STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016783	A. BUILDING: _____ B. WING _____	R-C 04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS HOUSE	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 04/08/2025 with information gathered through 04/11/2025, Surveyor conducted a standard survey, two complaint investigations and verification visit for SOD 8TU711, dated 04/17/2023, at Francis House, a Community-Based Residential Facility (CBRF) in South Milwaukee, WI. Five deficiencies were identified. Four of the 5 violations are repeat violations, see Statement of Deficiency (SOD) 8TU711, dated 04/17/2023. Two of 2 complaints unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 38	{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.	{N 387}		

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

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{N 387}	Continued From page 1	{N 387}		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure the resident's Individual Service Plan (ISP) was signed by the resident or resident's legal representative acknowledging their involvement in, understanding of, and in agreement with the plan for 4 of 4 (Resident 8, Resident 9, Resident 10, and Resident 11) resident records reviewed. Resident 8, Resident 9, Resident 10, and Resident 11 had activated power of attorneys (POA) who did not sign the ISPs.

This is a repeat deficiency. See Statement of Deficiency 8TU711, dated 04/17/2023.

Findings include:

On 04/08/2025, Surveyor reviewed Resident 8's record and identified the following:

-Resident 8 was admitted to the provider's facility on 02/14/2024 with a diagnosis of dementia.
-Resident 8 had an activated POA.
-Resident 8's ISP, dated 02/11/2025, was not signed by Resident 8's POA.

On 04/08/2025, Surveyor reviewed Resident 9's record and identified the following:

-Resident 9 was admitted to the provider's facility on 11/01/2024 with diagnoses of dementia.
-Resident 9 had an activated POA.
-Resident 9's ISP, dated 11/26/2024, was not signed by Resident 9's POA.

On 04/08/2025, Surveyor reviewed Resident 10's

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{N 387}	Continued From page 2 record and identified the following: -Resident 10 was admitted to the provider's facility on 01/03/2025. -Resident 10 had an activated POA. -Resident 10's ISP, dated 01/30/2025, was not signed by Resident 10's POA. On 04/08/2025, Surveyor reviewed Resident 11's record and identified the following: -Resident 11 was admitted to the provider's facility on 01/17/2025. with diagnoses including Alzheimer's disease with late onset and age-related cognitive decline. -Resident 11 had an activated POA. -Resident 11's ISP, dated 02/17/2025, was not signed by Resident 11's POA. On 04/08/2025 at approximately 2:28 PM, Surveyor interviewed Director of Nursing (DON) B. DON B confirmed each residents' ISP reviewed were not signed by their health care POAs. DON B stated s/he was aware that residents POAs needed to be involved in, understanding of, and in agreement with the ISP; however, was not aware that residents POAs was required to sign the ISPs. DON B stated moving forward s/he would ensure residents POAs sign the ISPs.	{N 387}		
{N 415}	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name,	{N 415}		

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{N 415}	Continued From page 3 dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have documentation of the time of medication administration, the person administering the medication or treatment and the name, dosage, date, and time of medication taken or treatments performed and initialed in the medication administration record (MAR) for 3 of 3 residents (Resident 8, Resident 9, and Resident 10). This is a repeat deficiency. See Statement of Deficiency 8TU711, dated 04/17/2023. Findings include: On 04/08/2025, Surveyor reviewed Resident 8's record and identified the following: -Resident 8 was admitted to the provider's facility on 02/14/2024 with diagnoses of hypothyroidism, vitamin d deficiency, dementia, major depressive disorder, anxiety disorder, angina pectoris, and gastro-esophageal reflux disease without esophagitis. Resident 8's January 2025 MAR had missing entries on the following dates: -Bupropion hydrochloride (HCL) extended release (ER) 150 milligram (mg) tablet by mouth on	{N 415}		

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{N 415}	Continued From page 4 01/26/2025 at 8:00 PM (1 entry). -Buspirone HCL 5 mg tablet by mouth on 01/26/2025 at 8:00 AM (1 entry). -Cephalexin 250 mg tablet by mouth on 01/26/2025 at 8:00 AM (1 entry). -Cholecalciferol 25 microgram (mcg) (1000 unit) tablet by mouth on 01/26/2025 at 8:00 AM (1 entry). -Clonazepam 1 mg tablet by mouth on 01/08/2025 at 8:00 PM (1 entry). -Levothyroxine sodium 150 mcg tablet by mouth on 01/08/2025 at 8:00 PM (1 entry). -Magnesium 500 mg tablet by mouth on 01/08/2025 at hours of sleep (HS) (1 entry). -Omeprazole 40 mg capsule by mouth on 01/26/2025 at 8:00 AM (1 entry). -Senna Sodium 8.6-50 mg tablet by mouth on 01/08/2025 at 8:00 PM (1 entry). -Sertraline HCL 100 mg 2 tablets by mouth on 01/26/2025 at 8:00 AM (1 entry). -Preservision Areds capsule by mouth on 01/26/2025 at 8:00 AM (1 entry). -Preservision Areds capsule by mouth on 01/08/2025 at 4:00 PM (1 entry). -Ensure supplement on 01/26/2025 at 8:00 AM (1 entry). -Ensure supplement on 01/26/2025 at 12:00 PM (1 entry). -Ensure supplement on 01/08/2025 at 4:00 PM (1 entry). Resident 8's February 2025 MAR had missing entries on the following dates: -Bupropion HCL ER 150 mg tablet by mouth on 02/08/2025 and 02/17/2025 at 8:00 AM (2 entries). -Buspirone HCL 5 mg tablet by mouth on 02/08/2025 and 02/17/2025 at 8:00 AM (2 entries). -Cephalexin 250 mg tablet by mouth on	{N 415}		

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{N 415}	Continued From page 5 02/08/2025 and 02/17/2025 at 8:00 AM (2 entries). -Cholecalciferol 25 mcg (1000 unit) tablet by mouth on 02/08/2025 and 02/17/2025 at 8:00 AM (2 entries). -Omeprazole 40 mg capsule by mouth on 02/08/2025 and 02/17/2025 at 8:00 AM (2 entries). -Sertraline HCL 100 mg 2 tablets by mouth on 02/08/2025 and 02/17/2025 at (2 entries). -Preservision Areds capsule by mouth on 02/08/2025 and 02/17/2025 at 8:00 AM (2 entries). -Ensure supplement on 02/08/2025 and 02/17/2025 at 8:00 AM (2 entries). -Ensure supplement on 02/08/2025 and 02/17/2025 at 12:00 PM (2 entries). Resident 8's March 2025 MAR had missing entries on the following dates: -Clonazepam 0.5 mg tablet by mouth on 03/04/2025 and 03/22/2025 at 8:00 PM (2 entries). -Clonazepam 1 mg tablet by mouth on 03/04/2025 and 03/22/2025 at 8:00 PM (2 entries). -Levothyroxine sodium 150 mcg tablet by mouth on 03/04/2025 and 03/22/2025 at 8:00 PM (2 entries). -Magnesium 500 mg tablet by mouth on 03/13/2025 and 03/22/2025 at bedtime (HS) (2 entries). -Senna Sodium 8.6-50 mg tablet by mouth on 03/04/2025 and 03/22/2025 at 8:00 PM (2 entries). -Preservision Areds capsule by mouth on 03/13/2025 and 03/22/2025 at 4:00 PM (2 entries). -Ensure supplement on 03/13/2025 and 03/22/2025 at 4:00 PM (2 entries).	{N 415}		

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{N 415}	Continued From page 6 On 04/08/2025, Surveyor reviewed Resident 9's record and identified the following: -Resident 9 was admitted to the provider's facility on 11/01/2024 with diagnoses of sepsis, muscle weakness, hyperlipidemia, dementia, anxiety disorder, hypertension, pneumonia, age-related osteoporosis without current pathological fracture, and urinary tract infection. Resident 9's January 2025 MAR had missing entries on the following dates: -Atorvastatin calcium 20 mg tablet by mouth on 01/03/2025 and 01/26/2025 at HS (2 entries). -Depakote delayed release 125 mg tablet by mouth on 01/03/2025 and 01/26/2025 at HS (2 entries). -Melatonin 5 mg tablet by mouth on 01/03/2025 and 01/26/2025 at HS (2 entries). -Omeprazole delayed release 20 mg capsule by mouth on 01/03/2025 and 01/26/2025 at HS (2 entries). -Quetiapine fumarate 100 mg tablet by mouth on 01/03/2025 and 01/26/2025 at HS (2 entries). -Quetiapine fumarate 25 mg tablet by mouth on 01/03/2025 and 01/26/2025 at HS (2 entries). -Seroquel 50 mg tablet by mouth on 01/01/2025, 01/07/2025-01/09/2025, 01/12/2025, 01/16/2025-01/17/2025, 01/21/2025, and 01/31/2025 at 2:00 PM (9 entries). -Trazodone HCL 50 mg tablet by mouth on 01/03/2025 and 01/26/2025 at 8:00 PM (2 entries). Resident 9's February 2025 MAR had missing entries on the following dates: -Quetiapine fumarate 100 mg tablet by mouth on 02/24/2025 at HS (1 entry). -Quetiapine fumarate 25 mg tablet by mouth on 02/24/2025 at HS (1 entry).	{N 415}		

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{N 415}	Continued From page 7 -Seroquel 50 mg tablet by mouth on 02/04/2025, 02/08/2025-02/09/2025, 02/14/2025, and 02/26/2025 at 2:00 PM (5 entries). Resident 9's March 2025 MAR had missing entries on the following dates: -Depakote delayed release 250 mg tablet by mouth on 03/21/2025 at 8:00 PM (1 entry). -Seroquel 50 mg tablet by mouth on 03/06/2025 at 2:00 PM (1 entry). -Trazodone HCL 50 mg tablet by mouth on 03/21/2025 at 8:00 PM (1 entry). Resident 9's April 2025 MAR had a missing entry on the following date: -Seroquel 50 mg tablet by mouth on 04/06/2025 at 2:00 PM (1 entry). On 04/08/2025, Surveyor reviewed Resident 10's record and identified the following: -Resident 10 was admitted to the provider's facility on 01/03/2025 with diagnoses of hypothyroidism, autoimmune thyroiditis, obesity, hyperlipidemia, attention-deficit hyperactivity disorder, insomnia, hypertension, and prediabetes. Resident 10's January 2025 MAR had missing entries on the following dates: -Rosuvastatin calcium 10 mg tablet by mouth on 01/05/2025, 01/08/2025-01/15/2025, 01/17/2025-01/18/2025, 01/20/2025-01/29/2025, and 01/31/2025 at 9:00 PM (22 entries). -Donepezil HCL 10 mg tablet by mouth on 01/10/2025 at 8:00 PM (1 entry). -Memantine HCL 10 mg tablet by mouth on 01/10/2025 at 8:00 PM (1entry). -Risperidone 0.5 mg tablet by mouth on 01/10/2025 at 4:00 PM (1 entry). Resident 10's February 2025 MAR had missing	{N 415}		

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{N 415}	Continued From page 8	{N 415}		

entries on the following dates:
-Rosuvastatin calcium 10 mg tablet by mouth on 02/01/2025-02/03/2025, 02/05/2025, 02/07/2025-02/11/2025, 02/13/2025-02/15/2025, 02/17/2025, 02/19/2025-02/26/2025, and 02/28/2025 at 9:00 PM (22 entries).
-Donepezil HCL 10 mg tablet by mouth on 02/14/2025, 02/19/2025, and 02/23/2025 at 8:00 PM (3 entries).
-Memantine HCL 10 mg tablet by mouth on 02/14/2025, 02/19/2025, and 02/23/2025 at 8:00 PM (3 entries).

Resident 10's March 2025 MAR had missing entries on the following dates:
-Rosuvastatin calcium 10 mg tablet by mouth on 03/02/2025, 03/04/2025, 03/06/2025-03/07/2025, 03/09/2025-03/14/2025, 03/16/2025-03/17/2025, 03/20/2025, 03/22/2025-03/24/2025, and 03/27/2025 at 9:00 PM (17 entries).
-Donepezil HCL 10 mg tablet by mouth on 03/09/2025 and 03/16/2025 at 8:00 PM (2 entries).
-Memantine HCL 10 mg tablet by mouth on 03/09/2025 and 03/16/2025 at 8:00 PM (2 entries).
-Risperidone 0.5 mg tablet by mouth on 03/09/2025 at 4:00 PM (1 entry).

Resident 10's April 2025 MAR had a missing entry on the following date:
-Rosuvastatin calcium 10 mg tablet by mouth on 04/04/2025-04/06/2025 at 9:00 PM (3 entries).

On 04/08/2025 at approximately 2:01 PM, Surveyor interviewed Director of Nursing (DON) B. DON B stated medications were given and staff did not document that medications were given. DON B stated all medication passers were trained and completed the proper medication

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{N 415}	Continued From page 9 training courses. DON B stated s/he would ensure all medication passers be reeducated on administering medications.	{N 415}		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility was maintained in a safe clean, comfortable, and homelike environment. This had potential to affect 38 of 38 residents. This is a repeat deficiency. See Statement of Deficiency 8TU711, dated 04/17/2023. Findings include: The facility is licensed as a Class CNA (non-ambulatory) facility for up to 64 residents with programs in irreversible dementia/Alzheimer's. On 04/08/2025 at approximately 3:00 PM, Surveyor conducted a tour of the facility. Surveyor observed the following: 800 Neighborhood: Kitchen Area	{N 481}		

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{N 481}	Continued From page 10 -Sink cabinets doors did not close. -Refrigerator door frame and venting system displayed the appearance of dirt build-up. -Kitchen floor had the appearance of dirt build-up along the cabinetry and refrigerator. Common Area Near Kitchen -Walls showed significant signs of scraping. -Walls had white chalklike substance. On 04/08/2025 at approximately 4:00 PM, Surveyor interviewed Director of Nursing (DON) B. DON B confirmed there were homelike environment concerns throughout the facility. DON B stated Plant Operations Director (POD) K is responsible for the maintenance throughout facility. DON B stated that the homelike environment concerns would be addressed with POD K.	{N 481}		
{N 526}	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct other evacuation drills at least semi-annually for 1 of 1 calendar year (2024). This is a repeat deficiency. See Statement of Deficiency 8TU711, dated 04/17/2023. Findings include: The facility is licensed as a Class CNA	{N 526}		

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{N 526}	Continued From page 11 (non-ambulatory) facility for up to 64 residents with programs in irreversible dementia/Alzheimer's. On 04/08/2025, Surveyor requested to review other evacuation drills for calendar year 2024. There were no other evacuation drills completed for calendar year 2024. On 04/08/2025 at approximately 1:32 PM, Surveyor interviewed Executive Director (ED) A. ED A confirmed that there were no other evacuation drills completed for calendar year 2024. ED A stated s/he was aware of this requirement. ED A stated Plant Operations Director (POD) K is responsible for conducting other evacuation drills. ED A stated moving forward s/he would work with the maintenance team to get them completed.	{N 526}		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure temperatures of water at fixtures used by residents did not exceed 115° F. Four of 4 bathrooms tested exceeded 115° F.	N 617		

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FRANCIS HOUSE	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 617	Continued From page 12 Findings include: The facility is licensed as a Class CNA (non-ambulatory) facility for up to 64 residents with programs in irreversible dementia/Alzheimer's. On 04/08/2025 at approximately 3:00 PM, Survey toured the facility and tested the temperature of 4 resident bathrooms. The following was observed: -Resident 12's bathroom sink water reached 140° F. -Resident 13's bathroom sink water reached 135° F. -Resident 14's bathroom sink water reached 135° F. -Resident 15's bathroom sink water reached 135° F. On 04/08/2025 at approximately 4:00 PM, Surveyor interviewed Director of Nursing (DON) B. DON B confirmed water temperatures. DON B stated s/he was unaware the provider's water temperatures were exceeding 115° F. DON B stated the maintenance team is responsible for adjusting the water temperature. DON B stated that s/he would discuss findings with Executive Director (ED) A.	N 617		