

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 12/18/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>49011</p> <p>Based on observation, interview and record review, the facility did not ensure the medication error rate was below 5% for 2 residents (R6 and R7) of 2 residents observed receiving medications. The facility medication error rate was 32%.</p> <p>*R6 received a Folic Acid supplement and the order was discontinued on 12/9/24. Five medications were given more than 60 minutes after the scheduled time.</p> <p>*R7 has an order for Fluticasone Propionate, one spray per nostril, two sprays were observed being given in each nostril. A medication to control blood pressure was also given more than an hour after the scheduled time.</p> <p>Findings include:</p> <p>The Facility Policy and Procedure titled, Medication Administration Schedule last approved 9/2023, states in part:</p> <p>Policy Statement: Medications shall be administered according to established schedules and per resident preference, as appropriate.</p> <p>Policy Interpretation and Implementation</p> <p>A. Health Care Provider order and/or a pharmacy recommendation may specifically define administration intervals such as every 6 hours, or a specific administration time. The nursing associate will administer according to the order .</p> <p>1.) On 12/18/24, at 9:53 AM, Surveyor was observing medications being passed for R6. Registered Nurse (RN)-C was preparing R6's 8:00 AM scheduled medications at this time. In addition to medications given once a day, R7 had Carvedilol (every 12 hours), Ferrous Sulfate (twice a day), Pantoprazole (every 12 hours), Tacrolimus (twice a day) and Hiprex (twice a day) medications ordered to be given at 08:00 am and each had additional doses to be given later in the same 24 hour period. Surveyor notes that by missing the administration time by nearly two hours this would put future administrations closer together than prescribed.</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: 525552	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor also observed as RN-C added Folic Acid to the medication cup that R6 was to receive. Upon review of R6's physician orders after this observation Surveyor noted that the Folic Acid for R6 was discontinued on December 9th, 2024.</p> <p>On 12/18/24, at 10:05 AM, Surveyor interviewed RN-C and asked how many more residents still needed the morning medication administration to which RN-C responded 12 remain of the 28 on the floor. RN-C stated they were the only nurse on second floor. RN-C stated that they are agency and on this assignment for one month. There are 10 residents that require blood sugars. RN-C stated that one day they did not finish morning medication pass until 1:00 PM.</p> <p>On 12/18/24, at 2:09 PM, Surveyor interviewed Director of Nursing (DON)-B about the late medications and the Folic Acid that was given yet discontinued. DON-B stated that after every shift they run a missed medication report and look at the times given. Nursing staff then calls each doctor about late medications to get orders. Surveyor asked if there is a policy so nurses know when medications need to be administered by. DON-B replied that there is no specific policy and that the current policy is vague. Surveyor then asked how nurses are to know when medications need to be passed by to which DON-B responded that they know it is one hour before or after the scheduled time. DON-B stated nurses also know to let management know if late and to notify the doctor. DON-B stated that nurses are to tell the unit manager, who then tells the DON. Surveyor noted the facility does not have a policy that specifically states medication administration time frames. The Standard of Practice defined by the National Library of Medicine states medications should be given within the time frame of sixty minutes before or after the scheduled' time.</p> <p>On 12/18/24, at 2:50 PM, Surveyor informed Nursing Home Administrator (NHA)-A of the concern related to late medications being given and a discontinued medication being given. No further information was provided.</p> <p>2.) On 12/18/24, at 10:11 AM, Surveyor was observing medications being passed for R7. Registered Nurse (RN)-C was preparing R7's 8:00 AM scheduled medications at this time. In addition to medications given once a day, R7 had Metoprolol (every 12 hours) a medication ordered to be given at 08:00 am and an additional dose to be given at 08:00 PM. Surveyor noted that by missing the administration time by over two hours this would put the future administration closer together than prescribed.</p> <p>Surveyor also observed as RN-C administered the Fluticasone Propionate. The order states to administer 1 spray in each nostril one time per day. Surveyor observed RN-C administer 2 sprays in each nostril.</p> <p>(continued on next page)</p>		

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 12/18/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/18/24, at 2:09 PM, Surveyor interviewed Director of Nursing (DON)-B about the late medication and the Fluticasone Propionate that was given in excess. DON-B stated that after every shift they run a missed medication report and look at the times given. Nursing staff then calls each doctor about late medications to get orders. Surveyor asked if there is a policy so nurses know when medications need to be administered by. DON-B replied that there is no specific policy and that the current policy is vague. Surveyor then asked how nurses are to know when medications need to be passed by to which DON-B responded that they know it is one hour before or after the scheduled time. DON-B stated nurses also know to let management know if late and to notify the doctor. DON-B stated that nurses are to tell the unit manager, who then tells the DON. Surveyor noted the facility does not have a policy that specifically states medication administration time frames. The Standard of Practice defined by the National Library of Medicine states medications should be given within the time frame of sixty minutes before or after the scheduled' time.</p> <p>On 12/18/24 at 2:50 PM Surveyor informed Nursing Home Administrator (NHA)-A of the concern related to the late medication being given and Fluticasone Propionate being given in excess. No further information was provided.</p>		