

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Chi Franciscan Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  3601 S Chicago Ave South Milwaukee, WI 53172	
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18750</b></p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure residents were free from verbal abuse for three of seven sampled residents (Resident (R) 3, R4, and R5). All three residents sustained verbal abuse from two different staff members. These failures placed the residents at risk of psychosocial harm.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Abuse, Neglect and Exploitation, implemented on 10/24/22 revealed, Policy: It is the policy of this facility to provide protection for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property. Policy Explanation and compliance Guidelines: The facility will develop and implement written policies and procedures that: a. Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property; .3. The facility will provide ongoing oversight and supervision of staff in order to assure that its policies are implemented as written.</p> <p>1. R3 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Parkinson's disease, severe dementia with mood disturbance, and epilepsy. R3's quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) 05/22/24 revealed the facility could not complete a Brief Interview for Mental Status (BIMS) assessment which indicated the resident was severely cognitively impaired.</p> <p>R4 was admitted on [DATE] and readmitted on [DATE] with diagnoses of osteoarthritis of left shoulder, diabetes mellitus, and bi-polar disorder. Review of R4's admission MDS with an ARD 03/36/24 revealed the facility assessed the resident to have a BIMS a score of 14 out of 15 which indicated the resident was cognitively intact at the time of the incident.</p> <p>Review of the facility investigation provided by the facility revealed on 05/30/24 at 5:30 PM, CNA C (Certified Nursing Assistant) was assisting two residents with the evening meal. CNA C was heard yelling at R3 because she was not opening her mouth. CNA C stated she was going to pry open the mouth of R3 because she was taking such small bites. CNA C also stated she would take away R3's food if she did not take larger bites. R3 became upset and attempted to remove the fork out of CNA C's hand. CNA C then stated If you wanna fight, I can fight you. Let's fight. You know I'd win.</p> <p>(continued on next page)</p>		

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
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>CNA C then turned her attention to R4. CNA C yelled at R4 because she was playing with her food. CNA C told R4 that it was disgusting, and she should just swallow it. R4 became upset and started to cry. CNA C then proceeded to force R4 to eat and that R4 should stop crying because it was embarrassing. CNA C kept moving R4's hands away from her mouth so she could not pull out the food.</p> <p>During an interview on 06/19/24 at 8:56 AM, CNA D was asked what she recalled of the incident. CNA D stated it was supper time and she was assisting a resident with their meal. CNA C was assisting R3 and R4. CNA D stated CNA C was being verbally abusive to both residents. CNA D stated R4 could feed herself, but she liked to have someone sitting with her. CNA D stated R4 would put food in her mouth and then spit it out. CNA D stated CNA C was taking things out of R4's hands and telling her if she did not want to eat, she could go back to her room. CNA D was asked if she said anything to CNA C. CNA D stated she did not say anything to CNA C but did report it to the nurse and NHA A (Nursing Home Administrator).</p> <p>During an interview on 06/19/24 at 1:15 PM, R4 was asked if she could recall the incident. R4 stated that she remembered the incident. She was asked how that incident made her feel. She raised her right hand and put her forefinger and thumb about an inch apart and said, It made me feel about that big.</p> <p>During an interview on 06/19/24 at 3:38 PM, DON B (Director of Nursing) stated CNA C was a new employee and had not worked at the facility long.</p> <p>2. R5 was admitted on [DATE] and readmitted on [DATE] with diagnoses of acute kidney failure, diabetes mellitus, and ileostomy status. R5's quarterly MDS with an ARD of 04/18/24 revealed the facility assessed the resident to have a BIMS score of 14 out of 15 which indicated the resident was cognitively intact.</p> <p>Review of the facility's investigation provided by the facility revealed on 06/01/24 at 12:40 PM, LPN E (Licensed Practical Nurse) and CNA F were providing ostomy care to R5. During the care CNA F was cleaning up R5 and stated, This is why I don't take care of Black residents [sic] because they have [explicit] attitudes. LPN E asked CNA F why she would say something like that in front of the resident. CNA F stated, I have to speak my mind and be honest. LPN E notified NHA A and CNA F was placed on administrative leave.</p> <p>During an interview on 06/18/24 at 11:28 AM, R5 was asked if he recalled the incident. R5 stated yes. R5 stated he recalled the CNA was in his room cleaning up from where his ostomy bag had blown up. She was trying to use wipes and she got mad because I did not want the wipes used. R5 stated he could not recall the CNA saying anything.</p> <p>During an interview on 06/19/24 at 3:38 PM, DON B stated it was a surprise that CNA F said something like that. DON B stated CNA F submitted her resignation when she was placed on administrative leave.</p> <p>During an interview on 06/19/24 at 4:15 PM, LPN E was asked what she could recall of the incident. LPN E stated, I was working with R5 when CNA F was working with him too. I asked the CNA to help me move him up in the bed. I stepped out (of the room) and when I returned the CNA was trying to wipe the resident with wipes, but he likes towels. She said he had a [explicit] attitude and did not work with Black people. I told the Administrator, and she was asked to go home.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/20/24 at 1:07 PM, NHA A stated verbal abuse was substantiated in both instances.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 18750</p> <p>Based on interview and facility policy review, the facility failed to ensure only licensed nursing staff administered medications to residents who resided on one of two units (Heritage). This failure placed the residents on the Heritage unit at risk for negative outcomes due to the potential for medication errors.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Medication Administration, revised 05/03/22 revealed, Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state ordered by the physician and in accordance with professional standards of practice.</p> <p>During an interview on 06/18/24 at 12:03 PM, CNA G (Certified Nursing Aide) stated she had been a CNA for the last [AGE] years and has been working at the facility since October of 2023. CNA G was asked if she had been asked to pass medication in the facility. CNA G stated, One time I was asked to pass medication. It was a holiday and several nurses called in that day. The DON (Director of Nursing) came in and asked me to. She did push and pass. The DON pushed the medications into a cup and would watch me take the meds (medications) to the resident. I set it (medication cup) on the table and asked the resident to take them (medications). I passed them out to eight or nine residents on the north side . CNA G was asked why she passed the medication. CNA G stated, Because the DON asked me to. CNA G was asked if it was within the scope of the certification. CNA G stated, No.</p> <p>During an interview on 06/18/24 at 2:15 PM, NHA A (Nursing Home Administrator) was asked if he was aware of CNAs passing medications. NHA A stated, Yes. It was on a holiday when some nurses did not come in. I will let the DON speak to that. She is the one who said it could be done.</p> <p>On 06/18/24 at 2:30 PM, DON B brought in statement with the following definition: Working definition: Push and pass - The practice of a RN (Registered Nurse) dispensing medications by giving a patient's medications to a CNA to administer. The CNA is under the direct supervision of a RN and within the RN's line of sight at all times throughout the administration. This allows for a timely medication pass to occur.</p> <p>Per: <a href="https://dhs.wisconsin.gov/regulations/nh/aedaides-requirements.htm">dhs.wisconsin.gov/regulations/nh/aedaides-requirements.htm</a>: Delegation: In nursing, delegation of medication administration is a complex process that allows registered nurses to focus on other aspects of patient care while still retaining accountability for the outcome.</p> <p>Per: <a href="https://nursingworld.org/nursing-leadership/delegation">nursingworld.org&gt;nursing-leadership&gt;delegation</a>: When you delegate, you show your staff that their talents and contributions are valuable to the team, your patients, and the organization. By trusting them, your employees will likely take on greater 'responsibilities' and be more willing to learn new skills to enhance their professional growth. Five Rights of Delegation:</p> <p>Right Task</p> <p>Right Circumstances</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Right Person</p> <p>Right Direction / Communication</p> <p>Right Supervision / Evaluation.</p> <p>On 06/18/24, the Pharmacy Practice Consultant with the Department of Health Services indicated that sent the following information via e-mail:</p> <ol style="list-style-type: none"> <li>1. Generally, a licensed person like a LPN (Licensed Practical Nurse), RN, Pharmacist, MD (Medical Doctor) can administer meds in a SNF/NF [Skill Nursing Facility/ Nursing Facility].</li> <li>2. A CNA who has taken Med Aide class and is on the nurse aide registry with med aide designation can pass meds.</li> <li>3. A student nurse or grad nurse without a license can pass meds if they are a nurse aide on the registry.</li> <li>4. A nurse aide can administer non medication ointment/lotions, suppositories and mouthwashes</li> </ol> <p>Although DON B's license may allow them to delegate .they cannot delegate outside of the 4 bullet points above.</p> <p>During an interview on 06/19/24 at 9:24 AM, Sch H (Scheduler) who was also a CNA was asked about CNAs passing medications. Sch H stated, I have heard rumors, but I do not know that it happened. Passing medication is not within the scope of practice for a CNA.</p> <p>During an interview on 06/19/24 at 11:00 AM, CNA I was asked if she had been asked to pass medications. CNA I stated, Yes. I helped pass medication. Something called a push and pass. It was about a month ago. I passed medications to about seven residents on the south end of the Heritage unit. The nurse put them (medications in a cup, and I gave them to the resident and asked them to take the meds. All the residents were cognitively with it. CNA I was asked if it was within the scope of being a CNA to pass medications. CNA I stated, No. I did it because DON B told me to.</p> <p>During an interview on 06/19/24 at 11:12 AM, LPN J stated, CNAs have told me that they were asked to pass medications. The nurses did not come in about two or three weeks ago. They said CNAs were passing medications because DON B told them to. A lot of them refused, but some did it.</p> <p>During an interview on 06/19/24 at 3:38 PM, DON B was asked about instructing CNAs to pass medications. DON B stated, It was on the holiday and like three nurses called in. I actually came in to work on another project and was told the nurses called in. I got on the cart and there was one other LPN. There were like 16 residents that needed medication and I told the CNA to give the medications to the resident while I kept her and the resident in my line of site. I figured it was better than being late with the medications.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/19/14 at 4:15 PM, LPN E was asked if she had asked a CNA to pass medication. LPN E stated she had asked CNA I to pass medication for her. LPN E stated, I did a push and pass. I would push the medication out of the bubble pack and place it in a cup and then have the CNA take it to the resident. It happened two times. LPN E was asked if she could recall when this occurred. LPN E stated, It was on a holiday. We only had two nurses. DON B said it was ok to do it.</p>		