

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016783	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/26/2025
NAME OF PROVIDER OR SUPPLIER FRANCIS HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172		
(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 08/18/2025 with information gathered through 08/26/2025, Surveyor conducted a complaint investigation, at Francis House, a Community-Based Residential Facility (CBRF) in South Milwaukee, WI. One deficiency identified. Complaint substantiated. Census: 43	N 000		
N 450	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a weekly menu was prepared and available to 43 of 43 residents. Findings include: On 08/18/2025, at approximately 8:30 AM, Surveyor began observing the kitchen area and observed the following: -Surveyor observed the previous week menu posted on the bulletin board. The menu was dated 08/10/2025-08/16/2025, and did not include breakfast.	N 450		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 450	Continued From page 1 -Surveyor observed a tan cart labeled 500 that contained the following items: Ensure Plus (3), Lorna Doone cookies (4), Nutri Grain bar (2), and Yoplait original strawberry yogurt (6). -Surveyor was unable to locate a menu to indicate what meals would be served for the day or week. On 08/18/2025, at approximately 8:40 AM, Surveyor interviewed Resident Assistant B. Resident Assistant B reported that there is not a menu for breakfast that s/he follows. Resident Assistant B reported s/he just gives residents whatever. Resident Assistant B confirmed the items that were located on the tan cart was the breakfast for residents living in neighborhood 500. On 08/18/2025, at approximately 8:50 AM, Surveyor interviewed Executive Director A. Executive Director A confirmed the facility did not have a menu to indicate what meals would be served for the day or week. Executive Director A confirmed that a weekly menu was not made available to residents.	N 450		