

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016782	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 10/22/2025
NAME OF PROVIDER OR SUPPLIER FRANCISCAN GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 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
{N 000}	Initial Comments On 10/22/2025, surveyors conducted 2 complaint investigations, a standard survey and a verification visit at Franciscan Gardens. Two of 2 complaints were unsubstantiated. Two deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee will be assessed. Census : 48	{N 000}		
{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 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 2024 and to date in 2025. This is a repeat deficiency. See Statement of Deficiency (SOD) FXT313, dated 07/07/2023. Findings include: On 10/22/2025, Surveyors reviewed safety files. There were no other drills included in the documentation. Surveyors requested emergency evacuation drills for review. No other evacuation drills were provided. On 10/22/2025 at 1:00 PM, Surveyors interviewed	{N 526}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{N 526}	Continued From page 1 Administrator A. Administrator A stated s/he had searched for other evacuation drills, but none were found. Administrator A stated s/he did not believe they were completed. Administrator A stated s/he would make sure they were completed moving forward. Administrator A was unsure why they were not completed.	{N 526}		
{N 654}	83.59(4)(f) Delayed egress: department approval 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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure approval from the department was received for 3 of 3 delayed egress doors in the facility. This had the potential to affect 48 residents. This is a repeat deficiency. See Statement of Deficiency (SOD) FXT313, dated 07/07/2023. Findings include: 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.	{N 654}		

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{N 654}	Continued From page 2 On 10/22/2025, at approximately 11:00 AM, Surveyor toured the facility, accompanied by Maintenance Director (MD) B. Surveyor observed 3 delayed egress exits in the facility. On 10/22/2025, Surveyor reviewed department documents and did not find a delayed egress approval by the department. On 10/22/2025 at approximately 1:00 PM, Surveyors interviewed Administrator A. Administrator A stated s/he was not aware that the facility had not requested the department's approval and would try to get that done as soon as possible.	{N 654}		