| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0016782 | A. BUILDING: _____ B. WING _____ | R-C 07/07/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FRANCISCAN GARDENS | 1000 WILLIAMS 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 |
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| {N 000} | Initial Comments<br><br>On 07/07/2023, Surveyor completed a standard survey, a verification visit, and one complaint investigation at Franciscan Gardens.<br><br>As a result, 5 deficiencies were identified. One of 5 was a repeat deficiency (see Statement of Deficiency (SOD) FXT311, dated 03/30/2021, and SOD FXT312, dated 11/09/2022).<br><br>The complaint was substantiated.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed.<br><br>Census: 45 | {N 000} | | |
| N 352 | 83.32(3)(h) Rights of Residents: Receive medication<br><br>In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure residents received all prescribed medications in the dosage and at intervals prescribed by a practitioner for 1 of 1 resident reviewed.<br><br>Resident 1 did not receive 10 doses of a protein supplement (for wound healing), 4 doses of empagliflozin, 8 doses of azelastine hydrochloride nasal solution, 2 doses of fluticasone allergy nasal spray, 19 doses of guaifenesin, 9 doses of | N 352 | | |

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

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| N 352 | Continued From page 1<br>magnesium oxide, 5 doses of melatonin, and 2 doses of metolazone.<br><br>Findings include:<br><br>On 06/21/2023, the department received a complaint alleging medications were not provided as ordered.<br><br>On 06/28/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 05/17/2023, with diagnoses including chronic kidney disease, diabetes, congestive heart failure, chronic obstructive pulmonary disease, primary hypertension, allergic rhinitis, and Parkinson's disease. The following was identified:<br>-Assessment, dated 05/16/2023, stated, "Medication...Requires complete supervision and administration of medication."<br>-After Visit Summary, dated 05/17/2023, identified Resident 1 was ordered magnesium oxide 400 mg, 1 tablet by mouth in the morning and 1 tablet in the evening.<br>-Hospital discharge documentation, dated 05/17/2023, identified Resident 1 was prescribed guaifenesin 1200 mg 12-hour tablet and required a protein supplement for wound healing from an incision acquired by a previous surgery. Further review identified Resident 1 should continue to take a daily protein supplement.<br>-Hospital discharge documentation, dated 05/26/2023, identified Resident 1 was prescribed empagliflozin 10 mg daily for diabetes.<br>-Physician's order, dated 05/31/2023, identified Resident 1 was prescribed fluticasone nasal spray and azelastine HCL nasal spray for allergic rhinitis, increase spironolactone to 50 milligrams (mg) daily for heart failure, and metolazone 2.5 mg and 1 extra dose on Thursday, 06/01/2023, for heart failure. | N 352 | | |

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| N 352 | Continued From page 2<br>-After Visit Summary, dated 05/31/2023, identified Resident 1 was prescribed azelastine nasal spray, fluticasone, metolazone 2.5 mg tablet (take 1 tablet 3 days per week) in addition to the one-time dose on 06/01/2023.<br>-Active Orders As of 06/04/2023, dated 06/04/2023, identified Resident 1 was prescribed melatonin 3 mg, 1 tablet in the evening for sleep, start date 05/17/2023.<br><br>Resident 1's May and June 2023 (date range 05/17/2023 through 06/30/2023) Medication Administration Records (MARs) identified the following:<br>-Active liquid protein 300 cubic centimeters (cc) mix with 120 cc water one time a day for wound healing, start date 05/18/2023. The supplement was charted as not available on 05/18, 05/27, 05/31, 06/01, 06/02, 06/03, 06/05, 06/06, 06/07, and 06/08. Resident 1 did not receive 10 doses.<br>-Empagliflozin oral tablet 10 mg-give 1 tablet by mouth for diabetes, start date 05/27/2023. The medication was not available on 05/27, 05/28, 05/31, and 06/01. Resident 1 missed 4 doses.<br>-Azelastine HCL nasal solution-1 spray in both nostrils 2 times a day, start date 05/31/2023. The medication was not available on 05/31 (1 dose), 06/01 (2 doses), 06/02 (2 doses), 06/03 (2 doses), 06/04 (1 dose). Resident 1 missed 8 doses.<br>-Fluticasone allergy relief nasal suspension-1 spray in both nostrils one time a day for allergy, start date 06/01/2023. The medication was not available on 06/01 and 06/03. Resident 1 missed 2 doses.<br>-Guaifenesin ER oral tablet-give 1 tablet every 12 hours for pneumonia, start date 05/17/2023. This medication was not available on 05/17 (1 dose), 05/18 (2 doses), 05/19 (1 dose), 05/27 (2 doses), 05/28 (1 dose), 05/29 (1 dose), 05/30 (1 dose), | N 352 | | |

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| N 352 | Continued From page 3<br><br>05/31 (2 doses), 06/01 (2 doses), 06/02 (1 dose), 06/03 (2 doses), 06/04 (1 dose), and 06/05 (2 doses). Resident 1 missed 19 doses.<br>-Magnesium oxide oral tablet 400 mg-give 1 tablet by mouth 2 times a day for supplement, start date 05/17/2023. The medication was not available on 05/18 (2 doses), 05/19 (1 dose), 05/27 (1 dose), 05/28 (1 dose), 05/31 (1 dose), 06/01 (2 doses), and 06/02 (1 dose). Resident 1 missed 9 doses.<br>-Melatonin oral tablet 3 mg-give 1 tablet by mouth in the evening for sleep, start date 05/17/2023. The medication was not available on 06/01, 06/02, 06/03, 06/04, and 06/05. Resident 1 missed 5 doses.<br>-Metolazone oral tablet 2.5 mg-Give 1 tablet by mouth one time a day every Monday, Wednesday, Thursday, and Friday for edema, start date 06/01/2023. The medication was not available on 06/01/2023 and 06/02/2023. Resident 1 missed 2 doses.<br><br>On 07/07/2023, at 11:00 AM, Surveyor interviewed Director of Nursing (DON) G. DON G reported they had difficulty obtaining new prescriptions from their contracted pharmacy in a "timely manner." They were working with their corporate team to find a new pharmacy to service their residents more timely. DON G reported s/he did not know why staff had documented providing doses of medications between other staff documenting the medications were unavailable and would investigate the issue. DON G reported they needed a system to monitor the MARs routinely. DON G reported their system for monitoring MARs was to wait for the annual medication system review by the pharmacist. They did not have other staff responsible for routine monitoring of the MARs and medication carts. | N 352 | | |

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| N 415 | 83.37(2)(d) Documentation of medication administration.<br><br>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, 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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure all medication administration by staff was recorded for 1 of 1 resident. Resident 1's medication was administered by staff since admission and was not documented on the Medication Administration Record (MAR) due to being incorrectly coded in the electronic record keeping system as unsupervised self-administration.<br><br>Findings include:<br><br>On 06/21/2023, the department received a complaint alleging medication administration was not recorded by staff.<br><br>On 06/28/2023, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 05/17/2023. Resident 1's assessment, dated 05/16/2023, identified Resident 1 required staff to administer his/her medications. Resident 1's MAR for May | N 415 | | |

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| N 415 | Continued From page 5<br><br>2023 identified unsupervised self-administration (U-SA) code was used when staff administered the medications from 05/18/2023 through 05/31/2023. Further review of Resident 1's MAR for May 2023 identified the following medications were documented with U-SA:<br><br>-Allegra allergy oral tablet 180 milligrams (mg) (1 tablet by mouth one time a day)<br>-Allopurinol oral tablet 300 mg (1 tablet by mouth one time a day)<br>-Animi-3/vitamin D oral capsule 1 mg (1 capsule by mouth one time a day)<br>-Cholecalciferol oral capsule 50 micrograms (mcg) (1 tablet by mouth one time a day)<br>-Duloxetine hydrochloride (HCL) oral capsule delayed release (DR) sprinkle (1 capsule by mouth one time a day)<br>-Levothyroxine sodium oral tablet 75 mcg (1 tablet by mouth one time a day)<br>-Melatonin oral tablet 3 mg (1 tablet by mouth in the evening)<br>-Rosuvastatin calcium oral tablet 20 mg (1 tablet by mouth one time a day)<br>-Omeprazole oral tablet DR 20 mg (1 tablet by mouth 2 times a day)<br>-Carbidopa-levodopa oral tablet 25-100 mg (1 tablet by mouth 3 times a day)<br>-Midodrine HCL oral tablet 2.5 mg (1 tablet by mouth 3 times a day)<br><br>On 07/08/2023, at 11:00 AM, Surveyor interviewed Director of Nursing (DON) G. DON G reported they used an electronic MAR for record keeping. The U-SA code meant the medication was unsupervised medication administration by the resident. DON G reported since Resident 1's admission on 05/17/2023, s/he required medication administration by staff. DON G reported Resident 1 used to reside in the | N 415 | | |

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| N 415 | Continued From page 6<br>neighboring facility registered care apartment complex and had a change of condition which required a higher level of care, including medication administration. DON G reported there was no current system in place to ensure frequent monitoring of the MARs. DON G reported they monitored the medication administration annually, which included checking the MARs for accuracy. DON G reported s/he spoke with staff and identified the medications in the system were grayed out, so staff were unable to document they gave Resident 1 the medications. DON G confirmed all the doses of medication were given by staff or Resident 1 may have been out of the facility due to hospitalizations. DON G confirmed Resident 1 did not have access to his/her own prescription medications. DON G reported the provider did not identify the error until Resident 1's family member informed them on 06/01/2023. They updated the electronic record keeping system to ensure staff were able to document their medication administration to Resident 1. | N 415 | | |
| N 526 | 83.47(2)(e) Other evacuation drills.<br><br>Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure tornado, flooding, or other emergency or disaster evacuation drills were conducted at least semi-annually for 2 of 2 years reviewed. The provider did not complete emergency evacuation drills in 2021, 2022, and to date in 2023. | N 526 | | |

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| N 526 | Continued From page 7<br><br>Findings include:<br><br>On 06/28/2023, Surveyor requested emergency evacuation drills for review from Executive Director (ED) A. No other evacuation drills were provided for review.<br><br>On 06/28/2023, at 3:15 PM, Surveyor interviewed ED A. ED A reported the Facilities Manager was responsible for ensuring drills were completed as required. ED A reported the current Facilities Manager was a newer employee and did not know s/he needed to complete the other evacuation drill. ED A confirmed no other evacuation drills were completed in 2021, 2022, and to date in 2023. ED A reported s/he would ensure the drills were completed as required as soon as possible. | N 526 | | |
| N 654 | 83.59(4)(f) Delayed egress: department approval<br><br>Delayed egress door locks are permitted with department approval only in facilities with a supervised automatic fire sprinkler system and a supervised interconnected automatic fire detection system and shall comply with all of the following: To obtain department approval, the CBRF shall demonstrate that delayed egress equipment is necessary to ensure the safety of residents served by the CBRF, specifically persons at risk of elopement due to behavioral concerns, cognitive impairments or dementia, including Alzheimer ' s disease.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure approval from the department was received for 4 delayed egress doors in the facility. | N 654 | | |

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| N 654 | Continued From page 8<br>This had the potential to affect 45 residents.<br><br>Findings include<br><br>The provider was licensed on 08/14/2017 to provide services to up to 60 non-ambulatory residents with a primary diagnosis of irreversible dementia/Alzheimer's Disease.<br><br>On 06/28/2023, at approximately 11:00 AM, Surveyor toured the facility, accompanied by Executive Director (ED) A. Surveyor observed 4 delayed egress exits in the facility.<br><br>On 06/28/2023, Surveyor reviewed department documents and did not find a delayed egress approval by the department.<br><br>On 03/23/2023 at 3:15 PM., Surveyor interviewed ED A. ED A reported s/he was aware of the requirement; however, was unsure if the provider obtained department approval. ED A reported s/he could not locate any documentation indicating department approval. ED A reported s/he would send in the request to obtain department approval. | N 654 | | |
| {N 666} | 83.59(7)(a) Emergency egress lighting provided<br><br>All exit passageways and stairways shall be provided with emergency egress lighting with a stand-by power source.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure all exit passageways had working emergency egress lighting with a stand-by power source for 7 of 10 egress emergency lights observed. Seven egress lighting fixtures did not | {N 666} | | |

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| {N 666} | Continued From page 9<br>illuminate when the test button was pressed.<br><br>This requirement is being cited for the third time. See Statement of Deficiency (SOD) FXT311, dated 03/30/2021, and SOD FXT312, dated 11/09/2022.<br><br>Findings include:<br><br>On 06/28/2023, at approximately 11:00 AM, Surveyor toured the facility, accompanied by Executive Director (ED) A. Surveyor tested 10 emergency egress lighting fixtures. The following emergency egress lighting fixtures did not work when the test button was pressed:<br><br>-Two fixtures in the 200 neighborhood.<br>-Two fixtures in the 300 neighborhood.<br>-Two fixtures in the 400 neighborhood.<br>-One fixture in the chapel.<br><br>On 06/28/2023 at 11:35 AM, Surveyor interviewed ED A. ED A acknowledged many of the emergency egress lighting fixtures in the facility had not been in proper working order. ED A confirmed the emergency egress lighting fixtures were supposed to be checked monthly by the Facilities Manager and was unsure why they were not illuminating. ED A reported s/he would inform the Facilities Manager to check them and get them in working order. ED A reported s/he did not know how long the units were not illuminating. ED A confirmed the same deficient practice had been identified previously and the correction they implemented was to include checking all egress lighting monthly during facilities checks for maintenance concerns. | {N 666} | | |