| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0011718 | A. BUILDING: _____ B. WING _____ | 08/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PATHWAYS | 2121 CINDY COURT WISCONSIN RAPIDS, WI 54494 |

| (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<br><br>On 08/25/2025, Surveyor conducted an abbreviated survey at Pathways Adult Family Home. As a result of the survey, one (1) new deficiency was found.<br><br>Census: 4 | M 000 | | |
| M 436 | 88.07(2)(a) SERVICES<br><br>The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interview, and record review, the provider did not ensure Resident 1 received services as specified in the Individual Service Plan (ISP) that are the licensee's responsibility.<br><br>The provider did not ensure Resident 1 was served thickened liquids, which was a need identified in his/her ISP.<br><br>Findings include:<br><br>On 08/25/2025 at 9:34 A.M., while on tour of the facility with Caregiver A, Surveyor observed a container of "THICK-IT POWDER" on the kitchen counter. The attached pharmacy label read in part, " ...[Resident 1] ADD POWDER TO ACHIEVE DESIRED NECTAR OR PUDDING CONSISTENCY ...DISCARD BY: 05/31/23 | M 436 | | |

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 |
|---|---|---|---|
| | 0011718 | A. BUILDING: _____ B. WING _____ | 08/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PATHWAYS | 2121 CINDY COURT WISCONSIN RAPIDS, WI 54494 |

| (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 436 | Continued From page 1<br>...BEST IF USED BY JUN 2024" Caregiver A acknowledged the discard date and stated s/he was unaware of the last time Resident 1 received the expired powder but stated Resident 1 "can drink just fine."<br><br>On 08/25/2025 at 11:30 A.M., Surveyor reviewed Resident 1's complete record which included his/her ISP, medication administration record (MAR) and daily personal care tasks. Resident 1 was admitted to the facility on 05/02/2022 with diagnoses that include Cerebral Palsey, Dysphagia (difficulty swallowing), Nontoxic Multinodular Goiter and Intellectual Disability.<br><br>Resident 1's current ISP, dated 08/13/2025, which identified the need for a pureed food diet and read in part, "[Resident 1] has a thick-it order, all liquids should be nectar consistency."<br><br>Surveyor note: "Thicker drinks may be easier ...to swallow than normal drinks. Thicker fluids hold together better and move more slowly, which may make them easier to control and give you more time to swallow. Thicker fluids may be less likely to 'go down the wrong way' and enter your windpipe/airway. This is known as aspiration." Source, https://www.clevelandclinicabudhabi.ae/en/health-hub/health-resource/medication-devices-and-supplements/nectar-thick-fluids, retrieval date 08/27/2025.<br><br>The record included a form which indicated Resident 1 had a physician's order for nectar thick liquids and read in part, "Nectar- like or mildly thickened liquids have a consistency that will run off a spoon. However, the fluid has enough consistency that a light film will remain on the spoon's surface ...Pureed- means that all food | M 436 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0011718 | A. BUILDING: _____ B. WING _____ | 08/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PATHWAYS | 2121 CINDY COURT WISCONSIN RAPIDS, WI 54494 |

| (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 436 | Continued From page 2<br>has been ground, pressed, and/or strained to a soft, smooth consistency, like a pudding ..." Surveyor noted this was not a signed physician's order.<br><br>On 08/25/2025 at 11:50 A.M., Surveyor requested Resident 1's physician orders for nectar thick fluids. Manager B provided Surveyor with Resident 1's current physician orders which included, " ...Thick-It Powder ...Add powder to achieve nectar consistency ..."<br><br>On 08/25/2025 at 11:55 A.M., Surveyor reviewed Resident 1's August 2025 MAR. The MAR read in part "THICK-IT POWDER ...ADD POWDER TO ACHIEVE DESIRED NECTAR CONSISTENCY ..." There were zero documented times where Resident 1 was provided Thick-it powder during the month of August 2025.<br>On 08/25/2025 at 12:10 P.M., Surveyor reviewed personal care tasks for Resident 1 in August of 2025. Surveyor noted 42 instances where staff documented "8oz" of fluid intake for Resident 1.<br><br>On 08/25/2025 at 10:19 A.M., Surveyor interviewed Caregiver A. S/he said s/he gives Resident 1 water and juice without Thick-It powder. S/he could not recall the last time s/he mixed Resident 1's fluids with Thick-It and said, "probably 2023." S/he added, "I think we have to re-order it."<br><br>On 08/25/2025 at 11:46 A.M., Surveyor observed Caregiver A provide Resident 1 with a glass of water that did not contain a thickening agent. Resident 1 took sips of the water. Approximately 3 minutes later, Surveyor observed Resident 1 cough 3 times and place his/her hand on his/her chest. | M 436 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0011718 | A. BUILDING: _____ B. WING _____ | 08/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **PATHWAYS** | **2121 CINDY COURT WISCONSIN RAPIDS, WI 54494** |

| (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 436 | Continued From page 3<br>On 08/25/2025 at 12:45 P.M., Surveyor interviewed Manager B. S/he acknowledged Resident 1's need for Thick-It to be added to liquids to acquire a nectar thick consistency and that it was not currently being provided. | M 436 | | |