STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310120	A. BUILDING: _____ B. WING _____	C 10/21/2025

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VILLA ST FRANCIS	1910 W OHIO AVE MILWAUKEE, WI 53215

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N 000	Initial Comments On 10/21/2025, Surveyors completed a standard survey and 4 complaint investigations at Villa St. Francis. As a result, 4 deficiencies were identified. Two complaints were substantiated, and 2 complaints were unsubstantiated. Census 93	N 000		
N 327	83.31(4)(b) Allowable reasons for involuntary discharge. Discharge or transfer initiated by CBRF. Reasons for involuntary discharge. The CBRF may not involuntarily discharge a resident except for any of the following reasons: 1. Nonpayment of charges, following reasonable opportunity to pay. 2. Care is required that is beyond the CBRF ' s license classification. 3. Care is required that is inconsistent with the CBRF ' s program statement and beyond that which the CBRF is required to provide under the terms of the admission agreement and this chapter. 4. Medical care is required that the CBRF cannot provide. 5. There is imminent risk of serious harm to the health or safety of the resident, other residents or employees, as documented in the resident ' s record. 6. As provided under s. 50.03 (5m), Stats. 7. As otherwise permitted by law. This Rule is not met as evidenced by: Based on record review and interview, the provider issued a 30-day discharge notice to 1 of 1 resident (Resident 2) on 08/21/2025 for reasons other than nonpayment of charges, inconsistency with the provider's program statement, care	N 327		

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

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N 327	Continued From page 1 concerns, as provided under s. 50.03(5)(m) or as permitted by law. Findings include: On 08/01/2025, the Department received a complaint regarding compliance with involuntary discharge requirements. The provider is licensed as a CNA Non-ambulatory to serve up to 134 residents from client groups to include: traumatic brain injury, advanced age and irreversible dementia/Alzheimer's. On 10/07/2025, at 10:15 AM, Surveyors reviewed Resident 2's record. Resident 2 was admitted on 07/30/2025 with diagnoses including Type 2 diabetes, obesity, hypertension and hepatic encephalopathy. Resident 2's record contained a 30-day discharge notice dated 08/21/2025 which stated, " ...This letter serves as a formal 30-day written notice of discharge from Villa St Francis, in accordance with state licensing regulations or facility policy. After thorough review and ongoing evaluation, it has been determined that we are no longer able to meet the level of care required to support [Resident 2] needs safely and appropriately. Despite our best efforts and commitment to providing quality care, the current care requirements exceed the services and staffing capabilities available within our facility. As a result, [Resident 2] will need to transition to a more appropriate care setting that can adequately meet their needs. The official discharge date will be September 21st, 2025 - 30 days from today..." Resident 2's admission assessment, undated, indicated Resident 2 was assessed at a rehab facility and required the following: minimal to	N 327		

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N 327	Continued From page 2	N 327		

moderate assistance with mobility, unable to climb/descend stairs, used a walker, used a wheelchair, used a gait belt, a sit to stand lift, was able to propel a wheelchair, had 1-5 falls a year which caused a previously tailbone fracture, and had left knee pain which was made worse by putting weight on the knee.

Resident 2's record contained a document from a rehab hospital, dated 07/18/2025, and indicated the following:
Ambulation - prior level of function: independent; Current level of function: not attempted due to medical condition/safety

Self-care/mobility comments - transfers assistive devices: non-mechanical sit to stand lift ...dependent, 2 persons

Surveyors reviewed the following after-visit summary (AVS):

AVS, dated 07/31/2025, indicated Resident 2 was sent to the emergency room (ER) following a fall on 07/31/2025 which occurred during a transfer from one chair to another and Resident 2 slipped out of the gait belt and was lowered to the ground. The final diagnoses was a closed fracture of proximal end of left fibula and a nondisplaced fracture of medial malleolus of left tibia.

A progress note on the AVS, dated 07/31/2025, at 3:00 PM, indicated a phone call from an ER staff member with Director of Nursing (DON) B. DON B indicated Resident 2 was admitted to facility on 07/30/2025. Family had not provided Resident 2's wheelchair, and Resident 2 had utilized a transport company's wheelchair. During the transfer Resident 2 became argumentative, and

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N 327	Continued From page 3	N 327		

her/his knees buckled. Facility reported Resident 2 did not fall and was lowered to the ground. Facility confirmed they had a Hoyer lift and Resident 2 was able to return to the facility.

AVS, dated 08/21/2025, Resident 2 had a fall and a diagnosis of spinal stenosis. On the AVS, a referral was made to social work due to "Patient will be getting evicted from st francis [sic] housing in 30 days seen in [emergency department] for fall, not ambulatory baseline."

Surveyors reviewed a fall report, dated 09/07/2025, which indicated Resident 2 was found at 12:50 AM on the floor. The fall reported indicated Resident 1 heard a thump and called 911. The report indicated Resident 2 was not sent to the hospital.

Surveyors reviewed the following progress notes:

07/30/2025 at 3:38 PM - Resident admitted to facility. Arrived via transport van. [Family Member] accompanied.

07/30/2025 at 3:45 PM - LATE ENTRY Resident was being transferred from WC to recliner chair by 2 staff members. During transfer resident stated [s/he] couldn't take any more steps, starting [sic] yelling at staff to sit [her/him] down. Resident attempted to lean forward to grab the recliner arm, [her/his] weight shifted [sic] and [s/he] went down to [her/his] knees. Staff attempted to soften the fall however resident is heavy which made it challenging for 2 caregivers. Staff then turned resident onto [her/his] side so [s/he] could straighten [her/his] legs. Resident was sitting on buttocks with back against the recliner. Staff then used a Hoyer to assist resident off the floor and on into the recliner.

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N 327	Continued From page 4 There were no noted injuries 07/31/2025 at 8:30 AM - Called to resident room. Staff were attempting to transfer resident from recliner to wheelchair, resident could not stand at all, could not utilize sit to stand, could not move into proper sitting position on recliner. Staff called fire department to come and assist to get resident into recliner chair properly. 07/31/2025 at 9:00 AM - Resident [family member] came to visit resident requests resident to go to ER for [evaluation] as [s/he] is different than [s/he] was prior to admission to Villa ... 08/01/2025 at 8:30 AM - Resident returned from ER last evening at approximately [7:30 PM]. [Diagnosis] [fracture] of left tibial shift ...is [weight bearing as tolerated] however per staff resident is not able to reposition or transfer with even 2 assist. Hoyer for transfers ... On 10/21/2025, at 3:00 PM, Surveyors interviewed Executive Director (ED) A and Director of Nursing (DON) B. ED A and DON B reported when Resident 2 was assessed, s/he was walking. ED A and DON B reported when Resident 2 was admitted s/he had decompensated and was no longer able to assist with transfers and required 2-3 staff to assist with repositioning. When Surveyors inquired about the fall Resident 2 experienced on the day of her/his admission, ED A and DON B reported Resident 2 did not fall but was lowered to the ground. Surveyors expressed concerns about the progress report which indicated Resident 2 fell to her/his knees, ED A and DON B reported the progress note contained an error and the word fall should not have been used. When Surveyors inquired why Resident 2 was brought back to the	N 327		

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N 327	Continued From page 5 facility after the fracture diagnoses, ED A and DON B reported they had spoke with the hospital about Resident 2 going to a rehabilitation (rehab) facility. ED A and DON B reported the hospital denied Resident 2 needed a rehab facility and Resident 2 was returned as a Hoyer lift. ED A and DON B reported Resident 2 started physical therapy (PT), and PT indicated Resident 2 was recommended for a higher level of care.	N 327		
N 352	83.32(3)(h) Rights of Residents: Receive medication 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents (Resident 1) reviewed received her/his medications in the dosage and at intervals prescribed by the practitioner. Resident 1 was given midodrine 5 times outside of the physician ordered parameters. Findings include: On 08/08/2025, the department received a complaint alleging residents were not receiving medications as ordered by their physicians. On 10/07/2024, at 10:15 AM, Surveyors reviewed Resident 1's record. Resident 1 was admitted on 06/23/2025, with diagnoses including:	N 352		

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N 352	Continued From page 6 spondylopathy, acute congestive heart failure, chronic kidney disease. Resident 1's medication administration record (MAR) indicated Resident 1 was prescribed midodrine 5 milligram (mg) tablet (tab) take 1 tablet by mouth three times daily before meals for hypotension hold if systolic blood pressure (SBP) greater than 110. Resident 1's MAR indicated Resident 1 was given midodrine outside of specified parameters, SBP above 110 on the following dates: - 09/16/2025 PM dose: SBP 126 - 09/19/2025 AM dose: SBP 119 - 09/22/2025 PM dose: SBP 123 - 09/24/2025 Noon dose: SBP 138 - 09/19/2025 Noon dose: SBP 112 On 10/07/2025, at 3:15 PM, Surveyors interviewed Director of Nursing (DON) B. DON B confirmed if initials were present on a resident MAR, it meant the medication was administered. DON B confirmed the midodrine parameters for Resident 1 and reported the medication should be held if the SBP is greater than 110. DON B reported s/he believed MAR could be incorrect and medication may not have been given. DON B was unable to provide evidence to support medication was not given. Surveyors relayed concerns of medications being given outside of parameters. DON B acknowledged concerns and reported the facility was switching to a new charting system which would provide more areas of assessment, notes, and medication administration documentation.	N 352		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents	N 431		

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N 431	Continued From page 7 the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the health of 1 of 1 resident (Resident 2) reviewed was monitored and documented in the resident's record. Resident 2's physician or on call nurse (order stated provider or Nurse) was not notified of 7 blood sugars greater than 350 in September 2025. Findings include:	N 431		

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N 431	Continued From page 8 On 10/07/2025, at 10:15 AM, Surveyors reviewed Resident 2's record. Resident 2 was admitted on 07/30/2025 with diagnoses including Type 2 diabetes. Resident 3's September 2025 medication administration record (MAR) indicated an order to check blood sugar (BS) 3 times a day and notify primary care physician if BS were above 350 or below 80. Resident 2's September 2025 MAR documented the following dates when her/his BS were greater than 350: 09/09/2025 at 5:00 PM - BS HIGH 09/11/2025 at 5:00 PM - BS 371 09/15/2025 at 5:00 PM - BS 373 09/16/2025 at 5:00 PM - BS 366 09/18/2025 at 5:00 PM - BS 374 09/19/2025 at 5:00 PM - BS 366 09/20/2025 at 12:00 PM - BS 375 Surveyors reviewed Resident 2's progress notes. On 09/19/2025 at 3:23 PM the note documented "Writer was stopped in hallway by [Power of Attorney (POA) D], to let me know that [Resident 2's] Dexcom was reading HIGH (over 400). Writer called [physician] to update. Finger poke was taken and [blood glucose] 406 ..." Surveyors did not review any evidence of other correspondence between the facility and Resident 2's physician regarding elevated BS. On 10/07/2025, at 3:00 PM, Surveyors interviewed Director of Nursing (DON) B. DON B reviewed documentation in her/his computer and confirmed there were no progress notes indicating if Resident 2's physician was contacted. DON B confirmed the notes would be located in the progress notes.	N 431		

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N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for an annual fire inspection for 1 of 2 years reviewed (2024, and to date in 2025). Findings include: On 10/07/2025, at 2:50 PM, Surveyors reviewed safety files. The documentation indicated a fire inspection was conducted on 04/14/2023 by the Milwaukee Fire Department. Surveyors did not review evidence of a fire inspection conducted in 2024. On 10/07/2025, at 3:00 PM, Surveyors interviewed Maintenance Manager C. Surveyors inquired if a fire inspection was completed in 2024. Maintenance Manager C reported a fire inspection was not completed in 2024 by the local fire department. Maintenance Manager C reported the previous executive director had taken over the scheduling of the inspections when s/he was employed. Maintenance Manager C reported when the executive director left employment, Maintenance Manager C realized s/he did not have documentation of the completed fire inspection and reached out to Milwaukee Fire Department so inquire if the inspection was completed. Maintenance Manager C reported Milwaukee Fire Department reported	N 530		

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N 530	Continued From page 10 to her/him, the inspection was never scheduled for 2024.	N 530		