		

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M 582	Continued From page 13 Resident 1's April and May 2025 Medication Administration Records (MARs), dated 04/01/2025 to 05/22/2025, documented: "Fiasp Flextouch Pen - Inject 16 Units subcutaneously three times daily with meals + sliding scale. Scheduled at 8:00 AM, 12:00 PM, 4:00 PM. Start Date: 12/23/2024." "Basaglar Inj (Injection) 100 Unit - Inject 19 Units subcutaneously once daily at bedtime for diabetes mellitus Type 2. Scheduled at 8:00 PM. Start Date: 12/23/2024." The MARs documented that the medications had been administered as prescribed. Resident 1's blood glucose logbook did not document any blood sugar levels for 04/24/2025 and 8:00 AM and Noon on 04/25/2025. Resident 1's blood sugar level at 8:00 PM on 04/23/2025 was 81 and 217 at 4:00 PM on 04/25/2025. On 05/22/2025, at approximately 12:30 PM, Surveyor interviewed Operational Manager E. Surveyor asked if Resident 1 received his/her insulin on 04/24/2025 and 8:00 AM and Noon on 04/25/2025. Operational Manager E stated a new caregiver was scheduled those days and Resident 1 did not receive his/her insulin. On 05/22/2025, at approximately 2:30 PM, Surveyor interviewed Program Manager A. Program Manager A stated s/he would follow up on the concern as residents are to always receive their prescribed medications.	M 582		
M 586	88.10(3)(s) Telephone Calls Telephone calls. To make and receive a reasonable number of telephone calls of reasonable duration and in privacy.	M 586		

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BROADSTEP-WISCONSIN, INC. (NASH)	7620-22 W KEEFE AVE MILWAUKEE, WI 53222

(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 586	Continued From page 14 This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure 4 of 4 residents had access to a telephone to make phone calls. Findings include: On 01/03/2025, the Department received a complaint stating residents did not have access to a house phone to receive or make telephone calls. On 05/22/2025, at approximately 11:00 AM, Surveyor toured the home. Surveyor observed a cordless phone docking station in the resident's common area. The telephone was not on the docking station. On 05/22/2025, at approximately 2:00 PM, while sitting in the common area, Surveyor interviewed Program Manager A. Program Manager A looked over to where the telephone would be kept and noticed the telephone was not there. Program Manager A asked Resident 1, who was sitting in the common area, if s/he knew where the telephone was. Resident 1 stated it had been missing for a day. Resident 3 walked into the common area and Program Manager A asked him/her if s/he knew where the telephone was. Resident 3 stated s/he did not have the phone. Program Manager A asked Operational Manager E if s/he knew where the phone was. Operational Manager E stated s/he did not know where the phone was, but suspected Resident 3 had it. Operational Manager E stated, "We need a different phone as the #4 key does not work on the current phone." Program Manager A stated there was supposed to be another phone on the	M 586		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013506	A. BUILDING: _____ B. WING _____	C 05/28/2025

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M 586	Continued From page 15 second floor. Operational Manager E stated s/he was not sure where that phone was. Operational Manager E requested that a desktop telephone be ordered so that residents could not carry the phone around, which caused the phones to disappear. On 05/28/2025 at 1:30 PM, Surveyor interviewed Program Manager A and Executive Team Member B. Program Manager A stated new phones had been replaced in the home and the evening of the survey, the missing phone had been located in a resident room.	M 586		