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 05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA ST FRANCIS	1910 W OHIO AVE MILWAUKEE, WI 53215

(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 05/19/2026, Surveyor completed 2 complaint investigations at Villa St Francis. As a result, 2 deficiencies were identified. Two complaints were substantiated. Census: 110	N 000		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) were assessed when there was a change in needs. Resident 1 was moved to a secure memory care floor without the provider completing an assessment to determine if the intervention was appropriate. Resident 2 sustained 3 falls and was not assessed for interventions. Findings include: On 03/16/2026, the Department received a	N 381		

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

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N 381	Continued From page 1 complaint with a concern regarding falls. Interview On 05/13/2026, at 1:30 PM, Surveyor interviewed Executive Director (ED) A and Nurse B. ED A reported Resident 1 was moved up to the third-floor memory care unit on 04/03/2026 due to Resident 1 started attempting to elope from the building. ED A reported Former Director of Nursing (DON) C was responsible for ensuring assessments were completed. ED A confirmed Former DON C did not complete any assessments prior to Resident 1 being moved. On 05/19/2026, at approximately 10:45 AM, Surveyor interviewed ED A and DON D. ED A acknowledged Former DON C did not complete assessments. DON D reported the facility had a new charting system which would ensure assessments were completed as needed. Record Review On 05/13/2026, at 11:00 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 10/11/2023 with diagnoses including dementia. Resident 1's preadmission assessment, undated, indicated Resident 1 was going to live on the first or second floor in a studio apartment. Resident 1's individual service plan (ISP) was dated 02/13/2026. Surveyor did not locate any evidence of assessments when Resident 1 started elopement behaviors, or any assessments to indicate Resident 1 needed to move to the memory care unit as an intervention. Resident 2 was admitted on 12/15/2025, with	N 381		

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N 381	Continued From page 2 diagnoses including pulmonary hypertension. Resident 2 was utilizing hospice services during her/his admission to the facility. Resident 2's facility record indicated s/he had sustained the following falls: 12/19/2025 - unwitnessed fall, Resident 2 indicated s/he rolled out of bed reaching for the remote 12/26/2025 - found on the ground, right arm wrapped in the bedrail, oxygen canula was removed, sustained a bump on her/his left side of her/his forehead. On 05/19/2026, at 10:00 AM, Surveyor reviewed Resident 2's hospice notes and identified the following: 12/22/2025 - Hospice nurse, Nurse B and Former DON C were alerted by a medical equipment delivery person Resident 2 was on the floor. Resident 2 was found "completely under [her/his] bed on the floor ...bed is at a heighted position ...bed control placed out of patient reach ..." Surveyor was unable to locate evidence Resident 2 was assessed for interventions after s/he sustained 3 falls.	N 381		
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	N 389		

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N 389	Continued From page 3 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 interview and record review, the provider did not ensure each resident's individual service plan (ISP) was updated when there was a change in resident's needs, abilities or physical or mental condition for 1 of 1 resident (Resident 1). Resident 1 had behaviors in elopement, and her/his ISP did not identify her/his elopement risk. Findings include: On 04/24/2026, the Department received a complaint with concerns of facility services. Interview On 05/13/2026, at 1:30 PM, Surveyor interviewed Executive Director (ED) A and Nurse B. ED A reported Resident 1 had worn a wander guard prior to moving to the secured memory care floor. ED A reported Resident 1 had started to display elopement behaviors of attempting to leave the facility. ED A reported the decision was made to move Resident 1 to the secured memory care floor as an intervention for the elopement behaviors. Record Review On 05/13/2026, at 11:00 AM, Surveyor reviewed	N 389		

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N 389	Continued From page 4 Resident 1's record. Resident 1 was admitted on 10/11/2023 with diagnoses including dementia. Resident 1's ISP, dated 02/13/2026, indicated the following: Safety - will maintain safety while living in the community, safety check once every shift. Cognition - will be able to maintain and make appropriate decisions about their care and environment with assistance, requires reminders and assistance has mild/moderate/severe memory loss. Resident 1's ISP did not indicate Resident 1 had behaviors with elopements or her/his need for a wander guard.	N 389		