STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010953	A. BUILDING: _____ B. WING _____	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LIVING SOUTH	4340 S 116TH ST GREENFIELD, WI 53228

(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 09/24/2025, Surveyor conducted an abbreviated licensure survey at Autumn Living South. Five deficiencies were identified. Census: 7	N 000		
N 356	83.32(3)(l) Rights of Residents: Least restrictive env In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Least restrictive environment. Have the least restrictive conditions necessary to achieve the purposes of the resident ' s admission. The CBRF may not impose a curfew, rule or other restriction on a resident ' s freedom of choice. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure each resident's right to the least restrictive environment necessary by preventing 1 of 1 resident (Resident 1) access to the community refrigerator and his/her bedroom shower. Findings include: The facility is licensed as a Class AS (semi-ambulatory) assisted living facility that can provide care and services to 8 residents within the client groups developmentally disabled and advanced aged. On 09/24/2025, at approximately 11:30 AM, Surveyor toured the facility and observed a locking device on the refrigerator and freezer	N 356		

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

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N 356	Continued From page 1	N 356		

doors. Surveyor determined the locking device could be opened by squeezing two plastic tabs at the same time which would disengage the locking device.

On 09/24/2025, at approximately 12:30 PM, Resident 1 took Surveyor's hand and led him/her to Resident 1's bedroom and wanted Surveyor to open up his/her closet. Surveyor attempted to open the closet and realized the closet had a device behind the sliding door so that the door would not open. Caregiver B walked into the room and informed Surveyor that the blocking device had been installed on the closet because Resident 1 would remove his/her clothing several times a day. Surveyor asked Caregiver B why locking devices had been placed on the refrigerator. Caregiver B stated that Resident 1 would remove items from the refrigerator throughout the day.

On 09/24/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home 11/06/2017 with diagnosis of intellectual disabilities.

Resident 1's individual service plan (ISP), dated 06/30/2025, documented:
"Eating: Has a good appetite."
"Dressing: Client dresses self with assistance. Client needs assist to pick out clothes appropriate to weather."
"Propensity to Choke on Certain Foods: No problem swallowing."
The ISP did not document restrictive measures had been put in place regarding Resident 1's behaviors regarding his/her ability to open the community refrigerator and opening his/her bedroom closet.

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N 356	Continued From page 2 On 09/24/2025, at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A stated that the locking devices should not have been installed and would be removed immediately.	N 356		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure an assessment of 1 of 1 resident's physical and mental condition was completed when resident (Resident 2) was allowed to self-administer medications. Findings include: The facility is licensed as a Class AS (semi-ambulatory) assisted living facility that can provide care and services to 8 residents within the client groups developmentally disabled and	N 381		

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N 381	Continued From page 3 advanced aged. On 09/24/2025, at approximately 12:45 PM, Surveyor and Caregiver B observed Resident 2's medications in the med closet. Surveyor observed an empty box with a label that stated, "Advair (inhaler) - Inhale 2 puffs into the lungs 2 times a day in the morning and evening." Caregiver B stated Resident 2 had the inhaler in his/her room as s/he self-administered the medication. Caregiver B and Surveyor walked into Resident 2's room where Surveyor observed the inhaler. On 09/24/2025, Surveyor reviewed Resident 2's record. Resident 2 admitted to the facility on 08/17/2022. Resident 2's September 2025 Medication Administration Record (MAR), dated 09/01/2025 to 09/23/2025, documented the Advair inhaler had been administered as prescribed. Resident 2's individual service plan, dated 05/15/2025, documented: "Staff to administer medications" On 09/24/2025, at approximately 1:30 PM, Surveyor interviewed Administrator A and Caregiver B. Surveyor requested clarification on whether or not the provider had a bedside order for Resident 2's inhaler or if s/he had been assessed to self-administer the inhaler. Administrator A stated the inhaler should not have been placed in Resident 2's room for self-administration.	N 381		

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N 387	Continued From page 4	N 387		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident's individual service plan (ISP) was signed by the resident or resident's legal representative acknowledging their involvement in, understanding of, and agreement with the plan for 2 of 2 residents (Resident 1 and Resident 2) reviewed. Findings include: On 09/24/2025, Surveyor reviewed Resident 1's and Resident 2's records. Resident 1 admitted to the facility on 11/06/2017, and was represented by Guardian B. Resident 1's ISP, dated 07/08/2024 and	N 387		

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N 387	Continued From page 5 06/30/2025, was not signed by Guardian B. Resident 2 admitted to the facility on 08/17/2022 and was his/her own person. Resident 2's ISP, dated 06/06/2024 and 05/15/2025, was not signed by Resident 2. On 09/24/2025, at approximately 1:30 PM, Surveyor interviewed Administrator A and Caregiver B. Administrator A stated a signature page would be utilized when collecting signatures for the residents ISPs.	N 387		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident records reviewed were updated when there was a change in condition. Resident 2's Individual Service Plan (ISP) was	N 389		

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N 389	Continued From page 6	N 389		

not updated to reflect his/her dietary behaviors.

Findings include:

The facility is licensed as a Class AS (semi-ambulatory) assisted living facility that can provide care and services to 8 residents within the client groups developmentally disabled and advanced aged.

On 09/24/2025, at approximately 12:30 PM, Surveyor interviewed Resident 2 in his/her bedroom. Surveyor asked Resident 2 if s/he enjoyed lunch. Resident 2 stated s/he rarely ate what the provider prepared and served.

On 09/24/2025, at approximately 12:45 PM, Surveyor interviewed Caregiver B. Surveyor asked for clarification on Resident 2's dietary behaviors. Caregiver B stated that Resident 2 was very picky about what s/he ate and often did not participate in the meals.

On 09/24/2025, Surveyor reviewed Resident 2's record.

Resident 2 admitted to the facility on 08/17/2022 with diagnosis of depression.

Resident 2's ISP, dated 05/15/2025, documented:
"Eating - General Diet"
"Foor Prep - Staff will prepare food according to standards of practice"
The ISP did not document Resident 2's dietary behaviors and provide guidelines for staff on how to redirect resident.

On 09/24/2025, at approximately 1:15 PM, Surveyor interviewed Administrator A. Surveyor discussed Resident 2's ISP and the lack of

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N 389	Continued From page 7 guidance provided regarding his/her dietary behaviors. Administrator A stated s/he would update Resident 2's ISP accordingly.	N 389		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure evacuation drills, such as tornado, flooding or other emergency or disaster, were completed at least semi-annually in 2023, 2024, and 2025. Findings include: The facility is licensed as a Class AS (semi-ambulatory) assisted living facility that can provide care and services to 8 residents within the client groups developmentally disabled and advanced aged. On 09/24/2025, Surveyor and Caregiver B reviewed the provider's life safety documentation. Surveyor noted the other evacuation drills for 2023, 2024 and 2025 were not completed semi-annually. The documents stated: 04/03/2025 7:00 AM - Flood 04/03/2025 7:10 AM - Tornado 04/08/2024 10:45 AM - Flood 04/08/2024 11:00 AM - Tornado 04/04/2023 - Tornado Surveyor asked for clarification as to why the two required other evacuation drills were completed	N 526		

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N 526	Continued From page 8 on the same day. Caregiver B stated s/he was responsible for conducting the evacuation drills and did not know they could not be completed on the same day. On 09/24/2025, at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would ensure that going forward, one evacuation drill would be completed within the first six months of the year and the second would be completed during the second six months of the year.	N 526		