STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020393	A. BUILDING: _____ B. WING _____	C 08/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN PLACE MEMORY CARE	9201 W DREXEL AVE FRANKLIN, WI 53132

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 08/19/2026 with information gathered thru 8/20/2026, Surveyor conducted 2 complaint investigations at Franklin Place Memory Care. One complaint was substantiated. One complaint was unsubstantiated. One deficiency was identified. Census: 50	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review, and interview, the provider did not ensure resident received all prescribed medications in the dosage and at intervals prescribed by a practitioner for 1 of 1 resident reviewed (Resident 2). Findings include: The Department received a complaint on 08/18/2026 alleging a resident did not receive medications as prescribed by physician for 2 days after moving into the facility. On 08/19/2026, at 11:40 AM, Surveyor reviewed resident records and identified the following: Resident 2 was admitted on 06/18/2026 with	N 352		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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N 352	Continued From page 1	N 352		

diagnoses of Parkinsons disease, hypertension and dementia. Surveyor reviewed Resident 2's medication administration record (MAR), dated June 2026, which indicated Resident 2 was prescribed medications which included amlodipine 5 milligrams (mg) (take 1 tablet by mouth once daily for hypertension), carbidopa-levodopa (carb/levo) 25/100mg tabs (take 1 tablet by mouth three times daily for Parkinson's disease), Simethicone chew 80 mg tab (chew 1 tablet by mouth twice daily for abdominal discomfort/gas/bloating).

Resident 2's June MAR indicated the following:
Amlodipine 5 mg, Mid-day dose
- June 18, 2026 (Resident not moved in)
Carb/levo 25/100mg tabs, Mid-day dose
- June 18, 2026 (Resident not moved in)
Simethicone chew 80 mg tab, PM dose
- June 18, 2026 (Resident not moved in)

Amlodipine 5 mg, Mid-day dose
- June 19, 2026 (Resident not moved in)
Carb/levo 25/100mg tabs, AM dose
- June 19, 2026 (Resident not moved in)
Carb/levo 25/100mg tabs, Mid-day dose
- June 19, 2026 (Resident not moved in)
Carb/levo 25/100mg tabs, PM dose
- June 19, 2026 (Resident not moved in)
Simethicone chew 80 mg tab, AM dose
- June 19, 2026 (Resident not moved in)

On 08/18/2026, at approximately 12:30 PM, Surveyor interviewed Clinical Services Director (CSD) A who confirmed the medications were not entered correctly into the newly installed medication administration system. This data entry error caused there to be no alert given to the medication technician to administer medications. CSD A confirmed they are responsible for

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N 352	Continued From page 2 entering all medications into the system the day a new resident moves in stating, "I now specifically look to confirm the new MAR is active."	N 352		