STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0008627	A. BUILDING: _____ B. WING _____	R 08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEXIAN VILLAGE SQUARE	9301 N 76TH ST MILWAUKEE, WI 53223

(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 08/12/2025, Surveyor completed a verification visit at Alexian Village Square. As a result, 7 previously cited deficiencies were corrected, and 3 deficiencies were recited. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 33	{N 000}		
{N 393}	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 resident (Resident 5) was evaluated, using the form provided by the department, within 3 days of the resident's admission to determine whether the resident was able to evacuate the community based residential facility (CBRF) within 2 minutes. This is a repeat deficiency. See Statement of Deficiency (SOD) 7ZO611, dated 02/24/2025.	{N 393}		

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

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{N 393}	Continued From page 1 Findings include: On 08/06/2025, at 2:00 PM, Surveyor reviewed Resident 5's record. Resident 5 was admitted on 06/18/2025. Resident 5's record contained an evacuation assessment dated 08/01/2025, which was 44 days after admission. On 08/12/2025, at 2:00 PM, Surveyor interviewed Director of Nursing (DON) B, Administrator H and Regional Nurse I. DON B, Administrator H, Regional Nurse I confirmed the code requirement. Regional Nurse I reported the initial evaluation of evacuation assessment was completed on 08/01/2025 because it was when the management company took over. Administrator H reported they would ensure compliance with the code.	{N 393}		
{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 unlicensed staff were delegated by a registered nurse (RN) prior to administering medications or treatments via injection, nebulizer, stomal/enteral routes, or vaginal/rectal routes.	{N 416}		

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{N 416}	Continued From page 2 This is a repeat deficiency. See Statement of Deficiency (SOD) 7ZO611, dated 02/24/2025. Findings include: On 08/06/2025, at 1:15 PM, Surveyor requested RN delegated training for caregivers. On 08/06/2025, at 1:20 PM, Surveyor interviewed RN B. RN B confirmed there were residents who required insulin administration via injection. RN B confirmed caregivers were responsible for administering insulin via injection. RN B confirmed caregivers were not licensed staff. RN B reported caregivers completed the training but did not have any documentation indicating the delegation training was completed. DON B reported s/he thought injection training was on the medication competency checklist, but confirmed it was not.	{N 416}		
{N 499}	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were securely stored in 3 of 4 areas. Cleaning compounds and toxic substances were not securely stored in the kitchenette areas. This is a repeat deficiency. See Statement of Deficiency (SOD) 7ZO611, dated 02/24/2025.	{N 499}		

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{N 499}	Continued From page 3 Findings include: The facility is licensed to serve up to 64 residents in client groups of advanced aged and irreversible dementia/Alzheimer's. On 08/06/2025, at 10:35 AM, Surveyor toured the facility. The facility was broken into 4 different units. Two of the 4 units were located on the first floor, the other 2 units were located on the second floor. Surveyor observed the following: Bridge Terrace The cabinet under the sink in the kitchenette area, was a bottle of Diversey bowl and bathroom disinfectant cleaner, can of Walgreens disinfecting spray, 2 containers of Cascade dishwasher tablets. The cabinet contained a locking mechanism, which was not engaged. On the kitchenette counter, which divided the kitchenette area from the dining room area were 2 containers of Diversey Oxivir 1 wipes. Tower View The cabinet under the sink in the kitchenette area, was 5 containers of Diversey Oxivir Tb wipes, a container of Cascade Complete dishwasher tablets, and a can of furniture polish. The cabinet contained a locking mechanism, which was not engaged. Fountain Court In a common area on top of a plastic 3 drawer storage container was a container of Diversey Oxivir 1 wipes. Under the sink in the kitchenette area was another container of disinfecting wipes and a bottle of toilet bowl cleaner.	{N 499}		

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{N 499}	Continued From page 4 On 08/12/2025, at 2:00 PM, Surveyor interviewed Director of Nursing (DON) B, Administrator H and Regional Nurse I. DON B, Administrator H, Regional Nurse I confirmed the code requirement. Administrator H reported they would ensure staff were retrained on securing chemicals.	{N 499}		