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 _____	C 09/19/2025

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
N 000	Initial Comments On 09/17/2025 with information gathered through 09/19/2025, Surveyors conducted a complaint investigation, at Franciscan Gardens, a Community-Based Residential Facility (CBRF) in South Milwaukee, WI. One deficiency identified. Complaint substantiated. Census: 48	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) had his/her individual service plan (ISP) updated when there was a change in condition. Resident 1 had a left stage II pressure injury to left buttock. Resident 1's ISP was not updated to reflect Resident 1's need of a Registered Nurse	N 389		

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

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N 389	Continued From page 1 (RN) for wound care and interventions for staff to complete regarding the wound. Findings include: On 05/21/2025, the Department received a complaint alleging a resident has open wounds on buttock from not being changed properly. On 09/17/2025, Surveyors reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 09/18/2024 with the following diagnosis: Urinary incontinence. -Resident 1's Physician note, dated 01/31/2025, stated the following: "Consult to Aurora At Home RN for wound care. Wound care to left stage II pressure injury to left buttock." "Wash with wound cleanser. Pat dry. Apply MediHoney and dry. Secondary dressing. Change three times a week and as needed." -Resident 1's ISP, dated 09/18/2024, was not updated to reflect Resident 1's need of a RN for wound care (Stage II Pressure injury to left buttock) and interventions for staff to complete regarding the wound. On 09/17/2025, at approximately 1:00 PM, Surveyors interviewed Director of Nursing (DON) A. DON A reported Resident 1 received home health care services for his/her wound. DON A confirmed Resident 1's ISP was not updated to reflect the information of when s/he had home healthcare or interventions for staff to complete regarding the wound to ensure Resident 1's needs were met. DON A reported if Resident 1's	N 389		

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N 389	Continued From page 2 bandages were soiled during the day, there was a nurse on staff and available to change the bandages. DON A reported if it was in the evening, there was not a plan for anyone to change bandages due to no nurse being present on the campus and the caregivers were not trained to care for the wound.	N 389		