STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016600	A. BUILDING: _____ B. WING _____	C 02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEXT STEP IN RESIDENTIAL SERVICES RAMS	2524 W RAMSEY AVE MILWAUKEE, WI 53221

(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 01/31/2025 with information gathered through 02/03/2025, Surveyor conducted a standard survey and complaint investigation at Next Step In Residential Services Ramsey, a Community-Based Residential Facility (CBRF) in Milwaukee, WI. Four deficiencies identified. Complaint unsubstantiated. Census: 6	N 000		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident and/or the	N 387		

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

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N 387	Continued From page 1 resident's legal representative, as appropriate, were involved in developing the individual service plan (ISP) and signed the plan acknowledging their involvement in, understanding of, and agreement with the plan for 1 of 1 resident's record reviewed (Resident 1). Findings include: On 01/31/2025, surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted on 08/01/2019. -Resident 1 was his/her own person. -Resident 1's ISP, dated 11/17/2024, was not signed or dated by Resident 1. On 02/03/2025 at approximately 11:49 AM, Surveyors interviewed Director A. Director A confirmed Resident 1's ISPs were not signed or dated by Resident 1. Director A stated s/he failed to have Resident 1 sign off on his/her ISP as expected.	N 387		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide 1 of 1 resident reviewed (Resident 1) and/or their legal representatives, an	N 392		

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N 392	Continued From page 2 opportunity to complete an evaluation of the resident's level of satisfaction within the community-based residential facility (CBRF) services. Findings include: On 01/31/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 08/01/2019. -Resident 1 was his/her own person. -Resident 1's record did not contain evidence of a satisfaction survey was provided for calendar years 2023 and 2024. On 02/02/2025 at approximately 12:45 PM, Surveyor interviewed Director A. Director A confirmed Resident 1's record did not contain evidence of a satisfaction survey was provided for calendar years 2023 and 2024. Director A stated, "We completed satisfaction surveys 6/7/20, 2/11/22, and 11/3/22. Unfortunately, I am not seeing a record of 2023 and 2024."	N 392		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. 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) reviewed, at least annually for his/her mental or physical capability to respond to	N 394		

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N 394	Continued From page 3 a fire alarm. Resident 2 was not assessed annually for 1 of 1 calendar year (2024) reviewed. Findings include: On 01/31/2025, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the provider's home on 03/26/2021. There was no evidence of Resident 2's annual evacuation assessment for calendar year 2024 in Resident 2's record. On 01/31/2025 at approximately 12:00 PM, Surveyor interviewed Director A. Director A confirmed Resident 2's record did not contain evidence of Resident 2's annual evacuation assessment for calendar year 2024. Director A stated Resident 2's annual evacuation assessment for calendar year 2024 was not completed.	N 394		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure administration of injectable medications were delegated by a Registered Nurse (RN) pursuant to the Nurse	N 416		

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N 416	Continued From page 4 Practice Act [s. N 6.03(3)] and in accordance with accepted standards of practice for 2 of 2 unlicensed caregivers reviewed (Caregiver B and Caregiver C) who administered insulin injections. Findings include: Chapter N6.03(3) is the Standard of Practice for RNs and addresses the supervision and direction of delegated tasks. The RN may delegate a task based on the educational preparation and demonstrated abilities of the person supervised but must provide direction and assistance, and observe, monitor, and evaluate the effectiveness of the delegated tasks. On 01/31/2025, Surveyor reviewed Caregiver B's and Caregiver C's record and identified the following: -Caregiver B was hired on 06/29/2023. Caregiver B's record did not contain evidence of nurse delegation. -Caregiver C was hired on 12/18/2024. Caregiver C's record did not contain evidence of nurse delegation. On 01/31/2025 at approximately 12:00 PM, Surveyor interviewed Director A about the nurse delegation for the facility. Director A indicated one resident (Resident 2) received insulin injections daily. Director A stated Caregiver B and Caregiver C were medication passers and would have administered insulin during their shifts. Director A stated s/he would send Caregiver B's and Caregiver C's nurse delegation documentation to Surveyor by 8:00 AM on 02/03/2025. On 02/02/2025 at approximately 1:00 PM, Surveyor received an email from Director A about	N 416		

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N 416	Continued From page 5 nurse delegation for Caregiver B and Caregiver C. Director A stated the following: "Nursing delegation has not been formally documented for the employees in question."	N 416		