Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013689	A. BUILDING: _____ B. WING _____	C 04/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEXT STEP IN RESIDENTIAL SER 7TH AVE HC	659 S 7TH AVE WEST BEND, WI 53095

(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 04/05/2024 to 04/08/2024, Surveyor conducted an abbreviated survey and complaint investigation at Next Step In Residential SER 7th Ave House, an AFH in West Bend. Two deficiencies were identified. The complaint was unsubstantiated. Census: 4	M 000		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure 2 of 4 bedrooms had windows capable of being used for ventilation. Resident 1's window was covered in plexiglass and did not have the ability to open. Resident 2's window did not have a screen. Findings include: On 04/05/2024 at approximately 8:00 a.m., Surveyor toured the provider's home. Surveyor identified the following concerns: Example 1 - Resident 1:	M 298		

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

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M 298	Continued From page 1 At approximately 8:00 a.m., Surveyor observed Resident 1's bedroom window was covered in plexiglass. At approximately 8:15 a.m., Surveyor interviewed Manager A. Manager A stated the window had been covered with plexiglass since Manager A started with the provider in 2021. Manager A stated the plexiglass was due to Resident 1's behaviors, including elopement. Manager A was unaware if the provider had requested a waiver in regard to the plexiglass. At approximately 8:30 a.m., Surveyor reviewed Resident 1's behavioral support plan, last revised 05/31/2023, which indicated Resident 1's window was covered in plexiglass due to Resident 1's history of property destruction. At approximately 8:45 a.m., Surveyor reviewed the department records and was unable to locate a waiver approving the provider's use of plexiglass. At approximately 11:00 a.m., Administrator B emailed Surveyor regarding Surveyor's inquiry about a waiver. Administrator B stated, "Regarding the waiver for the window ... The window is being corrected as we speak to allow for proper ventilation." Example 2 -Resident 2: At approximately 8:00 a.m., Surveyor observed Resident 2's bedroom window did not contain a screen to allow for ventilation. While touring the home, Surveyor asked Caregiver C how long Resident 2 had been without a screen. Caregiver C replied, "I don't know. I rarely come down here. [S/he] likes to be left alone."	M 298		

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M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in a sanitary manner. Findings include: On 04/05/2024 at approximately 8:00 a.m., Surveyor toured the provider's home. Surveyor observed lettuce in a refrigerator located in the lower level that had expired in February 2024. Surveyor observed turkey that had expired on 04/03/2024 in the refrigerator located in the kitchen. Surveyor observed an open package of ham and open package of salami, both which were not dated with an "open" date, in the provider's kitchen refrigerator. Surveyor asked Caregiver C when the meat was opened. Caregiver C stated s/he was unsure, but that the residents go through the food pretty quickly. Surveyor observed a half-eaten pie on the counter with no date. Surveyor asked Caregiver C when the pie was made or opened. Caregiver C stated s/he was unsure. "Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat	M 474		

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M 474	Continued From page 3 Time-Temperature Control for Safety Foods, April 2022)	M 474		