Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020393	A. BUILDING: _____ B. WING _____	C 07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN PLACE MEMORY CARE	**9201 W DREXEL AVE FRANKLIN, WI 53132**

(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 07/23/2024, with information gathered through 07/26/2024, Surveyor conducted one complaint investigation at Franklin Place Memory Care. One complaint was unsubstantiated. One deficiency was identified. Census: 38	N 000		
N 106	83.04(2)(d) Class C ambulatory (CA). Class C ambulatory (CA). A class C ambulatory CBRF serves only residents who are ambulatory but one or more of whom are not mentally capable of responding to a fire alarm by exiting the CBRF without any help or verbal or physical prompting. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the class C ambulatory Community Based Residential Facility (CBRF) served only ambulatory residents. Thirteen of 38 residents were non-ambulatory. Four of 4 residents reviewed (Residents 3, 4, 5, and 6) relied on wheelchairs to ambulate. Findings include: Observation On 07/23/2024 at approximately 11:00 AM, Surveyor toured the facility and observed 4 residents used wheelchairs for ambulation. A license certificate was observed posted in the main lobby which listed the facility classification as: Class C ambulatory (CA). Record Review Surveyor reviewed the following resident records and determined the following:	N 106		

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

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N 106	Continued From page 1 -Resident 3 was admitted on 07/31/2018 and was identified on the provider's resident roster as non-ambulatory mobility status. -Resident 4 was admitted on 01/06/2023 and was identified on the provider's resident roster as non-ambulatory mobility status. -Resident 5 was admitted on 03/21/2024 and was identified on the provider's resident roster as non-ambulatory mobility status. -Resident 6 was admitted on 10/30/2023 and was identified on the provider's resident roster as non-ambulatory mobility status. On 07/24/2024, Surveyor reviewed department records and confirmed the following: -The facility was previously licensed as a class CNA (non-ambulatory) facility. -On 06/01/2024, a class CA (ambulatory) license was granted through a change of ownership. -On 06/01/2024, the provider assumed care of all residents. -The provider is licensed to care for up to 54 ambulatory residents in the client group of irreversible dementia/Alzheimer's. Interview On 07/23/2024 at approximately 2:30 PM, surveyor interviewed Administrator B who confirmed the facility was licensed for ambulatory residents and there were 13 non-ambulatory residents who resided in the facility since the new licensee took ownership on 06/01/2024. Surveyor and Administrator B discussed the license amendment process necessary to bring the facility into compliance. Administrator B confirmed they understood the need to amend the license.	N 106		