STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016763	A. BUILDING: _____ B. WING _____	C 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCISCAN COURTS	**1010 WILLIAMS AVE SOUTH MILWAUKEE, WI 53172**

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U 000	INITIAL COMMENTS On 09/17/2025 with information gathered through 09/25/2025, Surveyors conducted a complaint investigation, at Franciscan Courts, a Residential Care Apartment Complex (RCAC) in South Milwaukee, WI. One deficiency identified. Complaint substantiated. Census: 31	U 000		
U 118	89.23(2)(a)2.c SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: c. Nursing services: health monitoring, medication administration and medication management. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 1 Tenant (Tenant 1) reviewed was provided with nursing services, including medication	U 118		

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

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U 118	Continued From page 1	U 118		

administration and management. Tenant 1 did not receive his/her tetrabenazine as prescribed and medication administration was not accurately documented in his/her record.

Findings include:

On 09/09/2025, the Department received a complaint alleging a tenant has been out of neurologically stabilizing medication since approximately 08/29/2025.

On 09/17/2025, at approximately 4:30 PM, Surveyors observed the medication cart. Tenant 1's medications did not include tetrabenazine.

On 09/17/2025, at approximately 4:30 PM, Surveyors interviewed Caregiver B and Caregiver C regarding Tenant 1's medications. Caregiver B and Caregiver C confirmed Tenant 1 was out of tetrabenazine and had been out of the medication for approximately a month. Caregiver C reported Tenant 1 had the medication when s/he first moved into the facility. Caregiver B and Caregiver C were not sure specifically why this medication was not refilled. They reported the medication was running out and completed the process for refilling the medication. The medication was not delivered to the facility.

On 09/17/2025, at approximately 4:45 PM, Surveyors interviewed Tenant 1. Tenant 1 confirmed s/he has not been getting tetrabenazine for approximately a month. Tenant 1 reported his/her insurance would not cover it and then was told by one of the nurses at the facility that s/he needed to have a follow up with his/her neurologist in order to get the medication. Tenant 1 reported s/he cannot get in to see his/her neurologist until January 2026. Tenant 1

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U 118	Continued From page 2 reported since s/he had not taken the medication, s/he had a lot more involuntary movement. Tenant 1 reported when s/he takes the medication, s/he feels like his/her movements are more controlled. Tenant 1 reported s/he wants to keep taking tetrabenazine. On 09/17/2025, Surveyors reviewed Tenant 1's record and identified the following: -Tenant 1 was admitted on 08/20/2025 with the following diagnosis: dyskinesia. Tenant 1's Medication Administration Record (MAR) for 08/01/2025 - 08/31/2025 and 09/01/2025 - 09/30/2025 identified the following: -On 08/23/2025 at 8:00 AM stated chart code 9 (Other/See Nurse Notes). No nurse note available for Surveyor to review. -On 08/24/2025 at 8:00 AM stated chart code 9 (Other/See Nurse Notes). No nurse note available for Surveyor to review. -On 08/26/2025 at 8:00 AM stated chart code 9 (Other/See Nurse Notes). No nurse note available for Surveyor to review. -On 08/26/2025 at 8:00 PM stated chart code 9 (Other/See Nurse Notes). No nurse note available for Surveyor to review. -On 08/27/2025 at 8:00 AM stated chart code 9 (Other/See Nurse Notes). No nurse note available for Surveyor to review. -On 08/28/2025 at 8:00 AM stated chart code 9 (Other/See Nurse Notes). No nurse note available for Surveyor to review.	U 118		

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U 118	Continued From page 3 -On 08/26/2025 at 8:00 PM stated chart code 9 (Other/See Nurse Notes). No nurse note available for Surveyor to review. -On 08/30/2025 at 8:00 AM stated chart code 9 (Other/See Nurse Notes). Nurse note stated medication needs prior authorization (PA). -On 08/30/2025 at 8:00 PM stated chart code 9 (Other/See Nurse Notes). Nurse note stated medication needs prior authorization (PA). -On 09/01/2025 at 8:00 AM stated chart code 9 (Other/See Nurse Notes). Nurse note stated medication needs prior authorization (PA). -On 09/02/2025 at 8:00 AM stated chart code 9 (Other/See Nurse Notes). Nurse note stated medication needs prior authorization (PA). -On 09/02/2025 at 8:00 PM stated chart code 9 (Other/See Nurse Notes). Nurse note stated medication needs prior authorization (PA). -On 09/03/2025 at 8:00 AM stated chart code 9 (Other/See Nurse Notes). Nurse note stated medication needs prior authorization (PA). -On 09/03/2025 at 8:00 PM stated chart code 9 (Other/See Nurse Notes). Nurse note stated medication needs prior authorization (PA). -On 09/04/2025 at 8:00 AM stated chart code 9 (Other/See Nurse Notes). Nurse note stated DON A will handle authorization of payment until Tenant 1 can be seen and new PA submitted by original prescriber. -On 09/04/2025 at 8:00 PM stated chart code 9	U 118		

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U 118	Continued From page 4 (Other/See Nurse Notes). Nurse note stated DON A will handle authorization of payment until Tenant 1 can be seen and new PA submitted by original prescriber. -On 09/05/2025 at 8:00 PM stated chart code 9 (Other/See Nurse Notes). Nurse note stated DON A will handle authorization of payment until Tenant 1 can be seen and new PA submitted by original prescriber. -On 09/06/2025 - 09/13/2025 at 8:00 AM stated chart code 9 (Other/See Nurse Notes). Nurse note stated DON A will handle authorization of payment until Tenant 1 can be seen and new PA submitted by original prescriber. -On 09/06/2025 - 09/14/2025 at 8:00 PM stated chart code 9 (Other/See Nurse Notes). Nurse note stated DON A will handle authorization of payment until Tenant 1 can be seen and new PA submitted by original prescriber. -On 09/17/2025 at 8:00 AM stated chart code 9 (Other/See Nurse Notes). Nurse note stated DON A will handle authorization of payment until Tenant 1 can be seen and new PA submitted by original prescriber. -On 09/16/2025 at 8:00 PM stated chart code 9 (Other/See Nurse Notes). Nurse note stated DON A will handle authorization of payment until Tenant 1 can be seen and new PA submitted by original prescriber. On 09/19/2025, at approximately 11:57 AM, Surveyors interviewed Executive Director (ED) D. ED D confirmed Tenant 1 has been out of tetrabenazine since 08/29/2025.	U 118		

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U 118	Continued From page 5 On 09/19/2025, at approximately 4:20 PM, Surveyors interviewed Director of Nursing (DON) A. DON A reported Tenant 1's tetrabenazine requires approval from a neurologist or psychiatrist and due to its high cost, it needs PA. DON A reported Nurse Practitioner (NP) F was able to secure a 10-day supply using a Good Rx coupon. DON A reported s/he spoke with a pharmacist at Health Direct Pharmacy and s/he confirmed pharmacy will no longer accept GoodRx coupons moving forward. DON A reported the following: "At this time, the facility will cover the cost of the medication for one month to allow us time to obtain the necessary signatures for the PA to be approved." On 09/25/2025, at approximately 2:41 PM, Surveyors interviewed Aurora Neurology Registered Nurse (ANRN) E. ANRN E reported Tenant 1 called clinic on 09/08/2025 to report s/he was out of tetrabenazine due to insurance, needed a new PA for coverage. ANRN E reported s/he left message for facility to confirm. ANRN E reported s/he spoke with staff at facility and per Tenant 1 MAR the last given dose was 08/29/2025, no call had been to pharmacy or medical doctor as "medication passer had not let nursing staff know medication was out." ANRN E reported s/he left message for DON A who did not return his/her call. ANRN E reported that PA was entered with Aurora. ANRN E reported s/he confirmed with Health Direct Pharmacy that medication had never been filled or delivered from their pharmacy but was ordered by NP and pharmacy was waiting on payment since 09/04/2025 and had not heard from facility, PA was denied 09/04/2025. ANRN E reported that on 09/11/2025 denial of new PA, letter of medical necessity, chart notes and redetermination forms needed, resent/faxed to PA team on 09/18/2025.	U 118		

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U 118	Continued From page 6 ANRN E reported s/he confirmed PA was approved and called Health Direct Pharmacy who stated medication was filled and delivered to facility on 09/19/2025 with valid PA.	U 118		