

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525552	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Wheaton Franciscan Hc - Terrace at St Francis		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 S 20th St Milwaukee, WI 53215	

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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49845</p> <p>Uncorrected at Revisit Survey</p> <p>Based on observation, interview, and record review the facility did not ensure 2 (R16, R44) of 3 Residents reviewed for pain management, received pain management consistent with professional standards of practice.</p> <p>*R16 did not receive topical pain relief medication as ordered by the physician. R16 did not have complete pain assessments, or evaluation of the effectiveness of pain interventions.</p> <p>*R44 did not have complete pain assessments, or evaluation of the effectiveness of pain interventions.</p> <p>Findings include:</p> <p>The Facility's policy titled, Pain Assessment and Management, with a last approved date of 01/2024, documents in part, the purpose of this procedure are to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident's goals and needs and that address the underlying cause of pain. General Guidelines A. The pain management program is based on a community-wide commitment to resident comfort. B. Pain management is defined as the process of alleviating the resident's pain to a level that is acceptable to the resident and is based on his or her clinical condition and established treatment goals. C. Pain management is a multidisciplinary care process that includes the following:</p> <ol style="list-style-type: none"> 1. Evaluating the potential for pain; 2. Effectively recognizing the presence of pain; 3. Identifying the characteristics of pain; 4. Addressing the underlying cause of the pain; 5. Developing and implementing approaches to pain management; 6. Identifying and using specific strategies for different levels and sources of pain; <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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7. Monitoring for the effectiveness of interventions;</p> <p>8. Modifying approaches as necessary. E. Conduct a comprehensive pain evaluation upon admission to the community, at the quarterly review, whenever there is a significant change in condition, and when there is onset of new pain or worsening of existing pain. F. Evaluate the resident's pain and consequences of pain at least each shift for acute pain or significant changes in level of chronic pain and at least weekly and stable chronic pain. Steps in the Procedure Recognizing Pain A. Observe the resident (during rest and movement) for physiological and behavioral (non-verbal) signs of pain. B. Possible behavioral signs of pain: 1. Verbal expressions such as groaning, crying, screaming; . 5. Limitations in his or her level of activity due to the presence of pain; . Evaluating pain A. During the comprehensive pain assessment gather the following information as indicated from the resident (or legal representative): 1. History of pain and its treatment, including pharmacological and non-pharmacological interventions; 2. Characteristics of pain: a. Intensity of pain (as measured on a standardized pain scale);</p> <p>b. Descriptors of pain; c. Pattern of pain (e.g., constant or intermittent); d. Location and radiation of pain; and e. Frequency, timing and duration of pain. 3. Impact of pain on quality of life; 4. Factors that precipitate or exacerbate pain; 5. Factors and strategies that reduce pain; 6. Symptoms that accompany pain (e.g., nausea, anxiety) . C. Discuss with the resident (or legal representative) his or her goals for pain management and satisfaction with the current level of pain control. Monitoring and modifying approaches . B. Monitor the following factors to determine if the resident's pain is being adequately controlled: 1. The resident's response to interventions and level of comfort over time; 2. The status of the cause(s) of pain, if identified previously; . Documentation A. Document the residents reported level of pain (i.e., enough information to gauge the status of pain and the effectiveness of interventions for pain) As necessary and in accordance with the pain management program. B. Upon completion of the pain evaluation, the person conducting the evaluation shall record the information obtained from the evaluation in the resident's medical record.</p> <p>On 10/20/2023, R16 was originally admitted to the Facility. R16 has relevant diagnoses that include, pain in right knee and pain in left knee.</p> <p>R16's admission Minimum Data Set (MDS), dated [DATE], documents R16 has a Brief Interview for Mental status (BIMS) of 14.</p> <p>R16's most recent quarterly MDS, dated [DATE], documents R16 has occasional 10/10 pain, which rarely or not at all interferes with therapy activity, has been on a pain medication regimen, and receives as needed pain medications.</p> <p>On 08/27/2024, at 03:01 PM, Surveyor asked Director of Nursing (DON)-B about pain assessments, and what is the expectation for assessment documentation. DON-B informed Surveyor that pain assessments are done every 8 hours, and the numerical pain number is documented in the Medication Administration Record (MAR). DON-B informed Surveyor that pain assessments are to be completed before and after pain medication administration and as needed. DON-B informed Surveyor she will get further information on where to locate the pain assessments in the electronic medical record.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/28/2024, at 07:32 AM, surveyor observed R16's medication pass with Licensed Practical Nurse (LPN)-C. Surveyor heard R16 voice having pain to LPN-C and Surveyor observed R16 holding her left knee. LPN-C asked R16 if she would like some Tylenol. R16 stated yes. LPN-C asked R16 what level of pain R16 had, R16 stated 10. LPN-C then looked into the computer and informed R16 it is too soon for her to receive Tylenol, and that she could not have her next dose until 01:00 PM. R16 informed LPN-C that R16 will be going to physical therapy soon and is worried about her pain. LPN-C informed R16 that R16 had a fentanyl patch on and instructed R16 to go to therapy.</p> <p>Surveyor noted LPN-C did not inquire about where R16's pain was located, the characteristics/description of pain, pattern of pain or the frequency/timing to form a complete pain assessment.</p> <p>Surveyor reviewed the document provided by the Facility, titled Care Plan, for R16. R16's care plan documents under category: 19 Pain, R16's goal is to have pain managed at an acceptable pain level of 7/10 through the next review period. R16 states that Pain medication makes it better, R16 states that increased movement, touch, PT/OT makes it worse, Administer medications as indicated and monitor for effectiveness, see physician order sheet, and offer and encourage as indicated nonpharmacological pain management of activities, ROM, ambulation, heat, cold, repositioning.</p> <p>On 08/28/2024, at 09:10 AM, Surveyor reviewed R16's electronic Medication Administration Record (MAR) and Treatment Administration Record (TAR), dated 08/2024. R16's MAR/TAR documents, DICLOFENAC GEL 1%-2 grams Topical Four Times a Day For LEG PAIN and was documented as given at the 08:00 AM medication pass with a pain rating of 9.</p> <p>On 08/28/2024, at 09:18 AM, Surveyor interviewed R16. Surveyor asked if R16 received the pain gel medication. R16 stated no and stated having 10/10 pain in left knee.</p> <p>On 08/28/2024, at 09:27 AM, Surveyor interviewed LPN-C regarding R16's gel pain medication. LPN-C informed Surveyor that R16 receives the gel pain medication on R16's back. LPN-C informed Surveyor that R16 has not received the gel medication yet. Surveyor asked LPN-C if it was marked off in R16's MAR/TAR as given, LPN-C informed Surveyor that it was and that is because LPN-C has to click on the medications as given for the morning medication pass.</p> <p>On 08/28/2024, at 10:34 AM, Surveyor interviewed R16 regarding her pain. R16 informed Surveyor R16's pain is 10/10 in her left knee. Surveyor asked R16 if R16 received her gel medication, R16 informed Surveyor she received the gel pain medication, but it was applied to R16's back.</p> <p>On 08/28/2024, at 10:36 AM, Surveyor interviewed LPN-C, LPN-C informed Surveyor that LPN-C had to change the gel medication to R16's treatment record instead of it being on R16's medication record. LPN-C stated she gave R16 the gel pain medication on her back, because that is where R16 is experiencing pain. Surveyor asked LPN-C to review the order for R16's gel pain medication order, LPN-C informed Surveyor that the order documents gel pain medication is to be administered to R16's leg. LPN-C informed Surveyor that R16's leg is referring to R16's hip/lower back region and informed Surveyor that LPN-C would be reaching out to the doctor regarding R16's back pain since they have already increased her fentanyl patch and given lidocaine patches.</p> <p>On 08/28/2024, at 12:07 PM, Surveyor interviewed R16. R16 informed Surveyor that the nurse will normally put the gel pain medication on R16's knee and that it helps. R16 informed Surveyor that R16 went to physical therapy but could only walk about 23 feet due to the pain in R16's left knee.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/28/2024, at 12:51 PM, Surveyor interviewed PT-D. PT-D informed Surveyor that R16 was not up to par today during therapy due to pain in R16's legs and informed Surveyor R16 only made it about 36 feet requiring two seated rest periods.</p> <p>Surveyor was provided a copy of R16's MAR/TAR for 08/2024, with a print date of 08/28/2024 at 10:11 AM, which includes comments documented on the MAR. Surveyor noted, no documented pain levels or pain assessments before or after receiving pain medication for R16's fentanyl patch, Diclofenac gel or gabapentin medication orders prior to 08/27/2024. Surveyor noted in comments of R44's MAR, documents, the only pain evaluation for R44 is for a dose of Tylenol which documents, pain 9/10 on 08/26/2024. Surveyor notes, med effectiveness with date and time only on multiple dates, is documented for Tylenol but does not include pain level, description, or any other details to accurately assess medication effectiveness.</p> <p>Surveyor noted that pain medication orders updated on 08/27/2024 and 08/28/2024, now include pain scales for all ordered pain-relieving medications.</p> <p>Surveyor reviewed the document provided by the Facility, titled Pain Assessment Interview for R16, dated 08/06/2024, no further pain assessments for R16 provided by the Facility during survey.</p> <p>2.) R44 was admitted to the facility on [DATE]. R44 has relevant diagnoses of Multiple Sclerosis, pain in right hip and pain in left hip.</p> <p>R44's annual Minimum Data Set (MDS), dated [DATE], documents R44 having a Brief Interview of Mental Status (BIMS) of 15.</p> <p>R44's MDS documents, R44 has almost constant pain, receives as needed pain medications, pain interferes with day-to-day activities almost constantly, and rates pain 7/10.</p> <p>Surveyor reviewed the document provided by the Facility for R44, titled Medication Record for 08/2024, R44 receives Robaxin and Hydrocodone as needed for pain. Per R44's medication record, R44 received Robaxin 18 times from 08/01/2024-08/27/2024. Surveyor noted, no documentation of numerical pain scale, no pain assessment or re-evaluation of medication effectiveness.</p> <p>Surveyor reviewed R44's medication record and noted, R44 received 22 doses of Hydrocodone from 08/01/2024 through 08/27/2024 and noted, only numerical pain scale is documented for every shift and only 3 re-evaluations of pain assessments documented on 08/20/2024, 08/21/2024 x2.</p> <p>Surveyor noted, per R44's document provided by the Facility, titled controlled drug receipt/record/disposition form, documents R44 received the Hydrocodone medication 45 times between 08/11/2024 through 08/26/2024.</p> <p>No further pain assessment information was provided by the Facility during time of survey, NHA-A aware of above findings.</p>		

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<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** 49845</p> <p>Based on observation, interview, and record review the Facility did not provide pharmaceutical services that assure the accurate dispensing of medications to meet the needs of residents and did not have sufficient detailed records for controlled drugs to enable an accurate reconciliation for 2 (R369, R44) of 4 residents reviewed.</p> <p>*R44's Medication Administration Record (MAR) did not accurately reflect the controlled medication narcotic count sheet. R44's had an order for Protonix to be administered 30 minutes prior to meals, that order was not transcribed to R44's Medication Administration Record, as ordered.</p> <p>*R369's personal glucose monitor was not properly labeled to identify the glucose monitor belonged to R369.</p> <p>Findings include:</p> <p>1.) R44 was admitted to the facility on [DATE]. R44 has relevant diagnoses of Multiple Sclerosis, pain in right hip, pain in left hip, Gastro-Esophageal Reflux Disease (GERD) and Barrett's esophagus.</p> <p>R44's annual Minimum Data Set (MDS), dated [DATE], documents R44 having a Brief Interview of Mental Status (BIMS) of 15.</p> <p>Pain Medications:</p> <p>On 08/27/2024, at 12:22 PM, Surveyor interviewed R44 who informed Surveyor that R44 receives Hydrocodone 10/325 mg as needed 3 times per day. R44 informed Surveyor that R44 was not experiencing pain relief when receiving the medication as usual. R44 informed Surveyor R44 realized R44 was only receiving Hydrocodone 5/325 mg after R44 looked up the number printed on the medication. R44 states this went on since 07/10/2024 until about last week. R44 informed Surveyor that she brought this to staff attention, and they notified the doctor, who then ordered R44 to receive two 5/325 mg Hydrocodone tablets to equal the 10 mg until the new prescription comes in. R44 informed Surveyor that she has been receiving her Hydrocodone 3 times per day, as she will request it. R44 informed Surveyor that she began receiving her 10/325 mg Hydrocodone this morning and is now receiving one 10/325 mg Hydrocodone three times per day.</p> <p>Surveyor received four MAR's for R44. Surveyor will be referring to the first MAR, provided on 08/27/2024 at 01:22 PM and the last MAR received on 08/28/2024 at 02:23 PM.</p> <p>R44's MAR, for 08/2024, with a print date of 08/27/2024, documents the following,</p> <p>-Hydrocodone 10 mg- Acetaminophen 325mg tablet [generic] - 10-325mg By Mouth 3 times a day as needed for pain with a start date of 07/09/2024 and an end date of 08/10/2024.</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 - Few</p>	<p>- Hydrocodone 10 mg- Acetaminophen 325mg tablet [generic] - 10-325mg By Mouth 3 times a day as needed for pain with a start date of 08/10/2024 and no end date.</p> <p>- NORCO TAB 5/325mg TABS [Hydrocodone-acetaminophen] - 2 tabs By Mouth 3 Times per Day as Needed 3 times a day- Give 2 tabs of 5/325 until the card is gone For Back pain with a start date of 08/22/2024 and no end date.</p> <p>Per R44's MAR, for 08/2024, with a print date of 08/27/2024, documents R44's Hydrocodone was not administered on 08/08/2024, 08/09/2024 and 08/12/2024. R44's MAR documents, 08/01/2024 through 08/07/2024, 08/10/2024, 08/11/2024, and 08/13/2024 through 08/26/2024 R44 was administered 1 dose of Hydrocodone.</p> <p>R44's MAR, for 08/2024, with a print date of 08/28/2024, documents the following,</p> <p>-Hydrocodone 10 mg- Acetaminophen 325mg tablet [generic] - 10-325mg By Mouth 3 times a day as needed for pain with a start date of 08/10/2024 and an end date of 08/27/2024.</p> <p>-NORCO TAB 5/325mg TABS [Hydrocodone-acetaminophen] - 2 tabs By Mouth 3 Times per Day as Needed 3 times a day- Give 2 tabs of 5/325 until the card is gone For Back pain with a start date of 08/22/2024 and an end date of 08/27/2024.</p> <p>-Hydrocodone 10 mg- Acetaminophen 325mg tablet [generic] - 10-325mg By Mouth 3 times a day as needed for pain with a start date of 08/10/2024 and no end date.</p> <p>Per R44's MAR, for 08/2024, with a print date of 08/28/2024, documents R44's Hydrocodone was not administered on 08/08/2024, 08/09/2024 and 08/12/2024 and was given twice on 08/23/2024, 08/26/2024 and 08/27/2024. All other dates were documented as R44 being administered 1 dose per day.</p> <p>Surveyor reviewed the document provided by the Facility, titled, Controlled drug receipt/record/disposition form for R44, which documents, HYDROcod/APAP TAB 5/325MG 1 tablet by mouth every six hours as needed for pain, dated 08/11/2024 with a quantity of 30. The Controlled drug receipt/record/disposition form documents,</p> <ul style="list-style-type: none"> - 2 tablets dispensed on 08/11/2024 at 0800, 1700 - 3 tablets dispensed on 08/12/2024 at 0700, 1200, 1930 - 3 tablets dispensed on 08/13/2024 at 0900, 1300, 2100 - 3 tablets dispensed on 08/14/2024 at 0800, 1200, 2100 - 3 tablets dispensed on 08/15/2024 at 0800, 1200, 2100 - 2 tablets dispensed on 08/16/2024 at 0849, 1800 - 3 tablets dispensed on 08/17/2024 at 0800, 1200, 1930 - 3 tablets dispensed on 08/18/2024 at 0800, 1200, 1946 <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 - Few</p>	<p>- 3 tablets dispensed on 08/19/2024 at 0800, 1200, 2050</p> <p>- 3 tablets dispensed on 08/20/2024 at 0750, 1300, 2100</p> <p>- 2 tablets dispensed on 08/21/2024 at 0800, 1200 with 0 remaining.</p> <p>Surveyor reviewed the document provided by the Facility, titled, Controlled drug receipt/record/disposition form for R44, which documents, HYDROcod/APAP TAB 5/325MG 1 tablet by mouth every six hours as needed for pain, dated 08/19/2024 with a quantity of 30. Written on the paper by staff is 8/22 Give 2 tabs=10mg until card is gone. The Controlled drug receipt/record/disposition form documents,</p> <p>- 1 tablet dispensed on 08/21/2024 at 2100</p> <p>- 6 tablets dispensed on 08/22/2024 2 at 0800, 2 at 1200, 2 at 2105</p> <p>- 6 tablets dispensed on 08/23/2024 2 at 0800, 2 at 1200, 2 at 2100</p> <p>- 4 tablets dispensed on 08/24/2024 2 at 1030, 2 at 2100</p> <p>- 6 tablets dispensed on 08/25/2024 2 at 0927, 2 at 1630, 2 at 2130</p> <p>- 6 tablets dispensed on 08/26/2024 2 at 0800, 2 at 1200, 2 at 2200 and at 2215 documents 1 med destroyed 0 tablets left.</p> <p>Surveyor reviewed the document provided by the Facility, titled, Controlled drug receipt/record/disposition form for R44, which documents, HYDROcod/APAP TAB 10/325MG 1 tablet by mouth every eight hours as needed for pain, dated 08/23/2024 with a quantity of 30. The Controlled drug receipt/record/disposition form documents,</p> <p>- 2 tablets dispensed on 08/27/2024 at 0800, 1200</p> <p>On 08/27/2024, at 03:01 PM, Surveyor interviewed Director of Nursing (DON)-B regarding R44's Narcotic count sheet not reflecting what is documented in R44's MAR. DON-B informed Surveyor she would look into the concern and get back to Surveyor.</p> <p>On 08/28/2024, at 03:05 PM, Surveyor interviewed DON-B again regarding R44's discrepancy between MAR and narcotic count sheet. DON-B did not provide any relevant information at that time.</p> <p>Gastrointestinal Medications:</p> <p>On 08/27/2024, at 12:22 PM, Surveyor interviewed R44. R44 states R44's GI doctor prescribed R44's stomach medication to be administered before meals but receives the medication after breakfast and dinner.</p> <p>The Facility provided Surveyor with R44's Summarization of Episode note from R44's visit with GI Associates, which documents in part, Progress Notes Follow up-gerd/barretts (signed 2024-03-03 07:24:35 PM). Plan : --Increase Pepcid to 40mg po QHS & refill given for year. Script given to her. -Continue pantoprazole 40mg BID take 30 minutes prior to breakfast & dinner.</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 - Few</p>	<p>Per R44's MAR, dated 08/2024, documents, at 0800 hours, Pantoprazole 40mg tablet, delayed release [generic]- 40 mg By Mouth Every Day For Gerd; Diagnosis/Reason= Gerd and at 20:00 hours, Pantoprazole 40mg tab 40mg TBEC- 40mg By Mouth 12 hours For GERD.</p> <p>Blood Glucose Monitor:</p> <p>On 08/28/2024, at 03:01 pm, Surveyor interviewed DON-B who informed Surveyor that R44's gastroenterologist was contacted on 08/27/2024 regarding pantoprazole order and states medication does not have to be given now 30 minutes before meals. DON-B informed Surveyor that R44 is ok with her current medication regimen and does not wish to be woken up earlier to receive the medication. Surveyor confirmed this with R44.</p> <p>On 08/28/2024, at 07:32 AM, Surveyor observed Licensed Practical Nurse (LPN)-C perform medication pass. While observing medication pass, Surveyor noted that LPN-C was preparing to check R369's blood sugar level using a glucose monitor. Surveyor observed LPN-C take the glucose monitor from a clear bag marked with 311 in black. Surveyor asked LPN-C if resident have their own individual glucose monitors, LPN-C stated yes. Surveyor noted, no names were on the actual glucose monitors, nor on the bags that contained the device. LPN-C informed Surveyor that the bags are labeled with the residents' room numbers, and although the number on the bag is not R369's room number, LPN-C informed Surveyor she knows that it is R369's glucose monitor.</p> <p>On 08/28/2024, at 03:04 PM, Surveyor informed NHA-A and DON-B of above findings.</p> <p>No further information was provided during time of survey.</p>		