

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 10/17/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview and policy review, the facility failed to notify the resident's representative (RR) of a newly developed pressure ulcer injury for one (Resident (R)1) of four residents reviewed for pressure ulcer review in the sample of five. Findings include: Review of R1's undated Face Sheet located under the Profile tab in the electronic medical record (EMR) indicated R1 was originally admitted on [DATE] and readmitted to the facility on [DATE] with the diagnoses of acute respiratory failure with hypoxia, anoxic brain damage, and congestive heart failure.</p> <p>Review of R1's admission Minimum Data Set (MDS) located under the MDS tab in the EMR with an Assessment reference Date (ARD) of 07/28/25 indicated R1 was coded to be in a persistent vegetative state with no discernable consciousness.</p> <p>Review of R1's N ADV & Skin Check & V 18 located under the Assessments tab in the EMR and dated 08/19/25 indicated R1 did not have a wound to her left posterior ankle. Review of the hospital Discharge documents revealed no evidence of an area to the left posterior ankle.</p> <p>Review of R1's Wound Evaluation & [and] Management Summary located under the MISC tab in the EMR dated 08/21/25, the wound care provider documented Unstageable (Due To Necrosis) of the Left, Posterior Ankle Full Thickness [sic]. Noted to be present on admission per staff.</p> <p>Review of R1's Nursing Progress Notes dated August 2025 indicated no documentation of R1's RR being notified of this new pressure injury.</p> <p>During an interview on 10/17/25 at 4:15 PM, the Director of Nursing (DON) stated after reviewing R1's progress notes, I don't see where R1's RR was notified of the new area to her left posterior ankle that the wound doctor documented as being there on 08/21/25 in his wound notes. The DON confirmed there was no documentation of this area on the skin check documentation for 08/19/25 and that R1's RR should have been notified of this new pressure injury when found by the wound care doctor.</p> <p>During an interview on 10/17/25 at 5:13 PM, Registered Nurse (RN)1 was asked when R1 was readmitted to the facility on [DATE] from the hospital did she see any wounds on R1's feet or ankles. RN1 stated, I don't remember.</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
---	-------	-----------

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 10/17/2025
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)		
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's policy Notification of Changes dated 08/05/25 indicated, .Clinical Complication: Examples – Development of stage 2 pressure injury. The facility must inform the resident, consult with the resident's physician, and/or notify the resident's family member or legal representative when there is a change requiring such notification. Circumstances requiring notification include. Significant change in the resident's physical, mental, or psychosocial condition, such as deterioration in health. This may include. Clinical complications.		

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 10/17/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to maintain a complete and accurate medical record for one (Resident (R)1) of five sample residents. Findings include: Review of R1's undated Face Sheet located under the Profile tab in the electronic medical record (EMR) indicated R1 was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with the diagnoses of acute respiratory failure with hypoxia, anoxic brain damage, and congestive heart failure.</p> <p>Review of R1's admission Minimum Data Set (MDS) located under the MDS tab in the EMR, with an Assessment reference Date (ARD) of 07/28/25 indicated R1 was coded to be in a persistent vegetative state with no discernable consciousness. The MDS indicated that R1 was coded as having a tracheostomy.</p> <p>Review of R1's Treatment Administration Record (TAR) located under the Orders tab in the EMR and dated for the months of August through October 2025 indicated missing documentation to reflect the care was performed and completed for the following tasks:</p> <ol style="list-style-type: none"> 1. Assess for suctioning every two hours and as needed. Documentation indicated this task was not completed as evidenced by an empty box on with no initials of the nurse on 08/01/25 at 10:00 AM and 2:00 PM, 08/03/25 at 2:00 AM, 4:00 AM, 6:00 AM, 8:00 AM, 10:00 AM, 12:00 PM, and 2:00 PM, 08/05/25 at 4:00 AM and 6:00 AM, 09/01/25, 09/02/25, 09/06/25, and 09/07/25 at 8:00 AM, 10:00 AM, 12:00 PM, and 2:00 PM, 09/17/25 at 4:00 PM, 6:00 PM, 09/28/25 at 2:00 AM, 4:00 AM, and 6:00 AM, 10/04/25 at 10:00 AM, 12:00 PM, and 2:00 PM, and on 10/11/25 at 10:00 AM, 12:00 PM, and 2:00 PM. 2. Cleanse trach site with normal saline and hydrogen peroxide, pat dry and apply fresh gauze dressing every shift. Documentation indicated this task was not completed as evidenced by an empty box with no initials of the nurse on 08/09/25, 08/10/25, 09/01/25, 09/02/25, 09/06/25, 09/07/25, 09/14/25 and 09/20/25 on the day shift and 09/17/25 on the evening shift, 10/04/25, 10/11/25, and 10/14/25 on the day shift. 3. Change/clean inner cannula #6 [NAME] flex every 12 hours. Documentation indicated this task was not completed as evidenced by an empty box with no initials of the nurse on 08/03/25, 08/07/25, 08/09/25, 09/01/25, 09/02/25, 09/06/25, 09/07/25, 09/14/25, 09/20/25 on the day shift. <p>During an interview on 10/17/25 at 3:46 PM, Registered Nurse (RN)2 stated, If there is no documentation in the boxes for the treatments, then one is to assume that the task was not done. You sign each task off as you do the treatments and that shows the task was completed. RN2 confirmed there was missing documentation on the TARs for the months of August through October 2025 for the above documented tasks.</p> <p>During an interview on 10/17/25 at 4:15 PM, the Director of Nursing (DON) reviewed R1's TARs for August through October 2025 and confirmed that there was missing documentation on the TARs for the above documented tasks. The DON stated, The nurse is to click on each task that is performed, and this will document the nurses' initials in the boxes which represent the task that was completed as ordered. I don't know if they forgot to click on each task or if they overlooked this altogether.</p>		

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 10/17/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview and policy review, the facility failed to follow infection control guidelines during tracheostomy care for one resident (Resident (R)1) out of five residents that were reviewed. Findings include: Review of R1's undated Face Sheet located under the Profile tab in the electronic medical record (EMR) indicated R1 was admitted on [DATE] and readmitted to the facility on [DATE] with the diagnoses of acute respiratory failure with hypoxia, anoxic brain damage, and congestive heart failure.</p> <p>Review of R1's admission Minimum Data Set (MDS) located under the MDS tab in the EMR, with an Assessment reference Date (ARD) of 07/28/25 indicated R1 was coded to be in a persistent vegetative state with no discernable consciousness. R1's MDS was coded as having a tracheostomy.</p> <p>Review of R1's Care Plan located under the Care Plan tab in the EMR indicated, Focus dated 08/01/25 indicated, I have a Tracheostomy r/t [related to] Impaired [sic] breathing mechanics/prolonged cardiac arrest, acute resp [respiratory] failure with hypoxia. Interventions were to ensure trach [tracheostomy] ties are secured at all times, give humidified oxygen as prescribed.</p> <p>During observation of tracheostomy care on 10/17/25 at 8:10 AM in R1's room, the Respiratory Therapist (RT) donned a pair of clean gloves and positioned the oxygen tubes so they would not be in the way while performing R1's tracheostomy care. The RT did not disinfect the table before she placed tracheostomy supplies on the table. The RT opened the sterile suction tray while wearing the existing pair of gloves. Then RT donned the sterile gloves and while doing so, touched the sterile glove with the dirty gloves that she had been wearing and contaminated the sterile glove. The RT suctioned R1. When the RT finished suctioning R1, she removed the sterile gloves and applied a pair of clean gloves over the gloves that she had on under the sterile gloves. The RT did not remove the pair of gloves underneath the sterile gloves to sanitize her hands prior to donning a new pair of clean gloves. The RT removed the inner cannula, went over to the table, and took off the dirty gloves still wearing the gloves underneath. The RT donned a new pair of clean gloves, opened the new package which contained the inner cannula and reinserted it into R1's tracheostomy.</p> <p>During an interview on 10/17/25 at 3:35 PM, the RT stated, I always double glove when I suction and perform tracheostomy care. I should have wiped the table with a disinfecting wipe before I laid the clean barrier down. Nothing should have touched the sterile gloves when I was trying to put them on. I should have sanitized my hands after removing the dirty gloves prior to donning a clean pair of gloves.</p> <p>During an interview on 10/17/25 at 4:15 PM, the Director of Nursing (DON) stated, The RT should not have double gloved when performing R1's suction and tracheostomy care. The table should have been disinfected prior to the barrier being laid on the table. Whenever you touch anything in the room with a pair of gloves on in preparation of doing the care, you should change your gloves, sanitize your hands then reapply clean gloves. This should be done for every glove change.</p> <p>(continued on next page)</p>		

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 10/17/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's policy Tracheostomy Care dated 05/01/24 indicated, . 4. Put on clean gloves. 5. Suctions patient. 7. Removes dirty gloves-wash hands [sic]. 8. Puts on clean gloves. 9. Opens trach care kit. 10. Spreads sterile drape. 11. Places sterile articles on drape. 13. Removes inner cannula-discards if disposable. 14. Removes dirty gloves-wash hands or use sanitizer. If the inner cannula is disposable, discard old inner cannula into the garbage and place new inner cannula into trach tube.</p>		