STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525552	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wheaton Franciscan Hc - Terrace at St Francis	3200 S 20th St Milwaukee, WI 53215

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that an alleged violation involving misappropriation was thoroughly investigated for 1 of 1 Facility Reported Incidents reviewed.*The facility could not provide documentation that weekly audits of narcotic medication counts were preformed, following a narcotic discrepancy identified on [DATE].Findings:Surveyor reviewed the Facility Reported Incident (FRI) submitted to the State Agency on [DATE] regarding a discrepancy in the appearance of R27's liquid Morphine (a controlled, narcotic medication), indicating the Morphine was lighter in color instead of the usual dark blue hue.The facility indicated the police were notified, the medication was removed from the medication cart, pain assessments were completed for residents, residents were interviewed as well as staff, weekly audits during medication counts for the next six weeks and medication audit found medication were properly stored. On [DATE], Surveyor requested the full investigation for the FRI from the Facility. The Facility provided Surveyor with the Facility's investigation.Surveyor reviewed the Facility provided document titled INVESTIGATION SUMMARY and noted the following documented, Conclusion: Based on the findings of this investigation, there is no substantiated evidence of misuse of the resident's medication. It is plausible that the change in color was due to extended circulation of the bottle and having low volume, especially considering it is PRN medication that is not administered frequently and filled [DATE] and a discard date of [DATE]. We will continue to work with the Milwaukee Police Department to find out if there were any changes in concentration. To enhance monitoring and ensure the integrity of all liquid medications, the facility will implement a weekly audit, overseen by DON or a designee, during medication counts for the next six weeks. This audit will include documentation of the color and consistency of all liquid solution medications. It is also important to note that all medications, including liquid solutions, were found to be properly stored, not expired and no residents were reported to have been adversely affected. On [DATE], at 12:40 PM, Surveyor requested the audits conducted by the Facility. NHA-A indicated she would look for the audits.On [DATE], at 2:07 PM, Surveyor was informed by Nursing Home Administrator (NHA)-A that NHA-A had to reach out to the previous Director of Nursing (DON) and indicated DON-B is working on obtaining the audits. On [DATE], at 11:41 AM, Surveyor spoke with Pharmacist Consultant-H via phone. Pharmacist Consultant-H indicated that generally, liquid morphine has a blue tint, but over time the color is expected to fade, especially if the product has been open for an extended amount of time and not used.On [DATE], at 3:13 PM, NHA-A informed Surveyor that the narcotic medication audits could not be located.On [DATE], at 3:25 PM, Surveyor informed the NHA-A and DON-B of the concern that the narcotic audits were not located and available for review to determine if a thorough investigation into potential misappropriation of resident's medication was completed. No additional information was provided that an alleged violation involving misappropriation was thoroughly investigated.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility did not ensure 3 (R8, R19 & R27) of 4 residents reviewed were free from accidents and hazards as possible. *R8 was observed without fall interventions in place in accordance with their comprehensive care plan on on 8/18/25 & 8/19/25. *R19 sustained an unwitnessed skin tear to their elbow. The facility did not investigate the root cause of R19's unwitnessed skin tear or implement new interventions to prevent further accidents. *R27 sustained a fall. The facility did not implement comprehensive care plan interventions, including therapy services, to prevent future falls and accidents. Findings Include: 1.) R8 was admitted to the facility on [DATE] with diagnoses of Vascular Dementia (a decline in mental abilities), Anemia (a lack of oxygen rich red blood cells in one’s body which may result in tiredness or weakness) and Depression. R8’s Quarterly Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 4/19/25 notes R8with a Brief Interview for Mental Status (BIMS) score of 9, indicating that R8’s cognitive abilities are moderately impaired. R8 was assessed by the facility to be at risk for falls. R8 requires extensive to total assist with Activities of Daily Living (ADLs) including transfers, toileting, dressing and bed mobility. Surveyor reviewed R8’s Electronic Health Record (EHR). Surveyor noted that R8 sustained an unwitnessed fall on 8/3/25 in their room. Surveyor reviewed the facility’s fall investigation including root cause analysis and staff statements for R8’s unwitnessed fall on 8/3/25. Surveyor noted the following documentation for R8’s 8/3/25 fall root cause analysis: “…Recommendations/Corrective actions: 1.) Maintain bed in the lowest position at all times, 2.) Fall mat already on the floor bedside…” Surveyor reviewed R8’s fall care plan with an initiation date of 10/18/24. R8’s fall care plan documents the following: “…R8 has potential for falls related to Psychotropic Medications, Delusional Disorder, PVD (Peripheral Vascular Disease, the lack of proper blood flow to one’s extremities), CAD (Coronary Artery Disease, a condition that causes arteries to one’s heart to become narrowed or blocked), Hx (History) of CVA (Cerebral Vascular Accident, also known commonly as “stroke” BLE (Bilateral Lower Extremity) Weakness, Cognitive Impairment, Anxiety, Depression, HTN (Hypertension, also known commonly as High Blood Pressure).” R8’s fall care plan interventions are documented as follows: “….10/18/24: Fall Mat beside the bed…8/4/25: Make sure R8 is positioned in the center of bed.” Surveyor does not note the recommended fall intervention to maintain bed in lowest position at all times to be added to R8’s fall care plan on 8/4/25. On 8/18/2025 at 9:30 AM, Surveyor observed R8 in bed lying on their back. Surveyor observed R8’s bed to not be in the lowest possible position. Surveyor did not observe a fall mat at R8’s bedside. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/18/2025 at 11:30 AM, Surveyor observed R8 in bed lying on their back. Surveyor observed R8’s bed to not be in the lowest possible position. Surveyor did not observe a fall mat at R8’s bedside. On 8/18/2025 at 1:50 PM, Surveyor observed R8 in bed lying on their back. Surveyor observed R8’s bed to not be in the lowest possible position. Surveyor did not observe a fall mat at R8’s bedside. On 8/18/2025 at 3:35 PM, Surveyor observed R8 in bed lying on their back. Surveyor observed R8’s bed to not be in the lowest possible position. Surveyor did not observe a fall mat at R8’s bedside. On 8/19/2025 at 9:50 AM, Surveyor observed R8 in bed lying on their back. Surveyor observed R8’s bed to not be in the lowest possible position. On 8/19/2025 at 10:00 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-P. Surveyor asked CNA-P if they could accompany Surveyor to R8’s room. CNA-P walked with Surveyor to R8’s room. Surveyor asked CNA-P if R8’s bed was in the lowest possible position. CNA-P confirmed that R8’s bed was not in the lowest possible position and adjusted R8’s bed to the lowest position with the bed’s remote control. Surveyor asked CNA-P what fall interventions should R8 have in place due to their risk for falls. CNA-P responded that they knew that R8 should have a fall mat next to their bed but were not sure if anything else would be used. On 08/20/2025, at 12:55PM, Surveyor informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B of the above concerns related to multiple observations of the absence of R8’s fall mat at bedside on 8/18/2025 and multiple observations on 8/18/25 and 8/19/25 of R8’s bed not being maintained in the lowest possible position per R8's fall interventions. No additional information was provided by the facility at this time. 2.) R19 was admitted on [DATE] with a diagnosis of chronic atrial fibrillation (irregular heart rate) requiring blood thinning medication. The blood thinning medication helps in preventing blood clots and increases your risk of bleeding/bruising. R19's progress notes documentation the following: On 2/12/25 R19 sustained a skin tear during round while the (Certified Nursing Assistant) CNA was providing cares. The CNA stated they grabbed the arm with a bruise on it and that’s how the skin tear occurred. The skin tear is on the right forearm measuring 6 (centimeter) cm by 5.5 cm. On 4/13/25, R19 sustained a skin tear to the right elbow. This occurred when R19 was being repositioned in bed. The skin tear measures 3 cm by 2.5 cm. On 5/15/25, R19 sustained an abrasion that was scabbed over was discover on the right great toe. The area measure 1 cm by 1 cm. On 5/26/25, during a bath there was additional bruising to R19's right hand. R19 reports they bruise easily, and it occurred with a Hoyer transfer. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor was unable to locate any documentation of an investigation into causative factors, and preventative interventions, into the above skin events. On 8/19/202, at 8:57 AM, Surveyor interviewed (Registered Nurse Manager) RNM-D. RNM-D stated R19 does not wear any Tubi grips, and their skin is kept moisturized with lotion. R19 does not get out of bed much and that RNM-D is not involved with R8's plan of care. On 8/19/2025, at 12:03 PM, Surveyor interviewed the (Director of Nurses) DON-B, (Nursing Home Administrator) NHA-A and (Director of Quality) DOQ-C. The DON-B and NHA-A have not been in the facility roles very long. The DOQ-C stated they do discuss skin concerns in the morning meetings. There was not documentation provided into the causative factors for R8 skin events, possible accidents or falls that may have caused R19's skin injuries and no documentation that the facility put in place any preventative measures to prevent further injuries to R8 as a result of accidents and hazards. No additional information was provided. 3.) R27 was admitted to the facility on [DATE], with diagnoses which include Dementia (the loss of cognitive function, including memory, thinking, and reasoning, that interferes with daily life), weakness and repeated falls. R27’s Annual Minimum Data Set (MDS), dated [DATE], documents R27 has severely impaired cognitive skills, does not exhibit any behaviors, has no limitation in upper or lower extremities, requires substantial/maximal assistance with toileting, substantial/maximal assistance with sitting to standing, has occasion urinary and bowel incontinence, has a prognosis resulting in a life expectancy of less than 6 months, no falls since admission and falls are addressed in care plan. On 08/18/2025, at 10:08 AM, Surveyor observed R27 with a large bruise to the right side of R27’s forehead that extended down under R27’s right eye. Surveyor Reviewed R27’s Electronic Health Record (EHR) and noted a progress note dated 08/10/2025 indicating R27 had an unwitnessed fall on 08/10/2025. Surveyor requested R27’s fall investigations for the last 3 months from the Facility. Surveyor reviewed the Facility provided document titled, “Root Cause Analysis (RCA) Report” for R7’s fall on 7/13/2025. Surveyor noted that under the recommendations and preventive measures section it documents: proactive toileting, to reinforce care plan intervention to offer toileting when signs of agitation are present- especially during evening hours. Surveyor reviewed the Facility provided document titled, “Root Cause Analysis (RCA) Report” for R7’s fall on 8/10/2025. Surveyor noted the following documented for corrective actions and preventive strategies “1. Toileting schedule adjustment: Toileting upon rising, before meals, after meals. and before bedtime whenever seeming anxious . 3. Therapy Evaluation: Initiate physical and occupational therapy assessments to evaluate transfer safety, balance and strength.” Surveyor noted the same intervention from R27’s fall on 7/13/2025 was implemented as a new intervention for R27’s fall on 8/10/2025. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor reviewed R27’s care plan in the Facility’s Electronic Health Record and noted the last revision to R27’s “potential for falls” care plan was on 07/15/2025 and documents “Toileting upon rising, before meals, after meals and before bed time, whenever seeming anxious. ” Surveyor requested R27’s Care Plan from the Facility. Surveyor reviewed the Facility provided document titled “Care Plan” for R27. Surveyor noted no dates of revisions or dates of implementation are identified on the Facility provided document. On 08/19/2025, at 11:33 AM, Surveyor interviewed Physical Therapy Assistant-M. Physical Therapy Assistant-M indicated that R27 is on hospice and therapy does not generally work with hospice patients but are able to evaluate Hospice patients with Hospice approval. Physical Therapy Assistant-M informed Surveyor that R27 was last seen by Speech Therapy in July 2025 but has not had an order to be seen by Physical or Occupational therapy since R27’s fall. On 08/20/2025, at 10:51 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B regarding R27’s fall on 8/10/2025. Surveyor inquired on what interventions were implemented into the care plan and if R27 had received therapy evaluation, per the RCA report. NHA-A and DON-B indicated R27 should have been evaluated for therapy per the RCA report but would have to get back to Surveyor with more information. On 08/20/2025, at 12:51 PM, Surveyor informed the facility of the above concerns. The facility did not comment on the concern or provide further information. No additional information was provided.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on observation, interview and record review, the facility did not provide pharmaceutical services that assure proper dispensing of medications, did not ensure drug records are in order, or all controlled drugs are maintained and periodically reconciled.*The facility does not have a process for medications that should be returned to the pharmacy for possible reimbursement or otherwise destroyed; and keeping a log of those medications.*The facility did not ensure that controlled medication logs were accurate and reconciled.This deficient practice has to potential to affect 41 of 41 residents residing at the facility whom have the potential to and or receive pharmaceutical services. Findings:The Facility's policy, titled Discarding and Destroying Medications, dated 01/2024, documents . C. Unless otherwise prohibited under applicable federal or state laws, individual resident medications supplied in sealed unopened containers may be returned to the issuing pharmacy for disposition provided that: 1. No medications covered under the Federal Comprehensive Drug Abuse Prevention and Control Act of 1976 are returned; 2. All such medications are identified as to lot or control number; and 3. The receiving Pharmacist and a Registered Nurse employed by the community sign a separate log that lists the resident's name; the name, strength, prescription number (if applicable) and amount of the medication returned; and the date the medication was returned. F. For unused, non-hazardous controlled substances that are not disposed of by an authorized collector, the EPA recommends destruction and disposal of the substance with other solid waste following the steps below: 1. Take the medication out of the original containers. 2. Mix medication, either liquid or solid with an undesirable substance. Undesirable substance includes sand, coffee grounds, kitty litter, or other absorbent materials. Place the waste mixture in a sealable bag, empty can, or other container to prevent leakage. 3. Dispose with the solid waste (i.e., regular trash) in the presence of two witnesses. 4. Document the disposal on the medication disposition record. 5. Include the signature(s) of at least two witnesses. On 08/19/2025, at 12:00 PM, Surveyor observed the medication room on the second floor. Surveyor noted numerous packages of resident medications in a small bin, filled to the rim on the counter, injectable medication and intravenous medication with resident names, some expired. Surveyor also noted a large garbage size bag, with a zip tie closure, full of medications.On 08/19/2025, at 3:35 PM, Surveyor interviewed DON-B regarding the medication in the medication room. DON-B informed Surveyor that DON-B would look into why there are expired medication sitting in the medication room on the second floor.On 08/19/2025, at 4:12 PM, Surveyor interviewed Pharmacist-H. Pharmacist-H informed Surveyor that Pharmacist-H comes to the facility about once per month and was last at the Facility approximately 1 week ago. Pharmacist-H preforms spot checks of the medication rooms, medication carts, check insulin pens, stock medication and inform the nurse on duty as well as DON-B of any findings. The facility would need to request a nurse if the facility wanted a complete audit of the medication rooms and medication carts. Pharmacist-H indicated that the facility does not return medications to the pharmacy and would need to contact the operations side of pharmacy for those services. Pharmacist-H informed Surveyor that the last spot check report on 08/12/2025 showed expired medications were found and were taken out of circulation.On 08/20/2025, at 8:17 AM, Surveyor observed Narcotic medication count on the third floor with RN-N. Surveyor noted R30's Lorazepam 0.5mg(milligrams) was documented as 22 remaining, but there was only 21 in the medication card. Surveyor noted R30's medication card was not being dispensed in numerical order, and number 9 was circled in pen. RN-N indicated the circled number means missing, that it either fell out into the lock box or something. RN-N indicated RN-N would look into it and inform the nurse manager and get back to Surveyor with additional information.Surveyor noted R27's morphine 20mg/ml (milliliters) is currently documented as 25ml remaining as of 7/31/25. The previous administration was on 7/28/25 with 27.25ml remaining. Surveyor noted R27's order indicates to give 0.5ml by mouth every one hour as needed for pain, which indicates 2.25ml are unaccounted for. RN-N informed Surveyor that on 7/31/25 RN-N documented received on the narcotic count log it is documented that RN-N noted 25 ml remaining and informed the nurse manager that the count was inaccurate. Surveyor noted R10's lorazepam 0.5mg had a circle in pen around number 9. RN-N indicated again circled means missing and reported to the unit manager and/or DON for follow up on 5/6/25. Surveyor noted, on 5/6/25 was documented as wasted but then crossed off.Surveyor noted R18's diazepam 2mg had a circle around number 8.On 08/20/2025, at 9:12 AM, Surveyor interviewed DON-B. DON-B informed Surveyor that DON-B started looking at the narcotic medication counts yesterday and noticed R27's morphine looks like it may have spilled, and DON-B may have me sign off on it but would have to check

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, the facility did not ensure the medication rate was not 5 percent or greater. This deficient practice was observed in 2 (R32 and R9) of 6 residents receiving medications. The facility medication error rate was 18.52 percent.*R32 was given 15 milliliters (ml) of liquid Potassium Chloride, but is only ordered to receive 3.75ml. R32 received medication through an enteral feeding tube. The Enteral Tube was not flushed prior to administering the medications and was not flushed after administering the medications, until approximately 1 hour later.*R9 was administered Insulin that was past the discard by date.Findings include:The Facility policy titled, Administering Medications dated 12/2024 documents: .C. Medications shall be administered in accordance with the orders and within the allowable time frame per best practice/regulatory guidelines. H. The expiration/beyond use date on the medication label is to be checked prior to administering. The Facility policy titled, Medication Administration vis Enteral Tube dated 12/2024 documents: . K. Procedure: . 9. Flush enteral tube with at least 15ml of water prior to administering medications unless otherwise ordered by prescriber . 13. Flush the tube with a final flush of at least 15 ml of water to ensure drug delivery and clear tube.On 08/19/2025, at 7:23 AM, Surveyor observed Licensed Practical Nurse (LPN)-E prepare R9's medications. Surveyor noted that R9's Insulin, Humalog (Lispro) did not have an open date on the vial but noted a discard by date of 07/15/2025 on the packaging. LPN-E administered 6 units of R9's insulin despite being passed the discard date.On 08/19/2025, at 7:48 AM, Surveyor observed Licensed Practical Nurse (LPN)-E prepare R32's medications. The medications that were observed to be prepared were: -Linzess 72 micrograms (mcg)-Acetaminophen 325 milligrams (mg) x2-Drizalina 60mg-Florastor 250mgLPN-E was observed pouring a Potassium Chloride Solution 40 meq/15ml into a separate medication cup. Surveyor noted LPN-E measured out 15ml into the medication cup. LPN-E then mixed all the medications together and added water. Surveyor noted R32 had a tube feeding running through R32's enteral tube. LPN-E stopped R3's feeding and disconnected the feeding. LPN-E then used a 60ml syringe to administer the medications through R32's enteral tube. Surveyor noted LPN-E did not flush R32's enteral tube prior to the administration of R32's medications. Surveyor asked if R32 receives a flush after the administration of medications through R32's enteral tube. LPN-E informed Surveyor that R32 receives preprogramed flushes every 4 hours while receiving tube feedings and is not due for a manual flush until 9:00 AM.Surveyor observed LPN-E come back to R32's room at 9:01 AM and administered a manual water flush through R32's enteral tube.On 08/19/2025, at 10:02 AM, Surveyor interviewed Director of Nursing (DON)-B. DON-B indicated that enteral tubes are to be flushed before and after administration of medications and that all insulins should have a open date on the vial and should be discarded by the date listed on the packaging or 28 days after the open date, which ever comes first. Surveyor reviewed R32's and R9's Physician orders. Surveyor noted R32's order for liquid Potassium Chloride is to give 3.75ml.On 08/19/2025, at 1:09 PM, Surveyor interviewed LPN-E regarding the amount of Potassium Chloride administered to R32. LPN-E indicated that R32 should have received 3.75ml per the order but was given 15ml. LPN-E then began the Facility's protocol for medication errors.On 08/19/2025, at 1:20 PM, DON-B was made aware of the medication error and assisted LPN-E with completing the facility's medication error protocol.On 08/19/2025, at 3:35 PM, Surveyor informed the facility of the medication errors observed.On 08/20/2025, at 12:51 PM, Surveyor informed Nursing Home Administrator-A and DON-B that Surveyor completed the Medication Administration observations and informed them of the concerns. No additional information was provided.