STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525524	A. Building B. Wing	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Anne's Salvatorian Campus	3800 N 92nd St Milwaukee, WI 53222

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22692 Based on interviews and record reviews, the facility did not ensure 1 of 3 residents reviewed (R27) was free of significant medication errors. * R27 was not administered his AM medication on 1/27/25 because he told Registered Nurse (RN)-K he received it. The Medication Administration Record (MAR) was not signed out as to R27's medication being given that day and RN-K did no further investigation to find out if R27 received his medication however documented refused on all his AM medication. R27's AM medication included blood pressure medication and on 1/27/25 at 5:30 PM his blood pressure went up to 217/211 and R27 was transferred to the hospital and admitted . This resulted in actual harm to R27. Findings include: R27 was admitted to the facility on [DATE] with diagnoses to include hemiplegia, anxiety, and hypertension. R27's quarterly Minimum Data Set, dated dated dated [DATE] was reviewed and indicated R27 had a Brief Interview for Mental Status score of 15 (cognitively intact). On 3/3/25, R27's January 2025 MAR was reviewed and documented by RN-K was: R27 refused his AM medication which included: Clopidogral Bisulfate (platelet inhibitor) 75 milligrams (MG), Duloxatine (Depression) 30 MG, Isosorbide Mononitrate (Hypertension) 30 MG, Lexapro (Anxiety) 10 MG, Lineclotide (constipation) 290 micrograms, Miralax (constipation) 17 grams, multivitamin 1 tab, Olmesartan Medoxomil (Hypertension) 30mg, Pantoprazole Sodium (acid reflux) 40 MG, Pregabalin (pain) 300 MG, Brimondine Tartrate 0.2% 1 drop both eyes, Dorzolamide 1 drop both eyes, Eliquis (pulmonary embolism) 5 MG, Hydroxine (anxiety) 25 MG, Oxymetazoline 0.05% (congestion), Ranolazine (Hypertension) 500 MG, Senna (constipation) 17.2 MG, Tizanadine (pain) 2 MG, and Endocet (pain) 10-325 MG. Surveyor notes the only refusal documented for the whole month of January 2025 was on 1/27/25 in the AM. On 3/3/25, R27's progress note dated 1/27/25, at 5:30 PM, written by RN-K was reviewed and documented: R27 alert and oriented times 4. He complains of slight chest tightness. Respirations unlabored, reports slight shortness of breath, no complaints of pain, afebrile. High blood pressure 217/211, Heart rate 76, respiratory rate 18. Ibratropium-Albuterol 0.5-2.5 MG and blood pressure medication given. R27 did not get full relief from the medications. Transferred to [name of hospital]. Resident had refused morning medications. Vitals were taken which were baseline in the morning. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Actual harm Residents Affected - Few	On 3/4/25, at 8:00 AM, Medication Technician (MT)-F was interviewed and indicated on 1/27/25 she was passing medication on R27's unit and RN-K instructed her not to give R27 his AM medication. On 3/4/25, RN-K refused to talk to Surveyor. On 3/4/25, RN-K's employee file was reviewed. Surveyor noted the concern with R27's medication administration on 1/27/25 was documented. On 3/3/25, at 1:30 PM, R27 was interviewed and indicated he has never refused his medication but could not recall the details of 1/27/25 and could only recall he did not get his medication. On 3/4/25, a grievance filed on behalf of R27 was reviewed and documented: during medication pass on 1/27/25 R27 indicated to nurse that he had taken medication earlier that morning. Medications were not signed out, however nurse advised MT not to give medications. Nurse and MT educated on medications that are not signed out should be considered not given, investigation should occur with any questions. On 3/4/25, at 2:00 PM, Director of Nurses-B was interviewed and indicated RN-K should have found out if R27 received his medication and she did not. On 3/4/25, R27's discharge summary from his hospitalization from [DATE] to 1/31/25 was reviewed which listed the chief concern on 1/27/25 as chest pressure. On the summary it was documented R27 had hypertension upon admission with a blood pressure reading of 157/77. R27 did not receive 3 medications for his hypertension as ordered on 1/27/25 in the AM. The above findings were shared with Nursing Home Administrator-A and Director of Nurses-B on 3/4/25. Additional information was requested if available. None was provided as to why R27 did not receive his AM medications on 1/27/25.