

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0008627	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/12/2026
NAME OF PROVIDER OR SUPPLIER ALEXIAN VILLAGE SQUARE		STREET ADDRESS, CITY, STATE, ZIP CODE 9301 N 76TH ST MILWAUKEE, WI 53223		
(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 08/12/2026, Surveyor completed 2 complaint investigations at Alexian Village Square. As a result, 2 deficiencies were identified. The 2 complaints were substantiated. Census: 45	N 000		
N 328	83.31(4)(c) Involuntary discharge notice requirements. Discharge or transfer initiated by CBRF. Notice requirements. Every notice of involuntary discharge shall be in writing to the resident or resident ' s legal representative and shall include all of the following: 1. A statement setting forth the reason and justification for discharge listed under par. (b). 2. A statement that the resident or the resident ' s legal representative may ask the department to review the involuntary discharge by sending a written request within 10 days of receipt of the discharge statement to the department ' s regional office with a copy to the CBRF. The notice shall state that the request must provide an explanation why the discharge should not take place. 3. The name, address and telephone number of the department ' s regional office director. 4. The name, address and telephone number of the regional office of the board on aging and long term care ' s ombudsman program. For residents with developmental disability or mental illness, the notice shall include the name, address and telephone number of the protection and advocacy agency designated under s. 51.62(2)(a), Stats. This Rule is not met as evidenced by: Based on record review and interview, the	N 328		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 328	Continued From page 1 provider did not ensure that an involuntary discharge notice provided to 1 of 1 resident (Resident 1), included a statement that the resident may ask the Department to review the involuntary discharge by sending a written request within 10 days of receipt of the discharge statement to the Department's regional office with a copy to the CBRF (community based residential facility), the name, address and telephone number of the Department's regional office director, and the name, address, and telephone number of the regional office of the board on aging and long term care's ombudsman program. Findings include: On 08/05/2026, at 12:30 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 04/03/2026, with diagnoses including unspecified psychosis, anxiety and major depressive disorder. Surveyor reviewed the involuntary discharge notice, dated 04/27/2026. The notice stated, " ...This letter serves as a 30-day notice of discharge from Avina Living of Milwaukee. The reason you are being discharged is as follows: Your needs can't be met by this facility, or you require care other than that which this facility can provide. Your health and/or safety or the safety of others has become a well-being concern by you remaining at this facility. The anticipated date of your discharge following this notice is May 26st [sic], 2026. Please see [Nurse Manager A] or [Administrator B] if you have any questions or require further information. Thank you ..."	N 328		

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N 328	Continued From page 2 The involuntary discharge letter did not included a statement that the resident may ask the Department to review the involuntary discharge by sending a written request within 10 days of receipt of the discharge statement to the Department's regional office with a copy to the CBRF (community based residential facility), the name, address and telephone number of the Department's regional office director, and the name, address, and telephone number of the regional office of the board on aging and long term care's ombudsman program. On 08/12/2026, at 2:30 PM, Surveyor interviewed Administrator B and Nurse Manager A. Administrator B reported s/he was unaware of the requirement and would ensure any discharge notices in the future reflected the requirements.	N 328		
N 382	83.35(1)(b) Sources used for assessment information. Information gathering. The CBRF shall base the assessment on the current diagnostic, medical and social history obtained from the person ' s health care providers, case manager and other service providers. Other service providers may include a psychiatrist, psychologist, licensed therapist, counselor, occupational therapist, physical therapist, pharmacist or registered nurse. The administrator or designee shall hold a face-to-face interview with the person and the person ' s legal representative, if any, and family members, as appropriate, to determine what the person views as his or her needs, abilities, interests, and expectations. This Rule is not met as evidenced by:	N 382		

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N 382	Continued From page 3 Based on record review and interview, the provider did not ensure Resident 1's preadmission assessment was conducted with Resident 1's service providers and was based on Resident 1's needs, abilities, interests, and expectations. Resident 1's case management team or other service providers were not contacted, and Resident 1 had a Wander-Guard placed upon admission. Finding include: On 04/22/2026 and 04/29/2026, the Department received 2 complaints regarding the placement of Wander-Guards. On 08/05/2026, at 12:30 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 04/03/2026, with diagnoses including unspecified psychosis, anxiety and major depressive disorder. Resident 1's preadmission assessment, dated 04/01/2026, under behavior/mental condition indicated the following: Orientation to date, day and place - oriented well Wanders or confusion - [blank] Memory/recall - oriented well Judgment - oriented well Sociability - oriented well Resident 1's elopement risk assessment, dated 04/03/2026, indicated s/he was a risk for elopement based on her/his diagnoses, admission to the facility, statements of being able to leave the facility and a prior elopement. Surveyor was unable to locate evidence of any attempts to Resident 1's service providers to locate further information regarding Resident 1's needs, abilities, interest and expectations prior to	N 382		

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N 382	Continued From page 4 her/his admission to the facility. On 08/05/2026, at 2:35 PM, Surveyor interviewed Nurse Manager A. Nurse Manager A reported s/he receives the information for possible admission from the admission's office. Nurse Manager A reported s/he did not speak with or collect information from Resident 1's managed care organization (MCO) or any other service providers but had Resident 1 and her/his family member Power of Attorney (POA) C come into the facility for an interview. Nurse Manager A reported Resident 1 seemed cognizant during the interview and did not see any concerns with her/his cognition. Nurse Manager A reported when Resident 1 was admitted on 04/03/2026, Resident 1 made remarks about how s/he wanted and could go shopping at Walmart. Nurse Manager A reported POA C confirmed Resident 1 was capable of leaving independently and "would find [her/his] way back". Nurse Manager A reported s/he had concerns regarding Resident 1 leaving the facility independently to go shopping as s/he was new to the area. Nurse Manager A reported POA C indicated Resident 1 had left a previous facility and the facility indicated it was an elopement, however POA C reported it was not an elopement. Nurse Manager A confirmed s/he did not know any further circumstances into the possible elopement from the previous facility. Nurse Manager A reported Administrator B spoke with POA C and indicated they wanted to put a Wander-Guard on Resident 1 for a couple days to help track Resident 1. Nurse Manager A reported at first POA C finally agreed to the Wander-Guard and then changed her/his mind. Nurse Manager A reported they placed the Wander-Guard, and eventually Resident 1 would remove it. Nurse Manager A confirmed they did not attempt other	N 382		

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N 382	Continued From page 5 interventions before placing the Wander-Guard. Nurse Manager A confirmed Resident 1 never left the campus and would only go visit other parts of the campus.	N 382			