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 _____	R-C 12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 000}	INITIAL COMMENTS On 12/04/2025, Surveyor concluded a verification visit and complaint investigation at Broadstep-Wisconsin, Inc. Nash. Five deficiencies were identified. Four of the 5 deficiencies were repeat violations. See Statement of Deficiencies (SOD) VV8711 dated 5/28/2025. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed One complaint was substantiated. Census: 4	{M 000}		
{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 5) had a health examination by a physician to identify health problems and receive a	{M 380}		

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

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{M 380}	Continued From page 1 communicable disease screening or tuberculosis (TB) test within 90 days prior to admission to the facility or within 7 days after admission. This is a repeat deficiency. See Statement of Deficiency (SOD) VV8711 dated 5/28/2025. Findings include: On 12/04/2025, Surveyor reviewed Resident 5's record with Program Manager A and Operational Manager E. Resident 5 moved into the facility 11/20/2025. Program Manager A provided Surveyor Resident 5's intake paperwork from a healthcare facility. On 11/25/2025, Advanced Practice Nurse Practitioner (APNP) H conducted an intake with Resident 5. Resident 5's physical exam read, "unable to assess." Resident 5'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. On 12/04/2025 at 12:40 p.m., Surveyor asked if a health examination and communicable disease screen along with a TB test had been completed. Program Manager A stated s/he they were unable to accomplish the health examination before s/he moved in. On 12/04/2025 at 12:48 p.m., Surveyor interviewed Facility Nurse (FRN) F, who stated, "I try to do the testing for communicable disease and tuberculosis up front. However, [Resident 5] was not communicating with anyone, barely eating and bathing. We needed to build rapport. I felt uncomfortable just sticking a needle in his/her	{M 380}		

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{M 380}	Continued From page 2 arm."	{M 380}		
{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 each resident's Individual Service Plan (ISP) was updated with current information for 1 of 1 resident. Resident 1 was a registered sex offender and each year s/he was required to give an update on his/her living situation, any police contact etc. to the sex offender registry. Resident 1's ISP did not include information on Resident 1 needing assistance with filling out annual paperwork. This is a repeat deficiency. See Statement of Deficiency (SOD) VV8711 dated 5/28/2025.	{M 424}		

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{M 424}	Continued From page 3 Findings include: On 12/04/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's facility on 07/24/2014. -Resident 1 had a case manager (CM) from the provider's organization and a newly appointed guardian as of 08/25/2025. -Resident 1's ISP, dated 06/20/2025, under "Community Integration," identified, "[Resident 1] has spent most of his/her adult life in mental health institutions ... Resident is a registered sex offender and must report whenever s/he moves." -Resident 1's ISP does not identify the need for assistance with an annual sex offender registry document, where s/he was required to give an update on his/her living situation, any police contact etc. to the county. Interviews On 12/04/2025 at 8:57 a.m., Surveyor received an email from Guardian I, who stated, "So as far as I know, someone at the group home has been completing the form with him/her sense [sic] s/he has been there. I spoke with Care Manager (CM) C and Case Manager (CM) D regarding the form, and CM C said s/he was familiar with it, and that s/he had helped him/her complete it in the past." On 12/03/2025 at 11:01 a.m., Surveyor received an email from Guardian I, who stated Resident 1 was a registered sex offender and each year s/he was required to give an update on his/her living situation, any police contact etc. to the sex offender registry. Guardian I stated s/he believed Resident 1 required assistance with filling out annual paperwork. S/he was unclear on how	{M 424}		

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{M 424}	Continued From page 4 Resident 1 was going about reporting to the county annually. On 12/04/2025 at 10:30 a.m., Surveyor interviewed CM D, who stated either CM C or Former Care Manager (FCM) G would fill out the paperwork in full and have Resident 1 sign and date it before they submitted it to the county on behalf of Resident 1. CM D stated, "We get it sent to us, we fill it out, [Resident 1] signs it and we send it back in." On 12/04/2025 at 10:30 a.m., Surveyor interviewed CM C. Surveyor asked where it was identified in the ISP that the Care Team was handling the county paperwork for Resident 1. CM D stated, "I never thought to add that to his/her ISP." CM D stated the ISP was written by a team of management.	{M 424}		
M 446	88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS Keeping a current record of all medical visits, reports and recommendations for a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed had completed an annual health exam by a physician for 1 of 1 resident. Resident 1's record did not include an annual health exam for 2023 and 2024. Findings include: On 10/09/2025, the department received a complaint alleging a resident was not receiving	M 446		

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M 446	Continued From page 5 regular physician visits or psychiatric care. On 12/04/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's facility on 07/24/2014, with diagnoses including schizophrenia, Crohn's disease and diabetes. -Resident 1 had a case manager (CM) from the provider's organization and a newly appointed guardian as of 08/25/2025. -There was no evidence in Resident 1's medical record that indicated Resident 1 received an annual health examination by a physician in 2023 and 2024 per Wis. Admin. Code § 88.07(2)(e). On 12/04/2025, at 2:15 p.m., Surveyor interviewed Program Manager (PM) A, who stated, "We do not have the past three years of health exams in [Resident 1's] file. We are trying to get a hold of his/her physician's group to get copies for his/her file." On 12/04/2025, at 2:20 p.m., Surveyor interviewed Facility Nurse (FRN) F, who stated, "[Resident 1's physician's group] is supposed to load the annual health exams into our system." On 12/05/2025 at 12:07 p.m., Surveyor requested PM A to provide Resident 1's annual health exam for 2023 and 2024 by 9:00 a.m. on 12/08/2025. On 12/05/2025, 3:47 p.m. Executive Team Member (ETM) B emailed Surveyor Resident 1's post hospital visit document dated 10/08/2025. As of 12/09/2025 at 11:00 a.m., Surveyor has not received additional information.	M 446		

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{M 466}	Continued From page 6	{M 466}		
{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 record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 1 of 1 resident. Resident 1 did not receive his/her Fiasp Flextouch pen (insulin) as prescribed. This is a repeat deficiency. See Statement of Deficiency (SOD) VV8711 dated 5/28/2025. Findings include: On 12/04/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's facility on 07/24/2014, with diagnoses including schizophrenia, Crohn's disease and diabetes. Resident 1's November 2025 Medication Administration Record (MAR), dated 11/01/2025 to 11/30/2025, documented:	{M 466}		

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{M 466}	Continued From page 7 "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." Resident 1's physician orders, dated 12/26/2024, read," Flasp FlexTouch U-100 insulin 100 unit/ml (milliliter) (3ml) subcutaneous pen. "Inject 16 unit(s) [sic] Subcutaneous three times a day with sliding scale [sic] administer 16 units with each meal [sic] Plus sliding scale: <70 Give Glucose per Hypoglycemia Protocol and Call Physician. 70-90 give ½ of base dose with no additional sliding scale 91-130 no additional sliding scale 131-150 = base dose + 1 unit 151-200 = base dose + 2 units 201-250 = base dose + 3 units 251-300 = base dose + 4 units 301-350 = base dose + 5 units 351-400 = base dose + 6 units 401-450 = base dose + 7 units > 450 = base dose plus 8 units MAX 72 UNITS DAILY. HOLD IF NPO." The MARs documented the medications had been administered as prescribed. On 12/04/2025 at 11:20 a.m., Surveyor reviewed Resident 1's blood glucose logbook. The following was identified: -Resident 1's blood glucose logbook did not document any blood sugar levels for 8:00 a.m. for the following dates in November: 11/02/2025, 11/08/2025, 11/12/2025, 11/16/2025, 11/24/2025, and 11/30/2025.	{M 466}		

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{M 466}	Continued From page 8 -Resident 1's blood glucose logbook did not document any blood sugar levels for 12:00 p.m. for the following dates in November: 11/02/2025, 11/04/2025, 11/06/2025, 11/12/2025, 11/15/2025, 11/19/2025, 11/23/2025, 11/24/2025, 11/25/2025, 11/26/2025, 11/28/2025, 11/29/2025, and 11/30/2025. -Resident 1's blood glucose logbook did not document any blood sugar levels for 4:00 p.m. for the following dates in November: 11/01/2025, 11/13/2025, 11/19/2025, 11/20/2025, 11/21/2025, 11/24/2025, 11/29/2025, and 11/30/2025. On 12/04/2025 at 2:30 p.m., Surveyor and Program Manager A, reviewed the facility sign-in/sign-out sheets to determine if Resident 1 was out of the building during medication pass. Program Manager A confirmed Resident 1 left the facility on 11/02/2025, at 12:35 p.m. On 11/23/2025, Resident 1 signed out at 12:20 p.m. Surveyor asked why Resident 1 did not receive his/her 12:00 p.m., doses before s/he left the facility. On 11/24/2025, Program Manager A confirmed Resident 1 was in the facility the whole day. On 12/04/2025 at 2:50 p.m., interviewed Program Manager A. Surveyor asked if Resident 1 received his/her insulin on the dates where there was no entry for Resident 1's blood glucose reading. On 12/04/2025 at 2:53 p.m., Program Manager A stated, "If it's not documented, we don't know if it was given or not or if it was just forgotten." S/He stated s/he would follow up on the concern as residents are to always receive their prescribed	{M 466}		

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{M 466}	Continued From page 9 medications.	{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's Medication Administration Records (MAR) contained spaces where medication administration was initialed by the medication passer as, 'skipped'. However, the blood sugar log indicated that the medication passer took Resident 1's 8:00 p.m. blood sugar and recorded his/her results. This is a repeat deficiency. See Statement of Deficiency (SOD) VV8711 dated 5/28/2025. Findings include: On 12/04/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's facility	{M 582}		

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{M 582}	Continued From page 10 on 07/24/2014, with diagnoses including schizophrenia, Crohn's disease and diabetes. Resident 1's November 2025 Medication Administration Record (MAR), dated 11/01/2025 to 11/30/2025, documented: "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: 08/06/2025." The MARs documented that the medication had been skipped on 11/04/2025, 11/09/2025, 11/18/2025, 11/22/2025, and 11/25/2025. The date 11/13/2025 was left blank. On 12/04/2025 at 2:50 p.m., Surveyor interviewed Program Manager A and Operational Manager (OM) E. Surveyor asked OM E why the caregivers would write 'skipped' for Resident 1's scheduled Basaglar Injection at 8:00 p.m. OM E stated s/he did not know. Program Manager A stated the caregivers are trained to accurately document medication administration.	{M 582}		