

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0020393	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 11/13/2024
NAME OF PROVIDER OR SUPPLIER FRANKLIN PLACE MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 11/13/2024, Surveyor conducted a standard survey, verification visit and 3 complaint investigations at Franklin Place Memory Care. Two deficiencies were identified. Three complaints were unsubstantiated. Under statutory provision of Wis. Stat. Ch 50, a \$200 revisit fee is being assessed. Census: 32	{N 000}		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 4 clothes dryers in the residential laundry rooms had vent tubing of rigid material which was clean and maintained. Two of 4 facility's clothes dryers were equipped with vent tubing which was not attached to the back of the dryer. Findings include: On 11/13/2024, at approximately 11:15 AM, during a tour of the facility, Surveyor observed 2 laundry rooms with 2 dryers in each room. One laundry room was located in the neighborhood identified as the "Birds" and 1 laundry room was located in the neighborhood identified as the	N 488		

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0020393	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/13/2024
NAME OF PROVIDER OR SUPPLIER FRANKLIN PLACE MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 488	Continued From page 1 "Gardens". Each laundry room had 1 dryer that had vent tubing which had become detached from the back of the dryer and was venting inside the facility laundry room. On 11/13/2024, at approximately 1:50 PM, Surveyor interviewed Administrator B who stated they were not aware the dryer venting was no longer attached to the back of the dryer. They confirmed they would have this repaired immediately.	N 488		
N 493	83.45(1)(b) Building integrity. Building integrity. The CBRF shall be structurally sound without visible evidence of structural failure or deterioration and shall be maintained in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility was maintained in good repair. One of 1 laundry room door was broken causing the door to hang crooked. The door could not be closed or locked securely. Findings include: On 11/13/2024, at approximately 11:15 AM, during a tour of the facility, Surveyor observed the laundry room was unsecured due to damaged casing surrounding the door. The top right corner was bent and no longer fit together as designed. The door hinges were bent making the door impossible to be closed and secured. On 11/13/2024, at approximately 1:55 PM, Surveyor interviewed Administrator B and Clinical Services Director C. Clinical Services Director C	N 493		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0020393	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 11/13/2024
NAME OF PROVIDER OR SUPPLIER FRANKLIN PLACE MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 493	Continued From page 2 confirmed they were aware of the damaged door, stating staff had caused the damage by putting a block in the door jamb to keep it from closing during 3rd shift. Clinical Services Director C stated the door had been broken less than a week. Administrator B stated they would have the door repaired.	N 493			