Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016852	A. BUILDING: _____ B. WING _____	C 08/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CAMILLUS MEMORY CARE NORTH RESIDE	10201 W WISCONSIN AVE WAUWATOSA, WI 53226

(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 08/26/2026, Surveyor conducted a complaint investigation at St. Camillus Memory Care. One deficiency was identified. One complaint was substantiated. Census: 67	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 interviews, the provider did not ensure 1 of 1 resident reviewed (Resident 1) received medications in the dosage and at intervals prescribed by a practitioner. Resident 1 required staff to administer his/her medications and had an order for a fentanyl patch with instructions to remove the old patch before applying the new patch. On 08/10/2026, Staff observed Resident 1 had 2 patches on at once. This is a repeat deficiency. See Statement of Deficiency H1KM11, dated 11/23/2021. Findings include: On 08/11/2026, the Department received a complaint which identified concerns related to medication administration. Record Review	N 352		

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

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N 352	Continued From page 1 On 08/26/2026, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted on 06/18/2024 with diagnoses including dementia, hypothyroidism, hyperlipidemia, anxiety, macular degeneration, hypertension and atrial fibrillation. Resident 1's August 2026 Medication Administration Record (MAR). Resident 1's MAR listed Fentanyl Transdermal Patch 12 micrograms (MCG)/hour (HR) and to apply one patch at bedtime every 72 hours with instructions to remove old patch before applying new patch/rotate sites. The 08/06/2026 10 PM square indicating the patch had been administered was blank. Interviews On 08/26/2026, at 12:20 PM, Surveyor interviewed Registered Nurse B (RN) B regarding the blank space dated 08/06/2026 on Resident 1's MAR. RN B stated, "I administered it, but I did not record it in the medication record." On 08/26/2026, at 12:45 PM, Surveyor interviewed Caregiver C who reported they had come to work at 10:00 PM on 08/10/2026. They received a call from [Resident 1's] family expressing concern that they had witnessed a caregiver apply a 2nd fentanyl patch without removing the first one. I went with [Caregiver F] to check and found there were 2 patches on [Resident 1]. I'm not sure how this happened because I wasn't working when it took place, but we removed the older patch at that time."	N 352		