

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 12/03/2025
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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy review, the facility failed to prevent the physical abuse of one resident (Resident (R) 1) out of three residents reviewed for abuse out of a total sample of eight residents. This resulted in harm when R1 sustained a bruise to her wrist as well as emotional upset when a Certified Nursing Assistant (CNA)1 held her arms down while providing care. Findings include:Review of the Resident Information located under the Profile tab in the electronic medical record (EMR) revealed R1 was initially admitted to the facility on [DATE] and readmitted on [DATE].Review of R1's Care Plan, dated 07/23/25 located under the Clinical tab in the EMR, revealed R1 had impaired behavior related to refusal of cares, noncompliant with treatments, dressing changes to wounds, double and/or triple briefing, and showers. Resident is physically aggressive with staff as evidenced by slapping staff. Staff were directed to discourage double briefing due to build up of moisture. The approaches were listed to educate R1 as needed regarding risks and benefits of double briefing. If refusing or resistive, give time and space, and re-approach in calm manner.Review of the Facility Reported Incident (FRI) investigation, provided by the facility, dated 08/18/25, revealed On August 12th, 2025 at approximately 06:00 AM, (R1) started yelling at (CNA1) because she placed a brief on her and she wanted to have two pull ups on. (CNA1) refused to follow the resident's wish of pull ups instead of a brief and (R1) began swinging at her. Instead of walking away from the situation and approaching later, or asking for someone else to re-approach her, or simply complying with her request, (CNA1) held (R1's) wrists to prevent her from hitting her causing a 4 cm (centimeter) bruise to her left wrist. The facility investigation included an interview with CNA1 in the presence of a police officer stating, What was I supposed to do, let her hit me? The facility did not substantiate that CNA1 intentionally held or harmed R1, however because R1 sustained a bruise, CNA1 was terminated.Review of R1's significant change Minimum Data Set (MDS), located under the Clinical tab in the EMR with an assessment reference date (ARD) of 10/06/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R1 was cognitively intact.During an interview on 10/06/25 at 9:33 AM, R1 stated, If she's still working here, she better not, they called the police. She held my arms down, and I had bruises on both wrists. She (CNA1) said, oh no, you're wearing this, they got rid of her. She knew what she was doing. Sometimes I can get worked up, I can't put it all on them (staff), but I don't wear diapers, I wear pull-ups. I know what I wear. During an interview on 10/01/25 at 3:56 PM, Registered Nurse (RN)2, the Unit Manager, stated, We teach rounding with a purpose which helps staff with what to do when residents become agitated, argumentative, or combative, to walk away from the situation and approach later, or asking for someone else to re-approach her, or do what she asks, if it's a safe situation.During an interview on 10/02/25 at 9:14 AM, CNA2 who was assigned to the care of R1 consistently stated, When I arrived on the day of the incident, her light was on when she usually did not have her light on. She (R1) was upset, and told me what had happened. I calmed her down and reported the allegation. When asked how CNA2 calmed R1 down, CNA2 stated, I listen to her, ask if she wants a cup of coffee or anything to drink. I don't argue with her. I give her what she wants.Review of the facility's policy titled Abuse Prevention, dated 08/25 revealed Our residents have the right to be free from abuse, neglect, misappropriation of resident property, and exploitation. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms. The objective of the abuse policy is to comply with the seven-step approach to abuse and neglect detection and prevention.</p>		