STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525528	A. Building B. Wing	01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franciscan Woods	19525 W North Ave Brookfield, WI 53045

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22692 Based on interview and record review the facility did not ensure 1 (R1) of 2 residents reviewed for anticoagulant medication were free from unnecessary medications. * R1 received warfarin (anticoagulant) without adequate monitoring by ensuring PT/INR (prothrombin time test and international normalized ration) labs were conducted. On 12/25/24 R1 had orders for the lab to draw a PT (PT)/International Normalized Ratio (INR). The lab was not drawn until 12/31/24 and R1 was given his Warfarin from 12/23/24 to 12/31/24. R1's results from the PT/INR on 12/31/24 was 5.8 which was above therapeutic level of 2-3. (A high PT/INR level indicates the blood is clotting more slowly than normal.) Findings include: R1 was admitted to the facility on [DATE] with diagnoses including left femur fracture with surgical intervention, history of cerebral infarct and longtime use of anticoagulants. R1's care plan, initiated 1/3/25, documented, Potential for complications from blood thinning medications due to warfarin, with a goal documented, Administer medications and monitor labs per orders. On 1/14/25, R1's admission orders dated 12/23/24 were reviewed and documented: repeat INR on 12/25/24. This order was not transcribed to the facility admission orders. On 1/14/25, R1's Medication Administration Record (MAR) was reviewed and indicated R1 was given warfarin 7.5 milligrams (MG) on Sunday, Monday, Wednesday and Friday from 12/23/24 to 12/30/24 and warfarin 5MG on Tuesday, Thursday and Saturday. On 1/14/25, R1's physician's orders were reviewed and documented: PT/INR on 12/31/24 and then twice weekly. Warfarin was discontinued on 12/31/24 with the elevated PT/INR and R1's Warfarin was held on 12/31/24 and 1/1/25. R1 was noted to have orders for 5MG of Warfarin daily starting 1/2/24 after his PT/INR returned to therapeutic levels. On 1/14/25, at 10:45 AM, Director of Nurses (DON)-B was interviewed and indicated R1 should have had a PT/INR lab drawn on 12/25/24 and it was not completed. DON-B indicated the admitting nurse should have caught it on the discharge orders from the hospital and did not. DON-B indicated even if they come without PT/INR orders and are on Warfarin the admitting nurse should ask the physician for PT/INR orders. (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
	525528	A. Building B. Wing	01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franciscan Woods	19525 W North Ave Brookfield, WI 53045

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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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1's medical record was reviewed and showed no documentation of bleeding or blood clots. On 1/14/25, the facility's procedure titled Anticoagulant dated 1/24 was reviewed and documented: The physician will order appropriate lab testing to monitor anticoagulant therapy and potential complications. On 1/14/25, at 1:00 PM, the above findings were shared with Nursing Home Administrator-A and DON-B. Additional information was requested if available as to why R1 did not receive his ordered PT/INR on 12/25/24. None was provided.