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 09/19/2025

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 09/17/2025 with information gathered through 09/19/2025, Surveyor conducted three complaint investigations and verification visit for SOD 8TU712, dated 04/11/2025, at Francis House, a Community-Based Residential Facility (CBRF) in South Milwaukee, WI. Five deficiencies were identified. Two of the 5 violations are repeat violations, See Statement of Deficiency (SOD) 8TU711, dated 04/17/2023 and SOD 8TU712, dated 04/11/2025. Three of 3 complaints unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 46	{N 000}		
N 189	83.13(3)(b) Post house rules, resident rights, grievances The CBRF shall post all of the following: House rules, resident rights and grievance procedures as required under s. DHS 83.32(2) (b). This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the grievance procedure was posted. This had the potential to affect 46 of 46 residents residing in the facility. Findings include: On 09/17/2025, at approximately 1:30 PM, Surveyors toured the facility accompanied by Director of Nursing (DON) B. No grievance procedure was posted in the facility.	N 189		

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

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N 189	Continued From page 1 On 09/17/2025, at approximately 1:30 PM, Surveyors interviewed DON B. DON B confirmed the facility grievance procedure was not posted and would try to locate the procedure to post it as soon as possible.	N 189		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 resident's (Resident 16) medications were securely stored. Resident 16 required staff to administer his/her medications. There were unsecured medications on Resident 16's tray which had not been administered. Findings include: The provider is licensed as a Class CNA (non-ambulatory) facility for 64 residents with programs in irreversible dementia/Alzheimer's. On the day of survey, the census was 46. On 09/17/2025, at approximately 12:00 PM, Surveyors observed Resident 16's room. Resident 16 was seated in his/her chair with a tray in front of him/her. There was a medication cup with 2 pills in it on the tray. No staff were present in the room. On 09/17/2025, Surveyors reviewed Resident 16's record. Resident 16 was admitted on 07/02/2025. Resident 16's individualized service plan (ISP), dated 07/29/2025, identified Resident	N 419		

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N 419	Continued From page 2 16 required staff to manage and administer his/her medications. On 09/17/2025, at approximately 12:00 PM, Surveyors interviewed Resident 16. Resident 16 reported staff provided him/her with medication, and s/he did not manage his/her own medications independently. On 09/17/2025, at approximately 3:58 PM, Surveyors interviewed Director of Nursing (DON) B. DON B confirmed Resident 16 required staff to manage and administer his/her medications. DON B stated staff should have not left Resident 16's medications in his/her room and should have watched Resident 16 take the medication.	N 419		
{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. The facility needed cleaning and some repairs. This had potential to affect 46 of 46 residents. This is a repeat deficiency. See Statement of Deficiency (SOD) 8TU711, dated 04/17/2023, and SOD 8TU712, dated 04/11/2025.	{N 481}		

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{N 481}	Continued From page 3 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 09/17/2025, at approximately 11:12 AM, Surveyors conducted a tour of the facility. Surveyors observed the following: Front Entrance Area of Facility -Strong odor of urine. -Hallway near front entrance showed significant signs of flooring cracks. 700 Neighborhood Kitchen Area -Refrigerator doorframe and venting system displayed the appearance of dirt build-up. -Refrigerator/freezer was dirty. -Kitchen floor had the appearance of dirt build-up along refrigerator. -Flooring was dirty/stained and had missing flooring. Common Area Near Kitchen -Wallpaper showed signs of peeling. -Walls showed significant signs of scraping. -Walls had white chalklike substance. -Ceiling had brown substance splattered. -Ceiling fan was caked with dust. -Window ledge had spongy wood due to water damage. 800 Neighborhood Hallway -Walls showed significant signs of scraping. -Ceiling diffuser showed signs of dust and rust.	{N 481}		

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{N 481}	Continued From page 4 Kitchen Area -Walls showed significant signs of scraping. -Flooring was dirty/stained and missing had missing flooring. Common Area Near Kitchen -Walls showed significant signs of scraping. -Walls had white chalklike substance. -Walls were dirty. -White box fan was caked with dust. -Window ledge had spongy wood due to water damage. -White end table was dirty and contained sticky like substance. -Brown end table showed significant scratches and contained sticky like substance. Resident 16 -Bedroom window blinds were bent. -Windows did not have insect-proof screens. -Bathroom toilet was having issues flushing. Resident 17 -Bedroom walls showed significant signs of scraping. -Bathroom door and doorframe showed significant scratches. -Bathroom was dirty had tissue pieces on floor. -Shower was dirty. -Bathroom trash was full and did not contain a trash bag. -Bathroom toilet was dirty and contained dried feces. -Bathroom walls showed significant signs of scraping. Resident 18 -Bedroom door and doorframe showed significant scratches.	{N 481}		

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{N 481}	Continued From page 5 Resident 19 -Bedroom door and doorframe showed significant scratches. -Bedroom walls showed significant signs of scraping. -Bedroom carpet contained dark wear patterns and areas of red stains. Resident 20 -Bedroom door/frame showed significant scratches. -Bedroom walls showed significant signs of scraping. On 09/17/2025, at approximately 3:58 PM, Surveyors interviewed Director of Nursing (DON) B. DON B confirmed there were homelike environment concerns throughout the facility. DON B reported s/he would inform the maintenance department of the identified areas needing attention.	{N 481}		
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 stored in a secure area. Cleaning supplies and toxic compounds were observed in an unlocked cabinet under the kitchen sink. This had potential to affect 46 of 46 residents.	N 499		

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N 499	Continued From page 6 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 09/17/2025 at approximately 11:12 AM, Surveyors conducted a tour of the facility and observed the following: -Bottle of Clorox Disinfecting Bleach under the kitchen sink in 800 Neighborhood. -Spray bottle of MedLine Multi-Surface Peroxide under the kitchen sink in 800 Neighborhood. -Spray bottle of LA's Totally Awesome all-purpose cleaner/degreaser Lavender Burst under the kitchen sink in 700 Neighborhood. Residents had free access to the cabinets. On 09/17/2025, at approximately 11:14 AM, Surveyors interviewed Caregiver D. Caregiver D confirmed the Clorox bleach and Peroxide were under the kitchen sink in 800 Neighborhood. Caregiver D stated s/he was unaware of why the cleaning compounds and toxic substances were under the kitchen sink. Caregiver D reported they usually got their cleaning supplies from a locked closet. On 09/17/2025, at approximately 11:50 AM, Surveyors interviewed Caregiver C. Caregiver C confirmed the all-purpose cleaner/degreaser was under the kitchen sink in 700 Neighborhood and was unaware of why it was under the kitchen sink.	N 499		

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N 499	Continued From page 7 On 09/17/2025, at approximately 3:58 PM, Surveyors interviewed Director of Nursing (DON) B. DON B stated cleaning compounds and toxic substances should always be locked. DON B stated s/he was unaware of why the cleaning compounds and toxic substances were under the kitchen sinks.	N 499		
{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 ensure 1 of 1 other evacuation drill was completed in 2025. This is a repeat deficiency. See Statement of Deficiency (SOD) 8TU711, dated 04/17/2023 and 8TU712, dated 04/11/2025. Findings include: On 09/17/2025, at approximately 10:00 AM, Surveyor requested to review other evacuation drills from Executive Director (ED) A. Evidence of an other evacuation drill was not received. On 09/17/2025, at 4:15 PM, Surveyors interviewed ED A regarding the other evacuation drills. ED A reported the maintenance person responsible for drills was gone for the day. ED A reported s/he would send the information by 09/18/2025 at 8:00 AM. As of 09/19/2025 at 5:00 PM, Surveyors did not receive evidence an	{N 526}		

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{N 526}	Continued From page 8 evacuation drill was completed.	{N 526}		