

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility's Safe Lifting and Moving of Patients policy and procedure developed 12/2016, last revised 12/2019, and last approved 1/2024 documents:</p> <p>.Policy Interpretation and Implementation</p> <p>D. Associates responsible for direct Resident care will be trained in the use of manual(gait/transfer belts, lateral boards) and mechanical lifting devices.</p> <p>G. Associates will be observed for competency in using mechanical lifts and observed periodically for adherence to policies and procedures regarding use of equipment and safe lifting techniques .</p> <p>2) R16 was admitted to the facility on [DATE] with diagnoses of Human Immunodeficiency Disease (attacking the body's immune system), Unspecified Protein-Calorie Malnutrition (deficiency of both protein and energy), Anemia(lack of blood), Chronic Kidney Disease (progressive damage and loss of function in the kidneys), and Epilepsy(disorder in which nerve cell activity in brain is disturbed causing seizures). R16 was discharged from the facility on 5/3/25.</p> <p>R16's Significant Change Minimum Data Set (MDS) completed 3/3/25 documents R16's Brief Interview for Mental Status (BIMS) score to be 13, indicating R13 was cognitively intact for daily decision making. R16's MDS also documented R16 had range of motion (ROM) impairment on the lower extremity on one side. R16 required supervision for mobility and transfers.</p> <p>R16's Fall Risk Assessment completed 4/29/25 documented R16's score to be 19 which indicated R16 is at moderate risk for falls.</p> <p>R16's CNA (certified nursing assistant) and care plan initiated 2/27/25 documents R16 required extensive assist of two person staff support for transfers. At time of discharge on [DATE], R16 was still a two person extensive assist for transfers.</p> <p>On 3/19/25, the facility submitted a facility reported incident (FRI) documenting R16's allegation Certified Nursing Assistant (CNA)-C picked up R16 by the biceps by themselves and without a gait belt to assist with a transfer.</p> <p>The facility summary of the FRI documents a left shoulder and left hip x-ray was ordered and completed. The x-rays were negative for fractures.</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: 525528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility summary documents CNA-C did not follow R16's care plan and did not transfer R16 properly as CNA-C completed the transfer by themselves and without a gait belt. R16's care plan documented R16 was a two person physical assist pivot with a gait belt.</p> <p>The facility summary documented on 3/25/25 physical therapy re-evaluated R16's transfer status and determined R16 continued to require a two person physical assist with a gait belt.</p> <p>Surveyor notes R16's FRI indicates facility nursing staff were re-educated on safe transfers. Surveyor noted the facility was unable to provide documentation re-education was completed with facility nursing staff.</p> <p>R16's care plan was not followed and there is no documentation of facility nursing staff being re-educated on safe transfers.</p> <p>3) R23 was admitted to the facility on [DATE] with diagnoses of Dementia (loss of memory, language, problem-solving and other thinking abilities severe enough to interfere with daily life), Essential Hypertension (chronic condition of persistently high blood pressure), Atherosclerotic Heart Disease of the Native Coronary Artery (plaque buildup narrows the arteries that supply blood to the heart), Type 2 Diabetes Mellitus (adult onset of trouble controlling blood sugar), and Dysphagia (difficulty swallowing foods). R23 is currently on hospice.</p> <p>R23's Quarterly MDS completed 4/19/25 documents R23's Brief Interview for Mental Status (BIMS) score to be 3, indicating R23 demonstrates severely impaired skills for daily decision making. R23 has no Range of Motion (ROM) impairment. R23 is dependent on staff for showers, dressing, mobility, and transfers.</p> <p>R23's CNA (certified nursing assistant) Karadex and care plan initiated 10/4/23 document R23 requires extensive assist of two person support for transfers with a mechanical lift. R23 is transferred into a broda chair.</p> <p>On 3/25/25, the facility submitted a facility reported incident (FRI) documenting a large purple bruise was discovered on the back of R23's upper extremity. The facility determined the bruise likely occurred as the CNAs grabbed R23's arm to roll R23 instead of using the sheet when in bed or that R23's arm was hanging over the arm of the chair which would align with the bruise. The FRI summary documents staff will be re-educated on proper techniques of Resident handling and repositioning and physical therapy will do an evaluation of R23's wheelchair and make recommendations for additional support for R23's right side to prevent bruising in the future.</p> <p>Surveyor notes R23's FRI indicates facility nursing staff were re-educated on proper techniques of Resident handling and repositioning. The facility was unable to provide documentation that any re-education was completed with facility nursing staff.</p> <p>On 5/6/25, at 11:07 AM, Surveyor interviewed physical therapy assistant rehabilitation director (PTA)-L in regards to R23's wheelchair evaluation that was to be completed. PTA-L informed Surveyor physical therapy never received an order to evaluate R23.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/6/25, at 11:23 AM, Director of Nursing (DON)-B confirmed the therapy department did not complete an evaluation for proper positioning of R23 when in the wheelchair. DON-B believes that hospice just gave R23 a chair.</p> <p>Surveyor notes a therapy evaluation was not completed and re-education of facility nursing staff on proper techniques of Resident handling and repositioning was not completed.</p> <p>On 5/6/25, at 2:17 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A of R16, and R23 care plan not being followed which resulted in pain and/or bruising. Surveyor also shared R16's, and R23's completed FRI summaries, it is documented re-education of all facility nursing staff would be completed on safe transfers, positioning, and mobility of a Resident. The facility did not provide documentation re-education was completed with all facility nursing staff. No further information has been provided by the facility at this time.</p> <p>Based on observation, interview, and record review the facility did not ensure 3 (R14 R16, and R23) of 7 residents reviewed for accidents received adequate supervision and assistance devices to prevent accidents.</p> <p>* R14 sustained two falls from R14's bed, 4/07/25 and 4/28/25. Staff did not to follow R14's care plan requiring 2-person assistance with bed mobility. Both falls required R14 to be transporter to the ER (emergency room) for evaluation after hitting R14's head. On 4/7/25, R14 was evaluated in the ER for 2 hematomas on R14's forehead and left cheek. On 4/28/25 R14 was evaluated in the ER (emergency room) for a bump on the back of R14's head.</p> <p>*R16's care plan documents the need for assist of 2 staff for transfers. R16 reported staff picked them up by the biceps and without a gait belt for a transfer and they experienced pain. The facility self report documented all staff would received education on transfers to prevent future falls. The re-education did not occur.</p> <p>*R23's care plan documents the need for extensive assist of 2 staff and a mechanical lift for transfers. R23 was found with a large purple bruise on the upper back that was thought to have occurred when staff grabbed R23's arm to assist with rolling in bed or because R23's arm hung over the wheelchair. The facility self report documented staff would receive education on proper techniques for repositioning residents and physical therapy would evaluate the fit of R23's wheelchair. These interventions did not occur.</p> <p>Findings include:</p> <p>Facility Policy titled: Falls implemented 12/17, Revised 7/23, Reviewed 1/24, documents:</p> <p>Fall Policy</p> <p>Policy Statement/Overview</p> <p>The purposes of this procedure is to provide guidelines for evaluation of a resident in the event a fall occurred and to assist associates in identification of potential causes of the fall.</p> <p>Policy Detail</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Direct care associates shall evaluate the area where the fall occurred for possible contributors.</p> <p>A Licensed Nurse shall notify the resident's Attending Physician and Resident Representative of the event.</p> <p>The Licensed Nurse shall document the fall in the resident's clinical record.</p> <p>The documentation of the identified interventions should be maintained in the resident clinical record and available to the direct care associates.</p> <p>A Licensed Nurse shall observe clinical status for 72 hours after an observed or suspected fall, and document findings in the resident clinical record.</p> <p>The falls should be reviewed at the Daily Stand - Up Meeting following the fall for identification of any additional individualized interventions to reduce the risk of falls.</p> <p>Facility Policy titled: Training and Education Policy, latest version: documents:</p> <p>The goal of our ministry is to provide healthcare that works, healthcare that is safe, and healthcare that leaves no one behind. Consistent with our core values and learning strategy, we are committed to offering learning opportunities for associates to provide quality and compassionate care to our residents. The purpose of this policy is to provide specific guidelines with respect to required training and education courses.</p> <p>POLICY STATEMENT:</p> <p>Ascension Living provides associate training and education to meet job, state and federal requirements as well as to support career development opportunities.</p> <p>Definition(s)</p> <p>Key terms used in the procedure are listed below. To view the definitions for these terms, please refer to the document.</p> <p>Procedure/Guidelines:</p> <p>A. Required Training Courses</p> <p>1 A summary of mandatory job specific, state, federal and Ascension Living training courses is developed each year by a cross functional team of leaders.</p> <p>2 The list of mandatory courses is communicated to associates by the manager.</p> <p>3 (Surveyor noted Policy skips to 4)</p> <p>4 Full-time, part-time and PRN associates are expected to comply with the expectations.</p> <p>5 New associates are expected to complete required training within forty- five (45) calendar</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>days of start date.</p> <p>6 Associates are expected to complete the courses assigned.</p> <p>7 The manager is responsible for communicating all training and educational requirements to associates.</p> <p>8 Online course completion or in-person course attendance will be tracked</p> <p>9 Associate is paid for time spent completing mandatory training and education and must report as such in the timekeeping system.</p> <p>10 Associate is responsible for discussing with his/her manager any scheduling conflicts, concerns or unplanned absences during mandatory in-person training.</p> <p>11 Annual performance evaluation may include opportunity for manager and associate to confirm compliance with course expectations.</p> <p>D. Non-Compliance Process Associate Coaching Associates who do not complete mandatory training or assigned educational courses are subject to the procedures of the Associate Counseling and Corrective action.</p> <p>A.</p> <p>An associate approved in advance for Paid Time Off during an in-person training session must discuss course completion options with the manager.</p> <p>B.</p> <p>An associate on an approved leave of absence is expected to complete required courses within thirty (30) calendar days after returning to work.</p> <p>c.</p> <p>Manager is responsible for addressing non-compliance issues in a timely manner in accordance with Associate Counseling and Corrective action.</p> <p>1. R14 was admitted to the facility on [DATE] with diagnoses that included Dysphagia (difficulty swallowing foods or liquids) following a Cerebral Infarction (death of brain tissue) causing R14 to take nutrition via tube feeding, Vascular Dementia (cognitive impairment caused by small strokes), Muscle weakness (causing R14 to be totally dependent on staff for mobility).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R14's Quarterly MDS (Minimum Data Set) with an assessment reference date of 4/13/25 documents a BIMS (Brief Interview for Mental Status) score of 99, indicating that R14 is unable to complete the assessment. Staff assessment for mental status indicates R14 has short- and long-term memory problems and severely impaired cognitive ability for daily decision making, indication R14 never/rarely made decisions.</p> <p>Section GG (Functional abilities) documents R14 is completely dependent on staff for all bed mobility performance (R14 is unable to move in bed, staff does all or most of the work for R14's bed mobility).</p> <p>R14's ADL (activities of daily living) Care plan start date:1/06/25 documents under the Interventions section, Bed Mobility: I need total assistance with 2 person staff support. I use no assistive device(s). Resident tends to hang leg over side of bed when rolled on side. Second CNA (certified Nursing Assistant) to ensure leg is back on bed, start date 1/6/25.</p> <p>R14's Fall Care plan start date:1/06/25 documents under the Interventions section, Check for proper positioning of resident while doing cares start date 4/7/25. Huddle forms (shift to shift written report form), start date 4/29/25. Larger bed, start date 5/2/25.</p> <p>R14's CNA worksheet dated 5/6/25, documents: Bed Mobility: I need total assistance with 2 person staff support. I use no assistive device(s). Resident tends to hang leg over side of bed when rolled on side. Second CNA (certified Nursing Assistant) to ensure leg is back on bed.</p> <p>Director of Nursing DON-B informed Surveyor this information on CNA worksheet dated 5/6/25 was the same information for both of R14's CNA worksheet's on 4/7/25 and 4/28/25.</p> <p>Fall 1</p> <p>R14's nursing note dated 4/7/25, at 06:22 AM, documents: Resident fell from bed witnessed by CNA (Certified Nursing Assistant) at 0445 (4:45) am 4/7/25. Resident noted to be face down with feet toward____ (sic) and head toward____ (sic) in room. CNA was doing care on her and when she went to turn her, she fell. When writer entered the room, she was face down on the ground next to her bed. Resident was having cares down (sic) on her. Injury noted at time of fall. Hematoma in middle of her forehead very red and size of a golf ball. Resident was hoyer back into bed after the fall, when 911 arrived she was in bed. Resident makes statement of pain at time of fall. During assessment she was grimacing .pain to forehead and L (left) side arm and knee. Resident current level of consciousness is alert with no change from baseline. Md (doctor) and on-call agreed to send to ER (emergency room). Resident range of motion limited to lower extremities, no difference noted between side of body, with no change from baseline. Resident makes statement of pain with range of motion. Resident assisted up to bed by 2 staff using a full body lift. Safety measures in place at time of fall including low bed. Fall interventions in place include low bed. Care plan reviewed with interventions updated as indicated. Nurse Practitioner from facility medical company called back about 5:30 am orders were to send to ER. Send out to ER. POA (power of attorney) 4/7/25 @ (at) 6:15.</p> <p>R14's nursing note dated 4/7/25, at 6:22 AM, documents: R14 back from ER around 7:15 AM forehead bump .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R14's investigative Summary dated 4/7/25 documents: A general skin check was completed on 4/7/2025 by the floor nurse immediately after the incident had occurred. New areas of concern noted which were as follows; A golf sized hematoma to the left forehead measuring 2.8 x 2.0 x &lt; (less than) 0.1. A marble sized hematoma and redness to the left cheek measuring 1.2 x 0.8 x &lt;0.1. At [hospital name], a CT (computed tomography scan) Cervical Spine WO (without) Contrast and a CT Head Critical Fall WO Contrast imaging tests were completed. The CT of the cervical spine shows no evidence of spinal fractures. The CT of the head shows no intracranial bleeding and no skull fractures.</p> <p>R14 was sent back to [name of facility] with no new orders. Nurse Practitioner with facility medical provider company was notified of results and no new orders. Emergency contact and activated power of attorney [family member] was notified of results and no new orders. Intervention that was placed in R14's care plan following the incident on 4/7/2025 was to check for proper positioning of the resident while providing care in bed.</p> <p>A signed witness statement from CNA-U regarding R14's 4/7/24 fall from bed dated 4/7/25 documents: Incident date: 4/7/25. Incident time: 5:00 AM. Role/Duties during incident: CNA-check and changing PT (patient). Statement of witness or information regarding the incident:</p> <p>I entered room of R14 began to check and change R14 as I turned her she rolled over on her stomach. As I began to turn her more towards me R14's head went towards the floor I tried catching her by her legs but she was too heavy for me to grasp onto at (sic) the top of R14 slowly rolled onto the floor head first.</p> <p>CNA-U's witness statement regarding R14's fall from bed on 4/7/25 documents: When I got to my assigned floor on 4/6 the 2nd shift aide gave me the run on the residents on 1East. There is only one aide on night shifts (sic) so she told me we only do check and changes no get ups. The morning of 4/7 @ 5am I made it to my last room for check and changes, I began to check (R14's) room to see if she was dry or wet or had a bm (bowel movement). As I turned R14 she rolled all the way over onto her stomach I began to turn her more towards me and on her side off of her stomach but as soon as I took my hand off the chuck underneath her that helped me turn her upper body began to fall towards the floor. I quickly grabbed her legs and as I tried to reach for her upper body she slowly fell to the floor hitting her head first. I did not try to transfer this resident it was only a check and change. I never got report that she was a two person assist.</p> <p>On 4/7/25, at 06:00 AM, Licensed Practical Nurse (LPN)-X was an interview by LPN-W which documented LPN-X informed LPN-W she (CNA-U) had a care plan given to her (CNA-U) at the beginning of the shift, and I (LPN-X) gave her (CNA-U) report on the residents.</p> <p>Fall 2</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R14's nursing note dated 4/28/25, at 03:16 PM, documents: Writer/RN was called to residents' room at approximately 1407 (2:07 PM) by CNA-V who stated resident rolled out of bed during cares. Resident rolled out of left side of bed landing in a supine position. She is awake and alert without LOC (loss of consciousness), PERRLA (Pupils, Equal, Round, Reactive to Light). Active ROM (Range of Motion) present to upper extremities without grimacing. Passive ROM applied to lower extremities without grimacing. Nods no when asked if any pain, numbness/tingling present. There is no obvious injury. Of note, the bed was locked and in the lowest position/height. Nurse Practitioner aware and would like for resident to be evaluated at a tertiary setting [name of hospital]. SBAR (Situation Background, Assessment, Recommendation) to follow, will monitor.</p> <p>R14's nursing note dated 4/28/25, at 04:04 PM, documents: Transported to hospital via ambulance. All paperwork/forms sent with. Will await resident return and monitor accordingly.</p> <p>R14's nursing note dated 4/28/25, at 05:16 PM, documents: Returned from hospital via ambulance transport, will monitor.</p> <p>R14's nursing note dated 4/28/25, at 06:37 PM, documents: POA (Power of Attorney) DTR (daughter) at bedside. Updated individualized PPOC (Physician's Plan of Care) discussed. DTR grateful for update, will continue to monitor.</p> <p>R14's nursing note dated 4/29/25, at 10:50 PM, documents: Resident is being monitored d/t (due to) witnessed falls on 4.28.25. Resident had no complaints of pain during AM shift. Neurocheck was performed and negative. Resident tolerated tube feeding well. ROM WNL (within normal limits). VSS (vital signs stable), Temp:97.8 BP 145/77 Resp:18 Pulse: 76bpm O2 stat: 98% Blood Sugar: 115.</p> <p>R14's investigative Summary dated 4/7/25 documents: A general skin check was completed on 4/28/2025 by the floor nurse immediately after the incident had occurred. New area of concern noted were as follows; A bump to the lower back right of her head measuring 6.0 x 4.0 x UTD (unable to determine).[Name of hospital], a CT (computed tomography scan) Head Critical Fall WO (without) Contrast imaging test was completed. The CT of the head shows no intracranial bleeding and no skull fractures.</p> <p>R14 was sent back to [name of facility] with no new orders. Nurse Practitioner with [name of medical provider company] was notified of results. New orders were received to start R14 on scheduled ibuprofen three times a day for pain related to the fall, as well as a repeat Head CT WO Contrast to be completed in 1-2 weeks. Emergency contact and activated power of attorney [name] was notified of hospital results, and of the new orders for R14, she was accepting about both.</p> <p>A signed witness statement from CNA-V regarding R14's 4/28/24 fall from bed dated 4/28/25 documents: Incident date: 4/28/25. Incident time: 2:00 PM. Role/Duties during incident: CNA-Full bed change/bath. Statement of witness or information regarding the incident: Rolled Resident towards myself. With one hand firmly on resident hip I (the CNA) walked around the bed to make sure resident was thoroughly cleaned up. While tucking sheet more under the resident. She had a coughing spell that hitched her weight forward causing her to roll out of bed. Resident landed on back-No head injury from what I could see. Immediately got (first name) and (first name) for help.</p> <p>On 5/5/25, at 11:12 AM Surveyor interviewed R14. Surveyor asked R14 if R14 was doing well today. R14 replied to Surveyor yes. Surveyor asked R14 if R14 was in any pain today. R14 gave no further response verbally. Surveyor observed R14 made only very small physical movements of extremities.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/5/25, at 04:12 PM Surveyor interviewed Nursing Home Administrator (NHA)-A about getting the education and working status of the CNA-U and CNA-V. NHA-A informed Surveyor both CNAs were asked not to return to the facility. Surveyor requested the punch reports along with their education and competencies received at the facility. NHA-A informed Surveyor that CNA-U was agency and there was a binder on the units for agency staff. Surveyor asked NHA-A for the other documentation requested, Staff education, ER discharge and Neurological-checks NHA-A informed Surveyor that NHA-A would talk with Director of Nursing (DON)-B about Surveyor's requests.</p> <p>On 5/6/25, at 09:44 AM, Surveyor interviewed Director of Nursing (DON)-B about R14's falls and interventions the facility implemented to prevent future occurrences. Surveyor asked DON-B why the larger bed documented in R14's the care plan with the date of 5/2/25 was not implemented. DON-B informed Surveyor the Power of Attorney (POA) declined the larger bed because R14 is already in a bariatric bed and the POA feels the room is too small. DON-B informed Surveyor the facility offered R14 a larger room but R14's POA declined it because the POA wants R14 to stay on this unit. Surveyor asked if the risks and benefits were explained to R14's POA of using a larger bed. DON-B informed Surveyor DON-B did explain risks and benefits to R14's POA, but R14's POA who is a nursing assistant feels that if the staff would have followed the care plan and used 2 staff for R14's bed mobility as the care plan states, R14 would not have fallen out of bed. DON-B informed Surveyor DON-B agrees R14 would not have fallen if CNA-U and CNA-V had followed R14's care plan, and the both staff involved acknowledged to DON-B they were aware of the 2-staff assist required for R14's bed mobility. DON-B informed Surveyor CNA-V acknowledged they had often moved R14 independently without incident despite knowing R14's plan of care. DON-B informed Surveyor when a larger room opens on R14's current unit the facility will implement the larger bed.</p> <p>Surveyor asked DON-B what the Huddle notes intervention in R14's falls plan of care indicated. DON-B informed Surveyor DON-B implemented a shift-to-shift report system to focus on safety issues like following the care plan and other critical follow up of resident concerns.</p> <p>On 5/6/25, at 10:01 AM, Surveyor observed R14 in bed. Surveyor observed that R14 makes no pronounced physical movements without staff assistance in moving R14 to change position in bed.</p> <p>On 5/6/25, at 01:40 PM Surveyor interviewed NHA-A about the Surveyors concerns with R14's falls on 4/7/25 and 4/28/25. Surveyor informed NHA-A R14 had 2 falls within the month of April 2025 because staff did not follow R14's care plan to use 2 staff assistance for all bed mobility. NHA-A informed Surveyor the falls were a concern for NHA-A especially when they gave an extensive education to their staff including to CNA-V on safety and following the care plan after R14's 4/7/25 fall. NHA-A informed Surveyor CNA-V told NHA-A that CNA-V was aware of 2 staff being required in R14's care plan for bed mobility but had no previous problems in the past turning R14 so CNA-V continued to do single staff for bed changes and checks. No further information was provided.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not provide pharmaceutical services to ensure medications were available to be administered as ordered by their physician to meet their medical needs for 1 (R15) of 3 residents.</p> <p>R15 has an order to receive Ingrezza 40 mg (milligrams) once daily for Tardive Dyskinesia (uncontrolled involuntary muscle movements). R15 did not receive this medication on 12/3/24 & from 12/13/24 to 12/24/24. On 2/3/25 R15's Ingrezza was increased to 60 mg daily. R15 did not receive the correct dose of Ingrezza from 2/3/25 to 2/9/25.</p> <p>Findings include:</p> <p>R15 was admitted to the facility on [DATE]. Diagnoses includes congestive heart failure (heart doesn't pump enough blood to meet the body's needs), morbid obesity, drug induced subacute Dyskinesia (uncontrolled, involuntary muscle movements) and major depressive disorder.</p> <p>R15's hospital Discharge summary dated [DATE] includes Valbenazine Tosylate (Ingrezza) 40 mg (milligrams) with direction to take 40 mg by mouth daily.</p> <p>R15's nursing note dated 11/5/24, at 1844 (6:44 p.m.) documents Resident was admitted on [DATE], at 1600 (4:00 p.m.) from [hospital name]. She is admitted for skilled nursing care/rehab for PT (physical therapy), OT (occupational therapy) with Pt, OT. Other pertinent diagnoses/medical history include HTN (hypertension) (high blood pressure), CHF, sleep apnea (breathing repeatedly stops & starts). She is admitted to room [number] and transferred from stretcher to bed with total assistance of 2 person. Resident is alert, orientated to person, place time. General skin check completed. Skin is intact, refer to skin condition for complete documentation. admission orders reviewed and obtained from [Dr. Name] and sent to [Name] Pharmacy. Resident was orientated to room, call light, meals, wheelchair.</p> <p>R15's physician orders with a start date of 11/6/25 includes Ingrezza 40 mg capsule [Valbenazine] 40 mg by mouth every day for Tardive Dyskinesia.</p> <p>Surveyor reviewed R15's December 2024 MAR (medication administration record) and noted Ingrezza 40 mg capsule [Valbenazine] 40 mg by mouth every day for Tardive Dyskinesia. Takes at bedtime; pt (patient) own supply in bottle Day shift.</p> <p>Surveyor noted R15 received Ingrezza 40 mg during the day shift even though the MAR documents takes at bedtime on 12/1, 12/2, 12/4, 12/5, 12/6, 12/7, 12/8, 12/9, 12/10, 12/11, 12/12, 12/25, 12/26, 12/27, 12/28/ 12/29, & 12/30. On 12/31/24 R15's order was changed and R15 received this medication at HS (hour sleep).</p> <p>R15 did not receive Ingrezza 40 mg on 12/3 and from 12/13/24 to 12/24/24. R15 missed 13 doses of Ingrezza 40 mg.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed R15's progress notes during this time period, 12/3/24 & 12/13/24 to 12/24/24 and did not note any documentation the pharmacy was contacted, R15's physician was notified and why R15 did not receive Ingrezza 40 mg per physician orders.</p> <p>R15's nurses note dated 2/3/25, at 1715 (5:15 p.m.), documents N/O (new order) Ingrezza increase to 60 mg Q HS (every hour of sleep). N/O Lasix increase to 60 mg X (times) 3 days then 40 mg QD (every day).</p> <p>R15's nurses note dated 2/4/25, at 2138 (9:38 p.m.), documents No adverse reactions to med (medication) change. No complaints offered. [Pharmacy Name] called to stat out the new dose of Ingrezza. They are unable to provide at this time, they called [Pharmacy Name] Speciality clinics but they were closing and unable to fill today to stat out. Per [Pharmacy Name] [Pharmacy] will call in the AM (morning) as they need some information and once they get that they can stat out the proper dose. [Physician Name] was here today and said just give the 40 mg dose as she has been getting tonight so she is not without any.</p> <p>R15's nurses note dated 2/5/25, at 2244 (11:44 p.m.), documents Resident tolerating Lasix 60 mg with no A/R (adverse reactions) noted. Residents new dose of Ingrezza was not delivered nor did [Pharmacy Name] Speciality Clinic call regarding this. Resident received her 40 mg dose of Ingrezza at HS. VSS (vital signs stable).</p> <p>R15's nurses note dated 2/6/25, at 0527 (5:27 a.m.), documents Patient has NOR (new order received) for increase dose of Ingrezza and increased Lasix, no AR (adverse reactions) noted.</p> <p>R15's nurses note dated 2/6/25, at 2222 (10:22 p.m.), documents Resident still has not received new medication for new order of Ingrezza. Called [Name] pharmacy, aware of issue.</p> <p>R15's nurses note dated 2/7/25, at 1255 (12:55 p.m.), documents Resident is being monitored r/t (related to) increase in Ingrezza. VSS. Afebrile (without fever). Denies pain or discomfort this shift. Tolerating increase in Ingrezza. No adverse reactions or side effects.</p> <p>R15's nurses note dated 2/9/25, at 1154 (11:54 a.m.), documents Ingrezza sent from pharmacy incorrect dose. Dose sent 40 mg, 60 mg is new dose. Writer attempted to call pharmacy and pharmacy is closed. Writer called [Medical Group Name] awaiting call back.</p> <p>On 2/10/25 a new order was received which documents Ingrezza 40 mg capsule [Valbenazine] 40 mg by mouth every day for Tardive Dyskinesia. Takes at bedtime: pt own supply in bottle; Diagnosis/reason Tardive Dyskinesia.</p> <p>Surveyor noted R15 did not receive the correct dose of Ingrezza from 2/3/25 to 2/9/25.</p> <p>On 5/6/25, at 1:59 p.m., Surveyor interviewed Licensed Practical Nurse (LPN)/Wound Nurse (WN)-N regarding R15. Surveyor informed LPN/WN-N R15 had an order for Ingrezza 40 mg daily. Surveyor reviewed R15's December 2024 MAR and noted R15 did not receive Ingrezza 40 mg on 12/3/24 and from 12/13/24 to 12/24/24. On 2/3/25 R15's Ingrezza was increased to 60 mg. R15 did not receive the correct dose of Ingrezza from 2/3/25 through 2/9/25. LPN/WN-N informed Surveyor she would have to look into this and get back to Surveyor.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/6/25, at 2:55 p.m., Surveyor asked LPN/WN-N about R15 not receiving Ingrezza 40 mg daily from 12/13/24 to 12/24/24 and there is no documentation in R15's medical record regarding R15 not receiving the medication as ordered by R15's physician. LPN/WN-N informed Surveyor they had a lot of agency nurses and were working with them on charting. Surveyor then asked LPN/WN-N if there was any information as to why R15 did not receive the correct dose of Ingrezza from 2/3/25 to 2/9/25 and asked if R15 ever received the 60 mg dose. LPN/WN-N informed Surveyor R15 did not receive the 60 mg dose as they couldn't get an answer from [Physician's name] as to whether to discontinue Quinidine which was contraindicated for Ingrezza 60 mg. Surveyor asked LPN/WN-N if they were unable to get a hold of the doctor did they involve the medical director. LPN/WN-N informed Surveyor they didn't.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>Based on interview and record review the facility did not ensure monitoring for adverse reactions to a high risk medication were implemented for 1 (R22) of 3 residents.</p> <p>R22 receives Eliquis (anticoagulant) 5 mg (milligram) every 12 hours for DVT (deep vein thrombosis) (blood clot) prophylaxis. The facility was not monitoring for presence of bleeding.</p> <p>Findings include:</p> <p>The facility's policy titled, Anticoagulant and last revised 12/2017 under the section Monitoring and Follow-Up documents E. The associates and physician will monitor for possible complications in individuals who are being anticoagulated, and will manage related problems.</p> <p>R22's diagnoses includes history of pulmonary embolism (condition where one or more arteries in the lungs are blocked by a blood clot) and long term use of anticoagulant.</p> <p>R22's physician orders with an order date of 4/8/24 documents Eliquis 5 mg (milligram) tablet [Apixaban] - 5 mg by mouth every 12 hours for DVT prophylaxis.</p> <p>R22's care plan [R22's first name] is at risk for complications from blood thinning medications. List names of medication(s): on Eliquis, hx (history) of bilateral pulmonary emboli. Approaches include Monitor for presence or absence of active bleeding such as hematuria, petechiae, bruising, bloody stools, or nose bleeds at least daily with a start date of 4/9/24.</p> <p>Surveyor reviewed R22's medical record including progress notes, MAR (medication administration record) & TAR (treatment administration record) and was unable to locate evidence the facility was monitoring R22 for complications from Eliquis 5 mg.</p> <p>On 5/6/25, at 8:44 a.m., Surveyor asked (Registered Nurse) RN-F if a resident is on a blood thinner where would Surveyor locate monitoring for bleeding. RN-F informed Surveyor he was trying to think who was on a blood thinner. Surveyor informed RN-F the name of R22. RN-F looked in the computer and then stated to Surveyor let me find out and get back to you. RN-F informed Surveyor he will have to ask the Director of Nursing (DON).</p> <p>On 5/6/25, at 9:35 a.m., Surveyor asked RN Manager-H if a resident is on a blood thinner where would Surveyor find evidence of monitoring for bleeding. RN Manager-H replied there should be an order. Surveyor informed RN Manager-H R22 is on Eliquis 5 mg and R22's care plan has an intervention to monitor for presence or absence of active bleeding. Surveyor informed RN Manager-H Surveyor was unable to locate this monitoring. RN Manager-H stated I will have to ask & see and get back to you on that.</p> <p>On 5/6/25, at 12:49 p.m., Surveyor asked RN Manager-H if she has any information regarding monitoring for R22's Eliquis. RN Manager-H replied no and explained it's been a crazy day. RN Manager-H explained she was going to speak with [first name] corporate.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Franciscan Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/6/25, at 1:44 p.m., RN Manager-H informed Surveyor regarding monitoring of Eliquis they chart by exception. Surveyor informed RN Manager-H Surveyor was unaware of any current standards of practice for charting by exception and asked RN Manager-H to provide this standard of practice. Surveyor informed RN Manager-H R22's care plan has an intervention to monitor at least daily.</p> <p>On 5/6/25, at 1:46 p.m., Surveyor informed Director of Nursing (DON)-B R22 is on an anticoagulant, Eliquis and the facility is not monitoring for bleeding.</p>		