STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017994	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LANE FAMILY CARE	384 LYONS ROAD BIRNAMWOOD, WI 54414

(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 06/24/2024 with additional information gathered through 06/26/2024, Surveyors conducted a standard survey at Autumn Lane Family Care. As a result, 1 deficiency was identified. Census: 16	N 000		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide a safe, clean, comfortable and homelike living environment. Findings include: On 06/24/2024, Surveyors conducted a standard survey. Common Area : At approximately 10:10 AM Surveyors toured the common area with Director A and observed the following: Two ceiling fans had a thick dust-like substance covering the blades and the ceiling above the blades. Ceiling vents located in both halls, the common dining room, kitchen, and 2 of 2 common resident bathrooms contained a thick gray dust-like	N 481		

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

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N 481	Continued From page 1	N 481		

substance covering the entirety of the air vent.
Four tears in the carpeting exposing the concrete below the carpet. One tear was located off the common living room and was approximately 5 feet long by 4 inches wide. Three carpet tears were in the back hallway and were approximately 3 feet long by 2 inches wide.
Approximately 10 round black stains varying in size were observed on the carpet in the second smaller common living room.
Chipped paint located on the bottom portion and surrounding the handle of the entry door.
Two recliners, 2 mechanical lifts, 2 wheelchairs, 1 walker and a table and chair with a puzzle located in the corner of the large common living room, congested the area and obstructed the walking path.
Railing spindles located on the front porch were observed to be broken and had chipped paint.
At approximately 10:17 AM, Surveyors toured the kitchen area and observed the following in the 2 freezers:
One freezer had brown dried crumbs on the bottom of the freezer and had approximately 1 inch of frost covering 3 of 3 shelves.
The second freezer had approximately 3 inches of ice on the bottom of the freezer and approximately 2 inches of ice on the walls of the freezer.
At approximately 10:21 AM, Surveyors toured Resident 1's room and observed the following:
A 3-foot wall with black marks and damage to the drywall across the entirety of the wall.
Patchwork that was left unpainted.
Chipped laminate flooring.
A dented heat register.
Visible debris on the carpeting.
At approximately 10:25 AM, Surveyors toured 2 common resident bathrooms and observed the following:

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N 481	Continued From page 2 Broken toilet paper holders. Paper towel holders that were not single dispensing and covered. 1 of 2 bathrooms had chipped paint surrounding the grab bar next to the toilet. At approximately 10:35 AM, Surveyors toured Resident 2's room and observed the following: Walls had brown dried feces-like marks located by the toilet and toilet paper holder. Visible debris on the carpeting. On 06/26/2024 at approximately 1:41 PM, Surveyors interviewed Director A, who acknowledged the maintenance and cleanliness concerns listed. Director A stated s/he was hoping to have the carpeting replaced within the next year.	N 481		