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	10/29/2025

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

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that all written grievance decisions included the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued for 2 of 2 (R2 and R3) residents reviewed for grievances. R2 and R3's grievances were not thoroughly investigated; no corrective action was taken, and a written decision was not issued. Findings include: 1.) R2 admitted to the facility on [DATE] and had diagnoses that include hypertension, congestive heart failure, atrial fibrillation, depression, chronic obstructive pulmonary disease, renal failure, chronic pain, urinary tract infection and sepsis. R2 discharged from the facility on 10/11/25. The facility policy titled Complaints and Grievances last approved 06/2025 documents (in part) . . It is the policy of Ascension Living to provide residents and family members/legal representatives the opportunity to voice complaints and grievances free from restraint, interference, coercion, discrimination or reprisal. Such complaints or grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and other residents, as well as any other concerns regarding the resident's stay or services provided. Complaints and grievances will be documented and managed in accordance to this policy and where available, recorded in the grievance reporting system. Complaint – Any simple service issue or concern received from residents or family members that are easily resolved by associates to the resident/family satisfaction. Grievance – Any moderately complex complaint or service issue received verbally or in writing from residents or resident representative regarding treatment or services provided that require management intervention and a written resolution letter. All written complaints received by residents or resident representatives through any means will be considered a grievance. Prompt Efforts to Resolve – Include facility acknowledgement of a complaint/grievance and actively working toward resolution of that complaint/grievance. (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

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	10/29/2025

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

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Each community must designate a Grievance Official to oversee and ensure responses to complaints and grievances in accordance to policy. 1. The Grievance Official or designee, will be responsible for the complaint and grievance process through their conclusion to include: a. Review and provide an acknowledgement of receipt of grievances to complainant. b. Coordinating the investigation by the community to include but not limited to: i. Reviewing reports for any reportable issues ii. Interviewing complainant, staff and/or witnesses. iii. Reviewing the medical record (if applicable) iv. Coordinating with other departments when needed. d. Acknowledging the grievance as soon as possible, but at least within 5 working days from receipt e. Issuing a final written grievance decision to the resident and/or family members within a reasonable time frame but not to exceed 30 days. Surveyor reviewed the grievance log provided by the facility, noting a grievance for R2 dated 10/5/25. Surveyor asked for the grievance and was provided a form titled Compliments, Suggestions and Concerns. Surveyor asked if this was the grievance. Nursing Home Administrator (NHA)-A stated Yes and reported it was generated by the chaplain from a negative google review by the family. The grievance form documented: Todays date- 10/5. Date the compliment suggestion or concern is in reference to 10/4 and 10/5. Describe/explain with as much detail as possible: 1. Catheter wasn't emptied on 10/4 so resident overflowed onto the bed requiring full bedding change. CNA (Certified Nursing Assistant) 1st shift Sunday stated that she couldn't do it because you know I am busy. 2. Daughter emptied catheter at 4 PM on Sunday 10/5 because it was full and needed emptying. 3. Resident has not received a shower since arriving on Wednesday, no bed bath either. Would you like to be contacted about this matter? Yes. (R2's daughter provided name and phone number). Resolution of Grievance/Concern. The grievance/concern was not confirmed. Was the grievance/concern resolved – Yes, describe resolution. Include: 1) steps taken to investigate the grievance 2) a summary of pertinent findings or conclusions regarding the resident's concern(s) and (continued on next page)

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	10/29/2025

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

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3) any corrective action taken by the facility as a result of the grievance. Handwritten notes by NHA-A document: I called (R2's daughter) at 8:15 AM on 10/15/25. I let her speak to the concerns addressed. I then apologized that her experience with us was less than favorable. She stated her mother would not be returning and wished us the best as we navigate the customer service opportunities at the facility. Identify the method(s) used to notify the resident and/or resident representative of the resolution: Written notification (required) AND Phone conversation or One-to-One discussion. Surveyor noted Phone conversation was the only area marked with an X. On 10/27/25 at 3:00 PM during daily exit meeting with the facility, Surveyor asked for additional information regarding the grievance. NHA reported he found the grievance under the door of the administrators' office on 10/13/25 and he called the daughter on 10/15/25. Surveyor asked what the process is for filing a grievance. NHA reported they should go in the lock box for the Social Worker. Surveyor asked NHA-A if there was any other information included with the grievance provided, such as an investigation. NHA-A stated, It happened before I started, with the other administrator, but let me look, there might be more. Surveyor asked if, when he became aware of the grievance, was an investigation or staff interviews completed. NHA reported he would look for additional information. NHA-A advised Surveyor the morning huddle notes indicate they were aware of the grievance on 10/7/25. Surveyor reviewed the community morning huddle meeting notes dated 10/7/25 which documented: Social Services Grievances: (R2) – nursing care issue. The note dated 10/9/25 documents: Social Services Grievances: 0 new. (R2) – working on. On 10/29/25, NHA-A was advised of the concern a grievance involving care concerns for R2 was filed on 10/5/25. The facility did not investigate the concerns or provide corrective action taken as a result of the grievance, and R2's daughter was not provided written decision of the conclusion of the grievance. No additional information was provided. 2.) R3 was admitted to the facility on [DATE] with diagnoses of Atherosclerotic Heart Disease of the Native Coronary Artery(plaque buildup narrows the arteries that supply blood to the heart) Block, Paroxysmal Atrial Fibrillation(irregular heartbeats occur intermittently and spontaneously resolve within 7 days), Iron Deficiency Anemia(blood does not have enough healthy red blood cells to carry oxygen throughout body, Hypothyroidism(underactive thyroid), Major Depressive Disorder(persistent feelings of sadness, hopelessness, and a loss of interest or pleasure in activities), and Dementia (loss of memory, language, problem-solving and other thinking abilities severe enough to interfere with daily life). R3 was discharged to the hospital on 8/18/25 and returned from the hospital on 9/11/25 with a diagnosis of Non-displaced Oblique Fracture of the Distal Shaft of Left Femur. R3's Significant Change Minimum Data Set(MDS) completed 9/16/25 documents R3's Brief Interview for Mental Status(BIMS) score to be 12, indicating R3 is moderately cognitively impaired. (continued on next page)

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	10/29/2025

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

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/27/25, at 10:27 AM, Surveyor interviewed R3. Surveyor determined R3 was alert and oriented to person, place and time. On 10/27/25, at 12:16 PM, Surveyor reviewed the facility grievance log. R3 has two listed grievances for 8/8/25, and 9/8/25. Surveyor requested and received the written grievances for those dates from the facility. The grievance dated 8/8/25 documents: R3 states, I was extremely late to lunch today because Certified Nursing Assistant (CNA)-F and his phone got me up. R3 stated cares were put on pause so CNA-F could discuss care issues on the phone. The grievance document does not document a thorough investigation, corrective action taken, and required written notification was implemented and completed. There is no documentation that R3 was notified of a resolution. The grievance dated 9/8/25 documents: R3's daughter requested care conference to be scheduled to discuss August transfer that resulted in a fall and injury. Corrective action taken was to hold a care conference on 9/19/25. Daughter requested a care conference to take place every other week. Required written notification was not provided to the daughter. There is no Follow-Up signature and Administrator Review with date on the grievance form. A care conference documented progress note was not available in R3's electronic medical record. Upon request by Surveyor of the care conference on 9/19/25 documentation, the facility provided documentation. Surveyor notes the Social Worker (SW)-I documented the care conference note on 10/28/25 during the survey process. Surveyor notes that a conference has not taken place every other week to include R3, daughter, and the facility interdisciplinary team(IDT). On 9/15/25, R3's daughter submitted a written grievance in regard to an incident where the facility sit to stand battery lost power resulting in R3 suffering a left femur fracture. R3's daughter had concerns with R3's brace not being on, and soiled linens. The grievance document does not document a thorough investigation, corrective action taken, and required written notification was implemented and completed. There is no documentation that R3's daughter was notified of a resolution. :01 (continued on next page)

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	10/29/2025

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

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/28/25, at 11:01 AM, Surveyor interviewed SW-I in regard to the facility's grievance process. SW-I explained SW-I is contracted and started in August. SW-I stated SW-I started in the middle of September creating a spreadsheet for the grievances and that is all SW-I's responsibility is with the grievance process. SW-I confirmed there has not been a care conference every other week involving R3 and R3's daughter. SW-I confirmed again that SW-I is not part of the grievance process at the facility. On 10/28/25, at 11:10 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A in regard to the grievance process at the facility. NHA-A informed Surveyor there is no grievance process currently at the facility. NHA-A stated SW-I should be in charge of the grievance process but SW-I is not. NHA-A explained that SW-I is contracted. On 10/28/25, at 3:01 PM, Surveyor shared with NHA-A and Director of Nursing (DON)-B there is a concern with the facility's grievance process. Surveyor shared a thorough investigation of the grievances was not completed, corrective action taken was not taken, and required written notification was not implemented and completed involving R3. No further information has been provided by the facility at this time in regard to why R3's three grievances were not thoroughly investigated and a written resolution with corrective action was not provided to R3 and R3's daughter.

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	10/29/2025

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

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (continued on next page)

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	10/29/2025

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

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility did not ensure 1 (R3) of 1 allegations of neglect were immediately reported to the Administrator and/or Grievance Officer and submitted to the State Survey Agency. *On 8/27/25, Surveyor reviewed the grievance dated 8/27/25 which documents:-Showers have not been completed, with CNA-F documenting multiple refusals while other staff are able to accomplish the task.-One resident reported needing assistance in cleaning up food that had spilled from her bedside table; she stated that CNA-F refused to help her with the cleanup.-Another resident expressed wanting to get up and be ready for therapy, but CNA-F reportedly came, turned off light and left the room, leaving her unattended.The facility did not submit an Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report to the State Survey Agency.The facility did not submit a Misconduct Incident Report to the State Survey Agency.Findings include:The facility's Abuse Prevention policy and procedure last revised 8/2025 documents:IdentificationA. The community will assist associates in identifying abuse, neglect, and exploitation of residents, and misappropriation of resident property. This would include identifying the different types of abuse-mental/verbal abuse, sexual abuse, physical abuse, and the deprivation by an individual of goods and services. B. Associates or persons affiliated with the community who has witnessed or who believes that a resident has been a victim of mistreatment, abuse, neglect, or any other criminal offense shall immediately report suspected abuse or incidents of abuse to the Nursing Home Administrator or designee. Reporting/ResponseA. The community will immediately, but not later than 2 hours after the allegation is made, if the event or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, report alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of property, to the Administrator and/or designee, State report alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of property, to the Administrator and/or designee, State Agency, adult protective services and to all other required agencies within specified time frames.D. Implement interventions as a result of the investigation.The facility's Abuse Investigation and Reporting last revised 11/23 documents:Policy StatementAll reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment, electronic mail, social media, videotaping, photographing, and other imaging of residents, and/or injuries of unknown source(abuse) shall be promptly reported to local, state, and federal agencies(as defined by current regulations) and thoroughly investigated by community management. Conclusions of investigations will also be reported, as defined by the facility Abuse Prevention policy.Policy Interpretation and ImplementationRole of the Administrator or designee:A. If an incident or suspected incident of resident abuse, mistreatment, neglect or injury of unknown source is reported, the Administrator or designee will assign the investigation to an appropriate individual.Reporting.A. All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of property will be reported to the Administrator or designee and to the following other officials or agencies:1.The State licensing/certification agency responsible for surveying/licensing the communityB. Alleged violations involving abuse, neglect, exploitation or mistreatment(including injuries of unknown source and misappropriation of resident property) will be reported:1.Abuse or Serious Bodily Harm-Immediately but not later than 2 hours. If the alleged violation involves abuse or results in serious bodily injury.2. No Serious Bodily Injury-As soon as practical, but not later than 24 hours. If the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property; does not result in serious bodily injury.E. The administrator or his/her designee, will provide the appropriate agencies or individuals listed above with a written report of the findings of the investigation within five(5) working days of the occurrence of the incident. R3 was first admitted to the facility on [DATE] with diagnoses of Atherosclerotic Heart Disease of the Native Coronary Artery(plaque buildup narrows the arteries that supply blood to the heart) Block, Paroxysmal Atrial Fibrillation(irregular heartbeats occur intermittently and spontaneously resolve within 7 days), Iron Deficiency Anemia(blood does not have enough healthy red blood cells to carry oxygen throughout body, Hypothyroidism(underactive thyroid), Major Depressive Disorder(persistent feelings of sadness, hopelessness, and a loss of interest or pleasure in activities), and Dementia(loss of memory, language, problem-solving and other thinking abilities severe enough to interfere with daily life) R3 was discharged to the hospital on 8/18/25 and returned from the hospital on 9/11/25 with a

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	10/29/2025

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

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. (continued on next page)

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	10/29/2025

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

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility did not ensure 1(R3) of 1 allegations of neglect were thoroughly investigated and submitted to the State Survey Agency.*On 8/27/25, Surveyor reviewed the grievance dated 8/27/25 which documents:-Showers have not been completed, with CNA-F documenting multiple refusals while other staff are able to accomplish the task.-One resident reported needing assistance in cleaning up food that had spilled from her bedside table; she stated that CNA-F refused to help her with the cleanup. -Another resident expressed wanting to get up and be ready for therapy, but CNA-F reportedly came, turned off light and left the room, leaving her unattended.The facility did not submit an Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report to the State Survey Agency. The facility did not submit a Misconduct Incident Report to the State Survey Agency.Findings include:The facility's Abuse Prevention policy and procedure last revised 8/2025 documents:IdentificationA. The community will assist associates in identifying abuse, neglect, and exploitation of residents, and misappropriation of resident property. This would include identifying the different types of abuse-mental/verbal abuse, sexual abuse, physical abuse, and the deprivation by an individual of goods and services. B. Associates or persons affiliated with the community who has witnessed or who believes that a resident has been a victim of mistreatment, abuse, neglect, or any other criminal offense shall immediately report suspected abuse or incidents of abuse to the Nursing Home Administrator or designee.D. If there is concern related to possible abuse and/or neglect of the resident, a nurse will assess the individual and document findings.InvestigationA. The community will investigate and report any allegations of abuse within timeframes as required by federal, state, and local requirements.Reporting/ResponseA. The community will immediately, but not later than 2 hours after the allegation is made, if the event or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, report alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of property, to the Administrator and/or designee, State report alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of property, to the Administrator and/or designee, State Agency, adult protective services and to all other required agencies within specified time frames.D. Implement interventions as a result of the investigation.The facility's Abuse Investigation and Reporting last revised 11/23 documents:Policy StatementAll reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment, electronic mail, social media, videotaping, photographing, and other imaging of residents, and/or injuries of unknown source(abuse) shall be promptly reported to local, state, and federal agencies(as defined by current regulations) and thoroughly investigated by community management. Conclusions of investigations will also be reported, as defined by the facility Abuse Prevention policy.Policy Interpretation and ImplementationRole of the Administrator or designee:A. If an incident or suspected incident of resident abuse, mistreatment, neglect or injury of unknown source is reported, the Administrator or designee will assign the investigation to an appropriate individual.B. The Administrator or designee will provide any supporting documents relative to the alleged incident to the person in charge of the investigation.E. The Administrator or designee will monitor that any further potential abuse, neglect exploitation or mistreatment is prevented while the investigation is in progress.Role of the Investigator:A. The individual conducting the investigation will, at a minimum:1.Review the completed documentation forms3.Review the person(s) reporting the incident4.Interview any witnesses to the incident5. Interview the resident7.Interview associates members(on all shifts) who have had contact with the resident during the period of the alleged incident.9.Interview other residents to whom the accused employee provides care or services.10.Review events leading up to the alleged incident.Reporting.A. All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of property will be reported to the Administrator or designee and to the following other officials or agencies:1.The State licensing/certification agency responsible for surveying/licensing the communityB. Alleged violations involving abuse, neglect, exploitation or mistreatment(including injuries of unknown source and misappropriation of resident property) will be reported:1.Abuse or Serious Bodily Harm-Immediately but not later than 2 hours. If the alleged violation involves abuse or results in serious bodily injury.2. No Serious Bodily Injury-As soon as practical, but not later than 24 hours. If the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property; does not result

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	10/29/2025

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

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. (continued on next page)

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	10/29/2025

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

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure residents who are unable to carry out activities of daily living receive the necessary services to maintain good grooming for 1 (R1) of 6 residents reviewed for ADL's (Activity of Daily Living).On 10/28/25 R1 was not provided with or offered oral care, shaving, or brushing/combing R1's hair.Findings include:The facility's policy titled, Patient Personal Hygiene: Guidelines for Providing Care (CHG Bathing) last revised 1/11/24 under policy statement documents As a health ministry of the Catholic Church, and in accord with all applicable laws and regulations, it is the policy of Ascension St. [NAME] Indiana to provide guidance for providing personal hygiene to all inpatients. Personal Hygiene (including washing hair) is to be offered to all inpatients at least daily and documented as completed or refused in the patient's medical record. Under mouth care section for A. Adult Oral Care - non-intubated patient documents 1. Examine mouth for abnormalities/area of concern. If noted, notify RN (Registered Nurse). 2. Position patient in an appropriate manner. 3. At least twice per day, provide mouth care using hospital provided toothbrush/toothpaste or patient's own from home. Use oral swabs if oral tissues are tender, inflamed, or bleeding.R1's diagnoses include multiple sclerosis, (disease in which the immune system eats away the protective covering of nerves resulting in disruption in communication between the brain & body) and spastic paraplegia (group of inherited neurological disorders characterized by progressive weakness, stiffness, and spasms in the legs).R1's ADL (activity daily living) care plan with a goal date of 12/15/25 includes an approach with a start date 9/11/25 HYGIENE/ORAL CARE: I need total assistance with 1 person staff support. Assist & Enc (encourage) oral care BID (twice daily) and PRN (as needed) - use mouth rinse upon rising and @ (at) HS (hour sleep), Total A (assist) with grooming. Offer SHAVE every other day.R1's significant change MDS (minimum data set) with an assessment reference date of 10/7/25 has a BIMS (brief interview mental status) score of 7 which indicates severe cognitive impairment. R1 is assessed as being dependent for eating, oral hygiene, toileting, and personal hygiene: the ability to maintain personal hygiene including combing hair, shaving, applying makeup, washing/drying face & hands (excludes baths, showers & oral hygiene).R1's Certified Nursing Assistant (CNA) Worksheet for Monday 10/27/25 All Shifts under the Diet/Bathing/Dressing/Hygiene section includes documentation of HYGIENE/ORAL CARE: I need total assistance with 1 person staff support. Assist & Enc. (encourage) oral cares BID (twice daily) and PRN (as needed) - use mouth rinse upon rising and @ (at) HS (hour sleep). Total A (assistance) with Grooming. Offer SHAVE every other day.On 10/27/25, at 1:12 p.m., Surveyor observed R1 in bed on his back with the head of the bed elevated high. Surveyor observed R1 has not been shaved for which appears to be for a few days, R1's hair is disheveled and has the appearance of not being combed or brushed.On 10/27/25, at 1:15 p.m., Surveyor observed CNA-J enter R1's room with a covered plate. CNA-J removed the covering and started to feed R1 the sandwich which was cut into four pieces.On 10/27/25, at 3:30 p.m., Surveyor observed R1 in bed towards his left side. Surveyor observed R1 has not been shaved, and his hair is still not been combed or brushed.On 10/28/25, at 7:13 a.m., Surveyor observed R1 in bed on towards his left side. Surveyor observed R1 has not been shaved, and his hair is disheveled.On 10/28/25, at 7:52 a.m., Surveyor spoke with CNA-J to inquire when she would be doing morning cares for R1. CNA-J informed Surveyor she is going to feed R1 first.On 10/28/25, at 8:30 a.m., Surveyor observed CNA-J place PPE (personal protective equipment) on. Surveyor asked CNA-J other than feeding R1 has she done any other cares for R1 this morning. CNA-J replied no just check catheter. At 8:33 a.m. Licensed Practical Nurse (LPN)-E entered R1's room wearing PPE. CNA-J lowered the head of R1's bed and placed a wash basin on R1's over bed table. CNA-J removed the pillow from under R1's head & removed R1's pressure relieving boots, and LPN-E removed a wedge from under R1's left shoulder. LPN-E held onto R1's urinary collection bag while CNA-J drained the urine into a graduate. LPN-E & CNA-J removed their gloves and performed hand hygiene after emptying the collection bag. At 8:41 a.m. CNA-G entered R1's room wearing PPE. R1's bed was lowered and moved away from the bed for CNA-G to be on the right side of R1's bed. At 8:44 a.m. LPN-E removed her PPE, cleansed her hands, and left R1's room. CNA-J washed around R1's suprapubic site, frontal area, tubing of catheter, and R1's inner thighs. The sheet and soaker pad were rolled under R1. CNA-J removed R1's T-shirt and washed R1's upper body. At 8:53 a.m. LPN-E returned to R1's room. CNA-J and CNA-G placed a new T shirt on R1. LPN-E cleansed around R1's suprapubic site and completed the pressure injury treatment to R1's toes according to physician orders, removed her PPE, cleansed her hands and left R1's

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	10/29/2025

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

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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	10/29/2025

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

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure residents received treatment and care in accordance with professional standards of practice for 1 (R1) of 6 Residents. R1's has a right upper extremity PICC (peripherally inserted central catheter). Upon R1's readmission to the facility on [DATE], the PICC line dressing order was incorrectly entered, and facility staff were only changing the transparent portion of the dressing weekly and not the entire dressing per current standards of care. Findings include:The facility's policy last revised 12/2017 and titled, Procedure: Midline Dressing Changes documents: The purpose of this procedure is to prevent catheter-related infections associated with contaminated, loosened, or soiled catheter-site dressings. Under General Guidelines section it documents: A. Change midline catheter dressings 24 hours after catheter insertion, every 5-7 days, or if it is wet, dirty, not intact, or compromised in any way.R1's diagnoses include multiple sclerosis, (disease in which the immune system eats away the protective covering of nerves resulting in disruption in communication between the brain & body) and spastic paraplegia (group of inherited neurological disorders characterized by progressive weakness, stiffness, and spasms in the legs).R1 was readmitted to the facility on [DATE].R1's physician orders dated 10/3/25 documents: Change PICC line transparent dressing weekly [physician name] change intravenous every week for PICC line and dated 10/3/25 Change PICC line transparent dressing PRN (as needed) [physician name] change intravenous every week for PICC line.On 10/28/25, from 8:30 a.m. to 9:16 a.m. Surveyor observed R1's morning cares and treatment with CNA (Certified Nursing Assistant)-J, Licensed Practical Nurse (LPN)-E and CNA-G. During this observation, Surveyor observed R1 has a right upper extremity PICC line which has a gauze dressing, covered with transparent dressing and has a date of 9/29/25.On 10/28/25, at 10:22 a.m., Surveyor spoke to Licensed Practical Nurse (LPN)-E regarding R1's PICC line. Surveyor asked who changes R1's PICC line dressing. LPN-E informed Surveyor the RN does it weekly or sometimes they let us. LPN-E explained they keep R1's PICC line in because he gets a lot of infections. LPN-E informed Surveyor after Surveyor was asking about the PICC line she changed the transparent dressing.On 10/29/25, at 7:41 a.m., Surveyor asked LPN-E about R1's PICC line dressing. LPN-E informed Surveyor she said it's just the transparent cover not the entire dressing being changed. LPN-E informed Surveyor since the order was for transparent cover the pharmacy was only sending the transparent cover. LPN-E informed Surveyor after speaking with DON-B, LPN-E put an actual order in to change the complete IV dressing. LPN-E informed Surveyor the order should have been put in different as it should have been entire dressing not just the transparent part being changed. Surveyor asked LPN-E when R1 was readmitted on [DATE], did LPN-E put the order in for R1's PICC line dressing. LPN-E explained to Surveyor they do the assessments, and the supervisors put the orders in. LPN-E informed Surveyor she gives the AVS (after visit summary) to them and the supervisors put the orders in, she just does the assessments. LPN-E informed Surveyor all their orders go in by the higher ups. LPN-E stated what she was told by DON-B it should have been the entire dressing not just the transparent. Surveyor asked LPN-E if she remembers who entered R1's orders. LPN-E replied [first name of Registered Nurse/Interim Unit Manager (RN/IUM)-M.R1's physician order dated 10/28/25 documents Change RUA (right upper arm) PICC line dressing weekly [Physician name] 1 x (time) every week for PICC line maintenance.On 10/29/25, at 7:54 a.m., Surveyor interviewed RN/IUM-M regarding R1's PICC line dressing order when R1 was readmitted on [DATE]. RN/IUM-M informed Surveyor when R1 was readmitted it was a rough night as R1 came in at 9:50 p.m. Surveyor asked about the PICC line orders she entered. RN/IUM-M explained there is a library of orders, and the library only has change transparent dressing weekly. RN/IUM-M informed Surveyor she thinks they changed the order yesterday. Surveyor asked RN/IUM-M if the order should have been entered to change the entire dressing weekly not just the transparent portion. RN/IUM-M stated I just got it from the library, now you brought it to our attention we fixed it. Thank you.On 10/29/25, at 10:33 a.m., Surveyor asked DON-B if she knew why R1's PICC line dressing was incorrectly entered. DON-B informed Surveyor she thinks the person putting in the order was trying to be helpful, and the correct template wasn't chosen that's way the entire dressing wasn't changed.Surveyor noted R1's entire PICC line dressing was not changed weekly since R1 was admitted on [DATE]. No additional information was provided.

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	10/29/2025

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

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure that residents with a pressure injury or at risk for pressure injuries received necessary treatment and services, consistent with professional standards of practice, to prevent the development of pressure injuries and to promote healing for 2 (R1 & R3) of 4 residents reviewed for pressure injuries. *R1 has multiple pressure injuries which developed prior to the facility's last recertification survey with an exit date of 8/20/25. R1 was hospitalized from [DATE] to 9/11/25. The assessment for R1's left buttocks does not have the correct stage. Registered Nurse/Interim Unit Manager (RN/IUM)-M assessed R1's left buttock as a Stage 2 with granulation tissue. A stage 2 does not have granulation tissue. R1 was hospitalized from [DATE] to 10/3/25. R1's right lateral foot pressure injury was not assessed until 10/9/25 by Wound Doctor-Q. On 10/7/25 LPN-O completed a skin evaluation form for R1's right buttock, thigh left posterior, buttock left lower and buttock midline. None of these areas were described as pressure injuries by LPN-O and there is no tissue description. There was not a RN assessment and Wound Doctor-Q did not assess these areas until 10/9/25. On 10/28/25 Licensed Practical Nurse (LPN)-E did not do the treatment for R1's right lateral foot. *R3 is at risk for pressure injury development. R3 was observed during the survey without R3's pressure relieving boots on nor were R3's heels offloaded. Findings include: The facility's policy titled, Procedure: Pressure Injury Assessment/Treatment and last revised 7/2024 under purpose documents The purpose of this procedure is to provide guidelines for a consistent method of identification of and for the initial care of identified pressure injuries, alterations in skin integrity, and the prevention of acquiring additional pressure injuries. Under the section Definitions and Descriptions for Stage 2 Pressure Injury documents Partial-thickness loss of skin with exposed dermis. The wound bed is pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. This policy/procedure does not address assessment of a resident's pressure injury upon admission/readmission and what the assessment should consist of. 1.) R1's diagnoses include multiple sclerosis, (disease in which the immune system eats away the protective covering of nerves resulting in disruption in communication between the brain & body) and spastic paraplegia (group of inherited neurological disorders characterized by progressive weakness, stiffness, and spasms in the legs). R1 was hospitalized from [DATE] to 9/11/25. R1's nurses note dated 9/11/25 at 14:46 (2:46 p.m.) written by Licensed Practical Nurse (LPN)-E documents Resident arrived at 1400 (2:00 p.m.) from [hospital initials] in stable condition. Vitals taken and stable. Resident has no c/o (complaint of) pain or discomfort. Resident RUA (right upper arm) picc (peripherally inserted central catheter) line that is patent. Resident is ordered ABT (antibiotic) for UTI (urinary tract infection). (continued on next page)

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	10/29/2025

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

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	RN/IUM-M assessed R1's pressure injuries dated 9/12/25. The skin evaluation form for R1's left buttock under type is pressure injury, and under description documents Open areas with exposed dermis peri wound erythema new wound from hospital stay. Length is 3.0 cm, width 2.5 cm and depth 0.1 cm. Tissue type is granulation and stage is 2. Surveyor this assessment is inaccurate as a stage 2 pressure injury does not have granulation. Surveyor also noted the are no documented percentages of tissue type for the wound bed. R1 was hospitalized from [DATE] to 10/3/25. R1's nurses note dated 10/3/25 at 23:06 (11:06 p.m.) written by Licensed Practical Nurse (LPN-O documents 21:41 (9:41 p.m.): Patient arrived by stretch accompanied by two paramedics and his wife. Resident was transferred to bed x (times) 3 assist. Patient is alert and oriented x 4 [NAME] (pupils equal round reactive to light accommodation), mucous membranes pink and most. Original teeth, hearing adequate, vision adequate. Skin color normal good turgor, Lungs clear x 4 lobes, no cough, Oxygen is on room air, Heart sounds normal, Pulse regular 92, pedal pulse present bilateral feet, Bowel sounds active x4 quadrants, abdomen soft non-tender, Foley cath (catheter) 16 fr. (French), involuntary movement in all four extremities. Patient is incontinent BM (bowel movement). Frontal skin assessment performed. Wife requested not to move him for posterior skin check. States her husband has been through a lot today. Please check posterior tomorrow. RUA (right upper arm) PICC (peripherally inserted central catheter) line placement. Resident will start IV (intravenous) antifungal medication @ 10:00am. No c/o (complaint of) pain, respirations are even and unlabored and no s/s (signs/symptoms) of distress noted. Nurse Manager informed of arrival. R1's Braden assessment dated [DATE] has a score of 11. A score of 12 or less is high risk for pressure injury development. R1's skin evaluation form dated 10/3/25 completed by LPN-O for site documents Toe Right Great. Under description documents Outer area skin red dry abrasion on bilateral great toes. There are no measurements and stage is inapplicable. Surveyor noted prior to R1's hospitalization on 9/21/25 the right toe was assessed as an unstageable DTI (deep tissue injury). There is not a Registered Nurse (RN) assessment and Wound Doctor didn't assess R1's pressure injuries until 10/9/25. There was no assessment of R1's right lateral foot on 10/3/25 until Wound Doctor-Q assessed R1 on 10/9/25. Wound Doctor-Q's assessment dated [DATE] documents unstageable DTI (deep tissue injury) right lateral foot. Etiology is pressure. Wound size is 1.2 x 0.8 x not measurable cm. On 10/7/25 LPN-O completed a skin evaluation form for R1's right buttock, thigh left posterior, buttock left lower and buttock midline. The skin evaluation form by LPN-O for R1's right buttock under description documents red abraised abrasion. Measurements are length 4.0 cm (centimeter) and width 4.5 cm. There is no tissue type documented, and stage is inapplicable. The skin evaluation form by LPN-O for R1's left posterior thigh under description documents red irritated MASD (moisture associated skin damage). There is no tissue type documented, and stage is inapplicable. The skin evaluation form by LPN-O for R1's left lower buttock under description documents red abraised area. Length is 4.0 cm and width 2.0 cm. There is no tissue type documented, and stage is inapplicable. The skin evaluation form by LPN-O for buttock midline under description documents red abrased area with serosanguinous drainage. There is no tissue type documented, and stage is inapplicable. (continued on next page)

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	10/29/2025

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

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prior to hospitalization on 9/21/25, these areas were assessed as pressure injuries by the wound doctor. These areas were not assessed by a RN and Wound Doctor-Q did not assess these areas until 10/9/25. Wound Doctor-Q's assessment dated [DATE] documents unstageable DTI (deep tissue injury) of the right buttocks. Etiology is pressure. Wound size is 5 x 6 x not measurable cm. Skin is intact with purple/maroon discoloration. Wound Doctor-Q's assessment dated [DATE] documents Stage 3 pressure wound of the left ischium. Wound size is 20 x 12 x 0.4 cm. Slough is 10%, Granulation tissue is 30% and skin is intact normal color 60%. Wound Doctor-Q's assessment dated [DATE] documents Unstageable DTI of the posterior, shares dressing with left ischium thigh. Etiology is pressure. Wound size is 11 x 12 x 0.2 cm. R1's significant change MDS (minimum data set) with an assessment reference date of 10/7/25 has a BIMS (brief interview mental status) score of 7 which indicates severe cognitive impairment. R1 is assessed as being dependent for eating, toileting, roll left & right, and chair/bed to chair transfer. Indwelling catheter is checked and R1 is always incontinent of bowel. R1 is at risk for pressure injury development and is assessed as having one Stage 2 pressure injury, one stage 3 pressure injury and four unstageable slough and/or eschar pressure injuries. R1's pressure injury CAA (care area assessment) dated 10/13/25 under care plan response documents proceed to plan of care. Under causes and contributing factors documents See above. Surveyor noted the only documentation for see above is proceed to plan of care. R1's physician order dated 10/10/25 documents Cleanse wound right lateral foot tx (treatment) topical every day apply betadine and leave open to air for DTI. On 10/28/25, at 8:29 a.m., Surveyor inquired about R1's treatments with LPN-E. LPN-E informed Surveyor the night nurse did the treatments for R1's buttocks but she will do the treatment for R1's toes. On 10/28/25, at 8:59 a.m., Surveyor observed LPN-E apply betadine to R1's toes according to physician order. During this observation Surveyor did not observe LPN-E complete the treatment for R1's right lateral foot. (continued on next page)

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	10/29/2025

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

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/28/25 during R1's morning cares observation, at 9:01 a.m. Surveyor observed Certified Nursing Assistant (CNA)-J and CNA-G position R1 on the right side. Surveyor observed three foam dressings. CNA-J washed and dried R1's buttocks. A incontinence product & soaker pad was placed under R1, R1 was positioned to the other side to straighten out the incontinence product & soaker pad and remove the soiled linen. R1 was positioned on his back and the incontinence product was fastened. A pillow was placed under R1's head, R1's bed was lowered & move against the wall on the right side. CNA-G washed R1's face while CNA-J covered R1 with a blanket. CNA-J placed the pressure relieving boots back on R1 and asked R1 if he was okay. CNA-G removed her PPE, cleansed her hands and left R1's room. CNA-J emptied the wash basin and shut off the overhead light. CNA-J placed soiled items in a blue bag, told R1 she would see him for lunch, removed her PPE, cleansed her hands, and left R1's room with the soiled linen. Surveyor noted neither CNA-J or CNA-G applied any skin protectant cream on R1's buttocks around the foam dressings. On 10/28/25, at 1:56 p.m., Surveyor met with RN/IUM-M regarding R1's pressure injuries. RN/IUM-M informed R1 had the pressure injuries when she started in August. RN/IUM-M informed Surveyor they start to heal, R1 goes to the hospital and gets worse at the hospital. R1's wife thinks it's the other way around. Surveyor inquired about the pressure injury assessments after R1 returned to the facility on [DATE]. RN/IUM-M explained with the most recent admission on [DATE] R1 returned at 9:50 p.m. which was a Friday. R1's wife was in the room and didn't want them to turn R1 for the back side. RN/IUM-M informed Surveyor they assessed the toes and R1's groin was red. RN/IUM-M informed Surveyor they were suppose to follow up but they didn't do in on the weekend. Surveyor inquired when R1's pressure injuries were assessed. RN/IUM-M informed Surveyor on 10/7/25. Surveyor asked RN/IUM-M if staff should be applying a skin protectant on R1's buttocks. RN/IUM-M replied yes and there is an order. Surveyor asked what the order is. RN/IUM-M informed Surveyor they should put on A & D ointment. Surveyor informed RN/IUM-M during morning cares staff did not apply A & D or any other skin protectant on R1's buttocks. On 10/29/25, at 7:48 a.m., Surveyor asked LPN-E after Surveyor observed her yesterday with the treatment for R1's toes did she go back to R1 and do any other treatments. LPN-E replied no. Surveyor informed LPN-E Surveyor did not observe her complete the treatment for R1's right lateral foot. LPN-E informed Surveyor she didn't think there was anything there. LPN-E then looked in the computer. Surveyor asked LPN-E what the treatment for R1's right lateral foot. LPN-E replied to betadine. Surveyor asked if she did this treatment yesterday. LPN-E replied no. (continued on next page)

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	10/29/2025

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

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/29/25, at 9:54 a.m., Surveyor asked RN/IUM-M what a skin assessment consists of. RN/IUM-M informed Surveyor it's a head-to-toe assessment. Surveyor asked what a pressure injury assessment consists of. RN/IUM-M informed Surveyor if a resident doesn't have any wounds then they indicate skin intact. If the skin is not intact, they go in there and document under the skin condition. RN/IUM-M inform Surveyor the skin condition is for each wound and has type of injury, size, if there is any drainage, if surrounding skin is intact or red. Surveyor asked if they describe the wound bed. RN/IUM-M replied yes. Surveyor asked what the wound bed assessment consists of. RN/IUM-M explained a general description like if the wound bed is red. Surveyor asked if there are percentages for the type of wound bed. RN/IUM-M informed the nurses do not necessarily do that. Surveyor asked RN/IUM-M if she does. RN/IUM-M replied I do it sometimes. Surveyor asked RN/IUM-M if a pressure injury had granulation tissue what stage would the pressure injury be. RN/IUM-M replied it depends, I would say healing stage 2 or 3. Surveyor informed RN/IUM-M a stage 2 pressure injury does not have granulation tissue. Surveyor informed RN/IUM-M on 10/28/25 Surveyor observed the treatment with LPN-E for R1's pressure injury on R1's feet as the night nurse had completed the treatment for R1's buttock. Surveyor informed RN/IUM-M LPN-E completed the treatment for R1's toes but did not do the treatment for R1's right lateral foot. No additional information was provided. 2.) R3 was admitted to the facility on [DATE] with diagnoses of Atherosclerotic Heart Disease of the Native Coronary Artery(plaque buildup narrows the arteries that supply blood to the heart) Block, Paroxysmal Atrial Fibrillation(irregular heartbeats occur intermittently and spontaneously resolve within 7 days), Iron Deficiency Anemia(blood does not have enough healthy red blood cells to carry oxygen throughout body, Hypothyroidism(underactive thyroid), Major Depressive Disorder(persistent feelings of sadness, hopelessness, and a loss of interest or pleasure in activities), and Dementia(loss of memory, language, problem-solving and other thinking abilities severe enough to interfere with daily life). R3 was discharged to the hospital on 8/18/25 and returned from the hospital on 9/11/25 with a diagnosis of Non-displaced Oblique Fracture of the Distal Shaft of Left Femur. R3's Significant Change Minimum Data Set(MDS) completed 9/16/25 documents R3's Brief Interview for Mental Status(BIMS) score to be 12, indicating R3 is moderately cognitively impaired. The MDS documents: R3 is not demonstrating mood or behavior symptoms; R3 has range of motion impairment on one side of lower extremity; R3 requires supervision for eating; R3 is dependent for upper and lower dressing and for transfers; R3 requires substantial/maximum assistance for mobility; R3 is always incontinent of bowel and bladder; R3 is at risk for developing pressure ulcer/injuries and that R3 is mobile via wheelchair. R3's Pressure Ulcer/Injury Care Area Assessment(CAA) completed 9/16/25 documents R3 is at risk for pressure ulcers, and injury due to decreased mobility, wheelchair bound, incontinence and age-related factors. Pressure reducing devices in place, skin monitored with care and bathing. R3's Braden Skin Assessment completed 9/18/25 documents a score of 14. Sensory-no impairment Moisture-very moist (continued on next page)

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	10/29/2025

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

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Activity-chairfast Mobility-very limited Nutrition-adequate Friction and Shear-problem A score of 12 or less indicates a resident is high risk for developing a pressure injury. R3's Certified Nursing Assistant(CNA) worksheet dated 10/27/25 documents: -Turn and reposition after ALL CARES and during rounds. -Offload both heels while R3 is in bed. -Utilize heel suspension boots offloading device to ensure heels are elevated and free from pressure. Check placement. -Inspect skin integrity-heels and beneath left leg brace daily-day shift -Use lift sheet with 2 staff to reduce friction and sheer. -Use pressure reducing cushion in wheelchair. R3's comprehensive care plan documents R3 is at risk for pressure ulcers and other skin related to re-admission post left leg fracture, prolonged hospitalization, immobility, friction, leg brace, and need for total assist with incontinence and activities of daily living(ADLS). On 10/27/25, at 1:55 PM, Surveyor observed R3 in bed. R3's boots are on the floor next to R3's bed. R3's heels are not floated while in bed. On 10/27/25, at 3:59 PM, Surveyor again observed R3 in bed. R3's boots are on the floor next to R3's bed. R3's heels are not floated while in bed. On 10/28/25, at 8:00 AM, Surveyor observed R3 in bed. R3's boots remain on the floor next to R3's bed in the same location as the day before. R3's heels are not floated while in bed. On 10/28/25, at 9:45 AM, CNA-F and CNA-G verified that R3's heels are not floated. On 10/28/25, at 10:05 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-E in regard to R3. LPN-E verified R3 should be wearing heel boots while in bed. LPN-E stated that if R3 is refusing to wear the heel boots, the CNAs should be informing the nurse so the nurse can document the refusal. On 10/29/25, at 7:25 AM, Surveyor observed R3 in bed and R3's heel boots are not on or floated. (continued on next page)

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	10/29/2025

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

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor reviewed R3's Treatment Administration Record(TAR) for October. Offload both heels while resident is in bed, every shift with a start date of 9/15/25. Surveyor notes that nursing staff have been documenting R3's heels boots have been on 10/27, 10/28, and 10/29/25 on all 3 shifts even though Surveyor has had observations of R3's heels not floated and no heel boots are on. On 10/28/25, at 3:01 PM, Surveyor with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B the concern that R3 is at risk for developing pressure ulcers and other skin conditions and Surveyor has observed R3 during the survey process not wearing R3's bilateral heel boots and R3's CNA worksheet instructs CNAs to place them on R3 when R3 is in bed. No additional information as to why R3 was not wearing R3's bilateral heel boots when in bed during the survey process.

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	10/29/2025

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

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 0689 Level of Harm - 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 (R3, R1, and R6) of 5 Residents received adequate supervision and assistive devices to prevent accidents. *R3 sustained a left femur fracture when CNA-P transferred R3 alone when R3 was to be a two person transfer and the sit-to-stand lost power. During the survey, R3 was observed not have the leg brace on at all times per physician orders, a follow-up x-ray of the left femur was not obtained, and Certified Nursing Assistants (CNA-F and CNA-G) were observed not operating the mechanical lift correctly when transferring R3. *R1's floor mat was not down next to the bed per care plan during the survey process. *R6's fall interventions were not followed for toileting after meals. Findings include: The facility's policy titled Lifting Machine, Using a Portable last revised [DATE] documents: Purpose: The purpose of this procedure is to help lift residents using a manual lifting device. Preparation: A. Review the resident's care plan to assess for any special needs of the resident. B. Assemble the equipment and supplies as needed. General Guidelines .Two nursing associates are required to perform total lift transfers One nursing associate may be used per manufacturer recommendations for a sit to stand lift. Procedure for total lift transfer: .C. The sling should be placed from under the resident's shoulders to the back of the knees. Have the same amount of sling material on both sides of the resident so that the resident is centered in the sling. D. Place the lift frame facing the bed with legs under the side of bed. Lock wheels on the base of lift. E. Elevate the head of the bed so the resident is partially sitting up. F. Attach the sling to the lift. Pay close attention to ensure resident is not injured by lift cross bars. G. Ask the resident to cross their arms over their chest before operating the lift. (continued on next page)

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	10/29/2025

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

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 0689 Level of Harm - Actual harm Residents Affected - Few	I. Raise the resident up to a sitting position with the lift. While you operate the lift, your helper should help you guide the resident. J. Before moving the lift, ensure the legs of the lift are open to widest position. K. Unlock wheels. You may need to guide the resident's legs. N. Position the resident in the chair, leaving the sling under them. Procedure for Sit-to-stand B. Position sit-to-stand lift sling under resident's axilla and secure safety belt around waist. C. Position the lift facing the resident. D. Have lift base straddle chair opened to widest position. E. Instruct resident to hold on to cross bar. F. Secure resident's feet on lift platform. G. Ensure knees are against knee rests on lift. H. Before moving the lift, ensure legs of the lift are open to widest position. I. Crank(or raise) the resident up with the lift. Your helper guides the resident by holding the sling. 1.) R3 was admitted to the facility on [DATE] with diagnoses of Atherosclerotic Heart Disease of the Native Coronary Artery(plaque buildup narrows the arteries that supply blood to the heart) Block, Paroxysmal Atrial Fibrillation(irregular heartbeats occur intermittently and spontaneously resolve within 7 days), Iron Deficiency Anemia(blood does not have enough healthy red blood cells to carry oxygen throughout body, Hypothyroidism(underactive thyroid), Major Depressive Disorder(persistent feelings of sadness, hopelessness, and a loss of interest or pleasure in activities), and Dementia(loss of memory, language, problem-solving and other thinking abilities severe enough to interfere with daily life). R3 was discharged to the hospital on [DATE] and returned from the hospital on [DATE] with a diagnosis of Non-displaced Oblique Fracture of the Distal Shaft of Left Femur. R3's Significant Change Minimum Data Set(MDS) completed [DATE] documents R3's Brief Interview for Mental Status(BIMS) score to be 12, indicating R3 is moderately cognitively impaired. The MDS documents: R3 is not demonstrating mood or behavior symptoms; R3 has range of motion impairment on one side of lower extremity; R3 requires supervision for eating; R3 is dependent for upper and lower dressing and for transfers; R3 requires substantial/maximum assistance for mobility; R3 is always incontinent of bowel and bladder; R3 is at risk for developing pressure ulcer/injuries; R3 is mobile via wheelchair. (continued on next page)

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	10/29/2025

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

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 0689 Level of Harm - Actual harm Residents Affected - Few	Surveyor noted there are documented changes with the level of assistance R3 required prior to the fracture of the left femur versus after the fracture. R3's Quarterly MDS completed [DATE] documents the following changes: -R3 has no range of motion impairment -R3 is set-up for meals -Upper dressing-partial/moderate assistance -Lower dressing-substantial/maximum assistance -R3 requires partial/moderate assistance for mobility -R3 is occasionally incontinent of bladder -R3 is always continent of bowel R3's Care Area assessment dated [DATE] documents R3 is at risk for falls with injury evidenced by history of falls-recent femur fracture, non-weight bearing, poor balance, pain, weakness, fatigue, medication and poor endurance. Working with physical therapy and occupational therapy to improve ambulation, safety awareness, and endurance. R3's current([DATE]) Certified Nursing Assistant(CNA) worksheet documents: -Turn and reposition after ALL CARES and during rounds. Offload both heels while R3 is in bed. Utilize heel suspension boots offloading device to ensure heels are elevated and free from pressure. Check placement. Inspect skin integrity-heels and beneath left leg brace daily-day shift. Use lift sheet with 2 staff to reduce friction and sheer. 1.Left leg brace on at all times-do not bend leg. Brace may be removed for cares, skin inspection, and while on shower cart. 2.Leg should not be bent 3.Use mechanical lift-medium sling, transfer with total assistance of 2 staff person support. MUST SUPPORT LEFT LEG AT ALL TIMES 4.Transfer from bed into high back wheelchair in R3's room 5.Foot and leg rest should be straight out. Once R3 is in wheelchair(while still supporting R3's leg, attach wheelchair footrest with leg rest-put pillow on top of leg rest and gently lower leg onto pillow. -R3 needs extensive assistance with bed mobility. 2 person maximum assist with bed mobility. Use lift pad to prevent shearing. Reposition-turn side to side with each encounter. Not only for pain relief, but for pressure relief. (continued on next page)

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	10/29/2025

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

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 0689 Level of Harm - Actual harm Residents Affected - Few	-NON WEIGHT BEARING BRACE ON AT ALL TIMES IN LOCKED POSITION -R3 should wear soft pants or pajama bottoms under brace -Make sure left leg is supported, aligned, and cushioned during turning and transfers R3's Certified Nursing Assistant(CNA) worksheet at the time([DATE]) of the incident causing a left femur fracture documents: -R3 needs total assistance of 2 staff person support with transfers using SIT TO STAND LIFT medium yellow sling with transfers.(lower knee plate to shin level, stand R3 up halfway only due to flexed knees) R3's current comprehensive care plan with interventions documents: R3 will have no major injuries from a fall [DATE] -Gripper socks at HS-nonskid footwear [DATE] -Position in middle of bed. Use bolsters to provide support for side laying and pressure ulcer prevention [DATE] Surveyor noted R3 was being transferred prior to the left femur fracture utilizing a sit-to-stand device and now after the left femur fracture is requiring a mechanical lift to safely transfer. On [DATE], Certified Nursing Assistant (CNA)-P was transferring R3 from the toilet alone using the sit-to-stand lift. The lift's battery died mid-transfer, resulting in R3's left leg giving out. CNA-P yelled for help. Licensed Practical Nurse (LPN)-E heard CNA-P yell for help and went running to R3's room. LPN-E assisted CNA-P to lower R3. LPN-E assessed R3 and noted R3's left leg was swollen and bruised on the top of R3's foot. An x-ray was ordered and completed. The result is that R3 suffered a non-displaced oblique fracture of the distal shaft of the left femur. R3 was sent to the hospital and admitted with a left femur fracture. R3's CNA worksheet instructing in the care of R3 at the time of the incident, R3 was to be transferred by 2 staff with the sit-to-stand. CNA-P was transferring R3 alone. R3 returned from the hospital on [DATE] with orders to wear left leg brace in locked position at all times every shift. Left leg brace for proper positioning, hinge alignment(center over knee joint, strap security-snug-but not too tight-use two finger test. May remove while on shower cart with a start date of [DATE]. R3's physician orders also document physical and occupational therapy to eval and treat R3. R3's physician orders also document on [DATE] an order to obtain an x-ray of R3's left femur on [DATE] and fax results to R3's orthopedic doctor. Surveyor reviewed R3's Treatment Administration Record(TAR) for October and noted that nursing staff were checking off since [DATE] to present for obtaining the x-ray. (continued on next page)

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	10/29/2025

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

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 0689 Level of Harm - Actual harm Residents Affected - Few	Surveyor reviewed R3's electronic medical record and noted there is no documentation that the facility obtained the x-ray of R3's left femur on [DATE] or anytime after. On [DATE], at 10:02 AM, Surveyor spoke with R3's family who informed Surveyor that when family spoke to administration at the time of the fall, administration admitted that the machine was low on power at the time and one CNA completed the transfer when it should have been two CNAs. Family also informed Surveyor that R3 has not been wearing R3's brace when times when visiting. On [DATE], at 1:55 PM, Surveyor observed R3 in bed. Surveyor observed R3's brace is not on. R3 informed Surveyor that CNA-F put R3 to bed. On [DATE], at 2:10 PM, CNA-F confirmed CNA-F put R3 to bed. On [DATE], at 3:22 PM, Surveyor interviewed Maintenance Director (MD)-C in regard to the battery of the sit-to-stand. MD-C explained that the sit-to-stand has an internal battery and the sit-to-stand needs to be plugged in all times when not in use. MD-C stated that all the batteries were replaced after the incident. MD-C also stated that MD-C inspected all sit-to-stands and mechanical lifts and no mechanical issues were noted. MD-C stated that the sit-to-stand needs to have 3 green lights to be fully charged when in use. On [DATE], at 3:59 PM, Surveyor observed R3 in bed and not wearing the brace. The brace was observed sitting on R3's wheelchair. On [DATE], at 8:00 AM, Surveyor observed R3 in bed. R3's brace is not on and the brace sitting on R3's wheelchair. R3 informed Surveyor I don't know what happened. They never put it on. Surveyor noted R3 is alert and oriented. On [DATE], at 8:47 AM, Surveyor interviewed Physical Therapy Assistant/Rehabilitation Director (PTA)-D who states R3's bed mobility has decreased. PTA-D confirmed R3 went from a sit-to-stand to a mechanical lift. PTA-D stated R3 is non weight bearing. PTA-D stated PTA-D trained the staff on how to operate the mechanical lift properly and to support the leg at all times during the transfer. PTA-D confirmed R3 should be wearing the brace at all times except for showers. (continued on next page)

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	10/29/2025

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

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 0689 Level of Harm - Actual harm Residents Affected - Few	On [DATE], at 9:45 AM, Surveyor observed R3's transfer with the mechanical lift. R3 gave permission for Surveyor to observe. Surveyor observed R3's brace is currently not on. CNA-F and CNA-G started by placing pants on R3. Surveyor observed R3 grimace in pain as CNA-F and CNA-G move R3's left leg to place the pants on R3. CNA-F and CNA-G were talking about R3's brace. R3 informed CNA-F and CNA-G that the brace was not put on last night. CNA-F asked R3 if R3 should be wearing the brace. R3 stated that nobody has told me anything. CNA-F asked if R3 wanted the brace on, but then CNA-G stated the brace should be put on. Surveyor observed the mechanical lift transfer of R3 from bed to wheelchair. Surveyor observed that CNA-F was operating the mechanical lift. CNA-F did not lock the mechanical lift as R3 was being raised off the bed. Surveyor noted that the head of the bed was not elevated and R3 was not asked to cross R3's arms across R3's chest. As CNA-F moved the mechanical lift, CNA-F did not extend the legs of the mechanical lift to the widest position. As R3 was in the air, Surveyor observed R3's left leg dangling in the air, and CNA-G did not support R3's left leg during the transfer. R3 was lowered into R3's wheelchair with the sling underneath. CNA-G boosted R3 up in the chair by grabbing R3's pants and pulling. Surveyor asked CNA-F and CNA-G if therapy had trained them on mechanical lift transfers. CNA-F stated only that there must be 2 staff to complete the transfer with a mechanical lift and to keep R3's brace on. Surveyor asked CNA-F why did CNA-F take R3's brace off yesterday when CNA-F put R3 to bed. CNA-F informed Surveyor that CNA-F does not recall. On [DATE], at 10:05 AM, Surveyor interviewed LPN-E in regard to the incident resulting in R3's left femur fracture. LPN-E heard CNA-P yelling for help. LPN-E hit the emergency button on the sit-to-stand to lower as soon as possible. LPN-E observed R3's left leg was inward on the sit-to-stand. LPN-E made all necessary notifications and called for an x-ray. LPN-E provided pain medication. LPN-E stated that as CNA-P raised the sit-to-stand, it stopped working and R3's weight became dead weight causing R3's legs to buckle and R3's left leg gave way. LPN-E confirmed that R3 is supposed to wearing the brace at all times. LPN-E stated that if R3 refuses the brace, staff should let the nurses know so nurses can document the refusals. On [DATE], at 11:53 PM, Registered Nurse (RN)-H confirmed that an x-ray has not been obtained on [DATE] or any day after. RN-H stated that the last x-rays were completed in August. Surveyor reviewed R3's TAR for October and noted that nursing staff have been documenting that they are checking for the placement of the brace, however, Surveyor has observations of the brace not being on R3. Surveyor reviewed the facility training provided on mechanical lifts and sit-to-stands after R3's incident and noted all staff have not received the training. On [DATE], Director of Nursing (DON)-B stated that the agencies received the facility orientation packet and staff sign off on it prior to working a shift. DON-B confirmed that no one completes a competency evaluation of agency staff. On [DATE], at 3:01 PM, Surveyor informed Nursing Home Administrator (NHA)-A and DON-B that R3 suffered a left femur fracture as a result of CNA-P operating the sit-to-stand by CNA-P's self and the sit-to-stand lost power. Surveyor also shared that the physician order for a follow-up x-ray on [DATE] and fax to R3's orthopedic doctor was not completed. Surveyor also shared that during the survey process, R3 has not been wearing the brace at all times. Surveyor shared that Surveyor observed CNA-F and CNA-G improperly operate the mechanical lift while transferring R3 from bed to wheelchair and left R3's left leg dangling with out support while in mid air. (continued on next page)

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	10/29/2025

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

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 0689 Level of Harm - Actual harm Residents Affected - Few	No additional information was provided as why R3 was not transferred by two staff using the sit-to stand, the improper use of the mechanical lift by CNA-F and CNA-G, why R3's brace was observed to not be on at all times and why an x-ray per physician order was not obtained. 2.) R1's diagnoses include multiple sclerosis, (disease in which the immune system eats away the protective covering of nerves resulting in disruption in communication between the brain & body) and spastic paraplegia (group of inherited neurological disorders characterized by progressive weakness, stiffness, and spasms in the legs). R1's significant change MDS (minimum data set) with an assessment reference date of [DATE] has a BIMS (brief interview mental status) score of 7, which indicates severe cognitive impairment. R1 is assessed as being dependent. R1 is assessed as being dependent for toileting, roll left & right, and chair/bed to chair transfer. R1 has not had any falls since prior assessment period. The facility did not trigger the fall CAA (care area assessment). R1's at risk for falls care plan with a goal date of [DATE] documents the following approaches: *Keep room clutter free and provide adequate lighting. Start date [DATE]. *Keep call light within reach. Start date [DATE]. *Encourage to keep bed at the appropriate height-prefers bed against wall POA (power of attorney) agreeable, LOW bed. Start date [DATE]. *Keep frequently used items within reach. Start date [DATE]. *Fall mat at bedside. Start date [DATE]. *Call light with reach at all times-Soft touch call light, prefers placement near/close to chin. Start date [DATE]. *Encourage resident to use call light when needing assistance if Alexa device is not functioning. Start date [DATE]. R1's fall risk assessment dated [DATE] has a score of 24. A score of 16-35 is moderate risk of falls. R1's Certified Nursing Assistant (CNA) Worksheet for Monday [DATE] All Shifts under the appliance/safety/skin precaution section documents Fall mat at bed side. On [DATE], at 10:06 a.m., Surveyor observed R1 in bed on back with the head of the bed elevated. R1's bed is at the low position and the right side of the bed is against the wall. Surveyor observed there is not a floor mat on the left side of R1's bed. (continued on next page)

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	10/29/2025

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

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 0689 Level of Harm - Actual harm Residents Affected - Few	On [DATE], at 11:14 a.m., Surveyor observed R1 continues to be in bed on the back with the head of the bed elevated and the bed in the low position. Surveyor observed there is still not a floor mat on the left side of the bed. Surveyor observed the gray floor mat is folded between the garbage can and R1's wardrobe. On [DATE], at 1:12 p.m., Surveyor observed R1 in bed with a pillow under R1's upper left & right side, head of the bed is elevated, and the bed is in the low position. Surveyor observed there is not a mat on the left side of R1's bed. Surveyor observed the gray floor mat is folded between the garbage can and R1's wardrobe. On [DATE], at 3:30 p.m., Surveyor observed R1 is in bed towards left side with the head the bed elevated, and the bed in a low position. Surveyor observed there is still not a floor mat on the left side of R1's bed. Surveyor observed the gray floor mat is folded between the garbage can and R1's wardrobe. On [DATE], at 7:13 a.m., Surveyor observed R1 in bed towards left side with the head of the bed elevated. Surveyor observed the bed is not at a low position and there is not a floor mat on the left side of R1's bed. Surveyor observed the gray floor mat is still folded between the garbage can and R1's wardrobe. On [DATE], from 8:30 a.m. to 9:16 a.m. Surveyor observed R1's morning cares and treatment with CNA (Certified Nursing Assistant)-J, Licensed Practical Nurse (LPN)-E and CNA-G. Surveyor observed there was not a floor mat when staff entered for morning cares & treatment and upon completion staff did not place the floor mat on the left side of R1's bed. Surveyor observed the gray floor mat is still folded between the garbage can and R1's wardrobe. On [DATE], at 10:48 a.m., Surveyor observed R1 in bed on his back with the head of the bed elevated and R1's bed in a low position. Surveyor observed there is not a floor mat on the left side of R1's bed and the gray floor mat is still folded between the garbage can and R1's wardrobe. On [DATE], at 12:05 p.m., Surveyor observed CNA-J feeding R1 who is in bed. Surveyor observed there is not a floor mat on the left side and the gray floor mat is still folded between the garbage can and R1's wardrobe. On [DATE], at 1:10 p.m., Surveyor observed R1 in bed on his back with the head of the bed elevated, and the bed in a low position. Surveyor observed there is not a floor mat on the left side and the gray floor mat is still folded between the garbage can and R1's wardrobe. On [DATE], at 1:19 p.m., Surveyor asked CNA-J Surveyor noted on R1's CNA care plan R1 is suppose to have a floor mat at R1's bed side but Surveyor has not observed a floor mat. CNA-J informed Surveyor she has not picked it up or moved the floor mat. On [DATE], at 2:12 p.m. Surveyor informed Registered Nurse/Interim Unit Manager (RN/IUM)- M according to R1's fall care plan and CNA care plan R1 is to have a floor mat at bed side. Surveyor informed RN/IUM-M Surveyor has not observed the floor mat by R1's bed and has been folded up between the garbage can and wardrobe. (continued on next page)

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	10/29/2025

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

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 0689 Level of Harm - Actual harm Residents Affected - Few	On [DATE], at 3:05 p.m., during the end of the day meeting, Surveyor informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B Surveyor has not observed a floor mat on the left side of R1's bed according to R1's plan of care. On [DATE], at 7:34 a.m., Surveyor observed R1 in bed on the left side with the head of the bed elevated and bed down low. Surveyor observed there is not a mat on the floor next to R1's bed and the floor mat continues to be folded between the garbage can and wardrobe. 3.) R6's diagnoses include Dementia (loss of cognitive function that interferes with a person's daily life & activities) and hypertension (high blood pressure). R6's potential for falls care plan with a goal date of [DATE] documents the following approaches: *Keep pathways clear and provide adequate lighting. Start date [DATE]. *LOW bed-bed against the wall per preference. Start date [DATE]. *Keep personal items within reach. Start date [DATE]. *Gripper socks while in bed and gripper socks or shoes when up. Start date [DATE]. *Avoid allowing resident to sit up in WC (wheelchair) in room for prolonged periods of time, offer and encourage to lay down or engage in activity. Start date [DATE]. *Fall mat next to bed. Start date [DATE]. *TAKE RESIDENT TO TOILET AFTER MEALS -Fall prevention intervention. Start date [DATE]. R6's fall CAA (care area assessment) dated [DATE] under causes and contributing factors documents Resident is at risk for falls with injury evidenced by history of falls r/t (related to) unsteady gait, poor balance, pain, weakness, fatigue, medication and poor endurance. Working with PT (physical therapy) and OT (occupational therapy) to improve ambulation, safety awareness, and endurance. R6's quarterly MDS (minimum data set) with an assessment reference date [DATE] has a BIMS (brief interview mental status) score of 2 which indicates severe cognitive impairment. R6 is assessed as not having any behavior including refusal of cares. R6 is assessed as requiring supervision for eating, substantial/maximal assistance for toileting hygiene, chair/bed to chair transfer, and toilet transfer. R6 is assessed as being frequently incontinent of urine and bowel. R6 has not fallen since prior assessment. (continued on next page)

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	10/29/2025

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

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 0689 Level of Harm - Actual harm Residents Affected - Few	R6's nurses note dated [DATE], at 2205 (10:05 p.m.), documents Resident noted to be sitting on floor by CNA (Certified Nursing Assistant) at 1615 (4:15 p.m.) on [DATE]. Resident noted to be sitting upright on coccyx with back toward bed feet facing door in room. Called to room by CNA resident sitting upright next to bed back toward bed and feet facing door. Resident states she was trying to get in bed and fell. Resident is incontinent of urine at time of fall call light on bed within reach resident states she thought she could do it. Prior to fall resident was in w/c (wheelchair). No injury noted at time of fall. Resident denies pain at time of fall. Resident current level of consciousness is alert with no change from baseline. Resident is pleasant, cooperative with care with no change from baseline. Resident range of motion full to upper extremities, full to lower extremities o difference noted between sides of boy, with no change from baseline. Resident denies pain with range of motion. Resident assisted up to bed by 2 staff using gait belt. Safety measures in place at time of fall include low bed. Fall interventions in place include visibility area. Care plan reviewed with interventions updated as indicated. [Physician Name] updated [DATE] at 1800 (6:00 p.m.) NNO (no new orders). Family [Name] updated on fall [DATE] at 1900 (7:00 p.m.). R6's fall risk assessment dated [DATE] has a score of 5. A score of 0-15 is minimal risk for falls. R6's nurses note dated [DATE], at 12:25 p.m., documents Follow up to unwitnessed fall on [DATE]. New measures were implemented including mats placed on floor beside bed and toileting program. Nursing will continue to monitor each shift. R6's Certified Nursing Assistant (CNA) Worksheet for Monday [DATE] All Shifts under the section Appliances/Safety/Skin Precaution includes TAKE RESIDENT TO TOILET AFTER MEALS. On [DATE], at 12:00 p.m., Surveyor observed R6 sitting in a wheelchair at a table in the dining room eating lunch. On [DATE], at 12:16 p.m., Surveyor observed R6 state I'll see you later. R6 wheeled self away from the table, propelled self-down and the hall and into R6's room. Surveyor remained in the R6's hallway to observe when staff would toilet R6 after lunch On [DATE], at 12:26 p.m., Surveyor observed R6 sitting in a wheelchair in her room reading the New Testament. Surveyor asked R6 how she was doing. R6 replied my name is [stating her first name] and then started rubbing her right upper leg. Surveyor then went back in R6's hallway. On [DATE], at 12:51 p.m., Surveyor observed CNA-N wheel R7's, who is R6's roommate, broda chair into their room. R7 was stating she has to use the bathroom. Surveyor observed R6 is not in the room and the bathroom door is closed. CNA-N placed candy on the over bed table in front of R7. CNA-N informed Surveyor this is usual behavior for R7, referring to having to go to the bathroom, and CNA-N had checked R7 before. CNA-N asked R7 if she wanted something to drink and left the room. Surveyor noted CNA-N did not check the bathroom prior to leaving the room. At 12:56 p.m. CNA-N returned with a cup of coffee for R7. After giving R7 coffee, CNA-N opened the bathroom door. Surveyor observed R6 sitting on the toilet, the New Testament book is on the handrail and R6's wheelchair is next to the toilet. CNA-N placed gloves on, stated let me get a gait belt for her and left the bathroom. CNA-N returned with a gait belt and placed the gait belt around R6. CNA-N attempted to stand R6 asking R6 are you going to help me? R6 replied I don't know. CNA-N then left R6's bathroom. (continued on next page)

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	10/29/2025

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

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 0689 Level of Harm - Actual harm Residents Affected - Few	At 1:00 p.m. CNA-N and CNA-K entered R6's bathroom, placed gloves on, and an incontinence product was placed on R6. CNA-K informed R6 they were going to stand her up to clean her bottom, R6 was stood up, CNA-N wiped R6's with a disposable wipe and R6's product and brief were pulled up. R6 was then seated in the wheelchair. CNA-K removed her gloves & left R6's bathroom. CNA-N stated to R6 I don't want you to do any more self-transfers. Do not put yourself on toilet. CNA-N handed R6 the New Testament and wheeled R6 out of the bathroom into her room. CNA-N showed R6 the call light and told R6 to use it. CNA-N placed the gait belt in the bathroom, gathered garbage removed her gloves & cleansed her hands. CNA-N told R6 next time to let her know when she has to go to the bathroom, don't go herself and left R6's room with the garbage. Surveyor noted R6 was not toileted after lunch according to her fall plan of care and R6 transferred herself. On [DATE], at 1:08 p.m., the facility's chaplain wheeled R6 out of the room informing Surveyor she's going to take R6 to services. On [DATE], at 10:12 a.m., Surveyor asked Licensed Practical Nurse/Interim Unit Manager (LPN/IUM)-L if R6 has a fall intervention to take resident to toilet after meals what is the expectation. LPN/IUM-L stated right after meal. Surveyor asked LPN/IUM-L how would the CNA know this. LPN/IUM-L informed Surveyor the care card is updated with the fall intervention plan. Surveyor informed LPN/IUM-L of the observation of R6 not being taken to the toilet after lunch and R6 self-transferred herself onto the toilet. No additional information was provided.

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	10/29/2025

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

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review the facility did not ensure 1 (R1) of 2 residents with indwelling urinary catheter received the appropriate care and services.R1 was observed without a stat lock on R1's catheter tubing per physician orders and CNA-J was observed not clean the end of spigot prior to placing the spigot back in the collection bag.Findings include:The facility's policy titled, Urinary Elimination Standard of Care Including Indwelling Urinary Catheter Insertion/Maintenance/Removal & Urinary Incontinence and Retention - Adult and last revised 5/23/22 under Indwelling Catheter Maintenance documents G. Maintain unobstructed urine flow by keeping the collection bag below the bladder, off the floor, unkinked and regularly empty collection bag with patient specific collection container. Avoid touching drainage spigot with collection container when emptying.R1's diagnoses include multiple sclerosis, (disease in which the immune system eats away the protective covering of nerves resulting in disruption in communication between the brain & body), spastic paraplegia (group of inherited neurological disorders characterized by progressive weakness, stiffness, and spasms in the legs), and neuromuscular dysfunction of bladder (condition where the nerves and muscles that control bladder function are impaired, leading to abnormal urinary symptoms).R1's altered elimination related to use of suprapubic catheter care plan with a goal date of 12/15/25 includes approaches of STATLOCK device - to secure catheter change. Start date 9/11/25. STATLOCK - Device to secure catheter. Change weekly and PRN (as needed) if STATLOCK id (is) not secure or underlying skin issues. Start date 9/11/25.R1's significant change MDS (minimum data set) with an assessment reference date of 10/7/25 has a BIMS (brief interview mental status) score of 7 which indicates severe cognitive impairment. R7 is assessed as being dependent for toileting and is checked for an indwelling catheter.R1's physician order dated 10/8/25 documents Stat lock device used to secure catheter Change weekly and PRN (as needed) if stat lock is not secure every week every week & PRN change stat lock device.On 10/27/25, at 10:06 a.m., Surveyor observed R1 in bed on his back with the head of the bed elevated. Surveyor observed R1's urinary collection bag is attached to R1's bed frame on the left side.On 10/28/25, at 8:30 a.m., Surveyor observed CNA-J place PPE (personal protective equipment) on. Surveyor asked CNA-J other than feeding R1 has she done any other cares for R1 this morning. CNA-J replied no just check catheter. At 8:33 a.m. Licensed Practical Nurse (LPN)-E entered R1's room wearing PPE. CNA-J lowered the head of R1's bed and placed a wash basin on R1's over bed table. CNA-J removed the pillow from under R1's head & removed R1's pressure relieving boots, and LPN-E removed a wedge from under R1's left shoulder. At 8:40 a.m. LPN-E removed the urinary collection bag from R1's bed frame and held onto the bag while CNA-J removed the spigot from the holder, placed the spigot into a graduate and emptied 400 cc (cubic centimeters) of yellow urine. CNA-J placed the spigot back in the holder, went into the bathroom, emptied the urine into the toilet and rinsed the graduate. Surveyor observed CNA-J did not cleanse the end of the spigot with an alcohol pad. LPN-E attached the urine collection bag back on R1's bed frame. CNA-J & LPN-E removed their gloves, cleansed their hands, and placed gloves on. Surveyor observed morning cares for R1 until 9:16 a.m. During this observation Surveyor did not observe a stat lock to hold R1's catheter tubing.On 10/28/25, at 10:33 a.m., Surveyor asked LPN-E if R1 should have a stat lock on for the catheter tubing. LPN-E replied yes. Surveyor informed LPN-E R1 does not have a stat lock on. LPN-E stated Oh my God I didn't even notice it. I'll put one on.On 10/28/25, at 11:00 a.m. Surveyor asked Director of Nursing (DON)-B procedure for emptying a urinary catheter bag. DON-B informed Surveyor staff should place gloves on, remove spigot, empty, clean tip and place back in holder, empty in commode, and rinse. Surveyor informed DON-B of the observation of R1's spigot not being cleaned with an alcohol pad.No additional information was provided.

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	10/29/2025

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

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (continued on next page)

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	10/29/2025

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

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility did not maintain an infection prevention and control program designed to reduce the transmission of disease and infection for 1 (R3) of 1 Resident.* Staff did not perform hand hygiene before, during, and after transferring R3 with the mechanical lift. Staff did not wipe down the mechanical lift after transferring R3.Findings include:The facility's Hand Hygiene last revised 6/25 documents:Policy Statement: This community considers hand hygiene the single most important practice to prevent infections and promote resident safety. Evidence based hand hygiene guidance is practiced to reduce the risk of transmission of pathogenic microorganisms to residents, associates, and visitors.Policy Interpretation and ImplementationA. Supplies necessary for adherence to hand hygiene are readily accessible in all areas where resident care is being delivered.E. Hand hygiene is practiced:1.Immediately before touching a resident4. After touching a resident or the resident's immediate environment6. Immediately after glove removalF. Hand hygiene is the final step after removing and disposing of personal protective equipment.G. The use of gloves does not replace hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.H. Single-use disposable gloves should be applied:3. When in contact with a resident, the equipment or the environment of a resident, who is on contact precautions.The facility's Lifting Machine, Using a Portable last revised 6/25 policy and procedure documents:Steps in the ProcedureA. Perform hand hygiene before beginning the procedureC. Perform hand hygiene when transfer is completed and the resident is in a safe and comfortable position.Procedure for total lift transfer:Q. Lift should be wiped down after use, with either a disinfectant or sanitizing wipe.R3 was admitted to the facility on [DATE] with diagnoses of Atherosclerotic Heart Disease of the Native Coronary Artery(plaque buildup narrows the arteries that supply blood to the heart) Block, Paroxysmal Atrial Fibrillation(irregular heartbeats occur intermittently and spontaneously resolve within 7 days), Iron Deficiency Anemia(blood does not have enough healthy red blood cells to carry oxygen throughout body, Hypothyroidism(underactive thyroid), Major Depressive Disorder(persistent feelings of sadness, hopelessness, and a loss of interest or pleasure in activities), and Dementia (loss of memory, language, problem-solving and other thinking abilities severe enough to interfere with daily life). R3 was discharged to the hospital on 8/18/25 and returned from the hospital on 9/11/25 with a diagnosis of Non-displaced Oblique Fracture of the Distal Shaft of Left Femur. R3's Significant Change Minimum Data Set(MDS) completed 9/16/25 documents R3's Brief Interview for Mental Status(BIMS) score to be 12, indicating R3 is moderately cognitively impaired. The MDS documents: R3 is not demonstrating mood or behavior symptoms; R1 has range of motion impairment on one side of lower extremity; R3 requires supervision for eating. R3 is dependent for upper and lower dressing and for transfers; R3 requires substantial/maximum assistance for mobility; R3 is always incontinent of bowel and bladder; R3 is at risk for developing pressure ulcer/injuries and that R3 is mobile via wheelchair.On 10/28/25, at 9:45 AM, Surveyors observed Certified Nursing Assistant (CNA)-F and Certified Nursing Assistant (CNA)-G transfer R3 from bed to wheelchair utilizing a mechanical lift. R3 gave permission for Surveyor to observe.Surveyor notes that CNA-F brought a mechanical lift into R3's room and CNA-G also entered R3's room. Surveyor observed CNA-F and CNA-G place gloves on, but did not perform hand hygiene prior to placing the gloves on. Both CNA-F and CNA-G transferred R3 utilizing the mechanical lift. CNA-F took CNA-F's gloves off, did not perform hand hygiene prior to exiting R3's room. CNA-F entered R3's room carrying a towel, washcloth, and pad for the bed. Surveyor observed CNA-F not performing hand hygiene. CNA-F went into the bathroom and got the washcloth wet and handed the washcloth to R3 to wipe R3's face. CNA-F did not perform hand hygiene or place gloves on. Both CNA-F and CNA-G exited R3's room and did not perform hand hygiene. Team member Surveyor observed CNA-G take the mechanical lift and place in the equipment room. Surveyor observed CNA-G not wipe down the mechanical lift after use in transferring R3.On 10/28/25, at 3:01 PM, Surveyor informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B of the concern that CNA-F and CNA-G did not perform hand hygiene before, during, and after transferring R3 with the mechanical lift and did not wipe down the mechanical lift after use.No additional information has been provided by the facility as to why CNA-F and CNA-G did not perform hand hygiene or wipe down the mechanical lift with the transfer of R3.On 10/29/25, at 7:37 AM, Surveyor interviewed Registered Nurse (RN)-H who confirmed that RN-I is the facility Infection Preventionist. RN-H stated that staff were trained