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 _____	C 11/14/2025

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 11/14/2025, Surveyor concluded a complaint investigation at Broadstep-Wisconsin, INC (Belwood). One deficiency was identified. One complaint was unsubstantiated. Census: 40	N 000		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all medication administration by staff was recorded for 1 of 1 resident reviewed (Resident 1). Resident 1's MAR was missing signatures during the timeframe of 09/01/2025 to 09/30/2025. Findings include: On 09/25/2025, the Department received a complaint indicating a resident was not receiving	N 415		

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

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N 415	Continued From page 1	N 415		

his/her prescribed medications, including his/her inhalers.

On 11/14/2025 at approximately 11:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 08/06/2025 and discharged on 10/13/2025. The provider managed and administered all Resident 1's medication. Surveyor reviewed Resident 1's Medication Administration Record (MAR), dated 09/01/2025 to 09/30/2025.

Surveyor observed the following missed documentation of staff administering medications for Resident 1 from 09/01/2025 to 09/30/2025.

1. Breo Ellipta. Take 1 puff into lungs 1x daily in the morning. (8:00 a.m.) Start date: 08/11/2025.

Surveyor observed missed documentation at 8:00 a.m. on 09/02/2025, 09/15/2025, 09/17/2025, 09/18/2025, 09/19/2025, 09/20/2025, 09/21/2025, 09/24/2025, 09/25/2025, and 09/27/2025.

Total of 10 missed documentation doses.

2. Fluticasone Propionate 50mcg/1actuation Nasal spray. Take 2 sprays into each nostril 1x daily. (8:00 a.m.) Start date: 08/11/2025.

Surveyor observed missed documentation at 8:00 a.m. on 09/02/2025, 09/11/2025, 09/15/2025, 09/17/2025, 09/18/2025, 09/19/2025, 09/20/2025, 09/21/2025, 09/24/2025, 09/26/2025, 09/29/2025, and 09/30/2025.

Total of 12 missed documentation doses.

3. Spiriva. Inhale the contents of one capsule, by

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N 415	Continued From page 2 mouth, using inhaler device, once daily. Surveyor observed missed documentation at 8:00 a.m. on 09/02/2025, 09/15/2025, 09/17/2025, 09/18/2025, 09/19/2025, 09/20/2025, 09/21/2025, 09/24/2025, 09/26/2025, 09/29/2025, and 09/30/2025. Total of 11 missed documentation doses. On 11/14/2025 at 10:36 a.m., Surveyor interviewed Caregiver C about medication that does not contain initials in the MAR. Caregiver C stated, "That's a medication error, if it's not signed or noted." Caregiver C explained that on the upper right corner of the MAR, there was an identification key to indicate why a resident would not receive their medications. Caregiver C stated they chose from either the resident was out of building, refused medication, or skipped medications. Caregiver C stated, "We are never to leave the MAR with a blank space." On 11/14/2025 at 11:10 p.m., Surveyor interviewed Program Manager (PM) A, who confirmed when a caregiver does not initial the MAR, the medication was either not given or not signed out. On 11/14/2025 at 11:18 p.m., PM A showed Surveyor the facilities electronic rounds documentation for Resident 1 on 09/02/2025 and 09/18/2025. PM A confirmed that Resident 1 was in the building for 8:00 a.m. medication on 09/02/2025 and 09/18/2025. PM A stated, "I don't know what happened. [Resident 1] should have received his/her medication." On 11/14/2025 at 11:29 p.m., Surveyor interviewed Operations Coordinator (OC) B, who	N 415		

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N 415	Continued From page 3 stated, "If it's not documented on the MAR, either it didn't happen, or it wasn't offered."	N 415		