STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014550	A. BUILDING: _____ B. WING _____	C 12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN BAY OF PEWAUKEE	539 E WISCONSIN AVE PEWAUKEE, WI 53072

(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 12/06/2023, Surveyor conducted a complaint investigation at Autumn Bay of Pewaukee, a CBRF in Pewaukee. One deficiency was identified. The complaint was substantiated. Census: 18	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.	N 328		

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

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N 328	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's notice of involuntary discharge included a statement that Resident 1 or his/her legal representative may ask the department to review the involuntary discharge, the contact information of the department's regional office director and the contact information for the board on aging and long-term care. Findings include: On 12/06/2023, Surveyor conducted a complaint investigation alleging the provider did not provide information regarding the right to appeal when the provider issued a 30-day involuntary discharge notice. On 12/06/2023 at approximately 12:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 01/31/2022. Resident 1 had an activated Health Care Power of Attorney (HCPOA). Resident 1's record included a letter addressed to Resident 1's HCPOA, dated 07/10/2023, that stated the following: "This letter serves as a formal 30 day notice of discharge ... As you are aware, [Resident 1]'s agitation and anxiety create an unsafe environment for [Resident 1], care staff and those around [him/her]. Despite numerous recommendations from psychiatric and geriatric medical professionals including those affiliated with [his/her] [hospice team], your refusal perpetuates [Resident 1]'s behaviors, and the frequency and severity of such incidences is escalating with [his/her] disease progression. It is	N 328		

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AUTUMN BAY OF PEWAUKEE	539 E WISCONSIN AVE PEWAUKEE, WI 53072

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N 328	Continued From page 2 for these reasons and in accordance with our admission agreement as well as our licensing guidelines mentioned below, [the provider] has initiated the discharge process." The letter explained that Resident 1's care was inconsistent with the facility's program statement and beyond that which the facility is required to provide under the terms of the admission agreement and that there was an imminent risk of serious harm to the health or safety of the resident, other residents or employees. The letter did not include a statement that Resident 1 or his/her legal representative may ask the department to review the involuntary discharge, the contact information for the department's regional office director or the contact information for the regional office of the board on aging. On 12/06/2023 at approximately 12:30 p.m., Surveyor interviewed Executive Director A. Executive Director A stated the provider's staff had a meeting with Resident 1's HCPOA, managed care team and hospice team on 07/10/2023 and the need for discharge was discussed. Executive Director A stated the discharge notice was physically provided to Resident 1's HCPOA on 07/31/2023. Surveyor asked Executive Director A if Resident 1's HCPOA was provided a statement that s/he may ask the department to review the involuntary discharge, the contact information for the department's regional office director or the contact information for the regional office of the board on aging. Executive Director A replied, "No" and explained that s/he provided contact information for the Ombudsman.	N 328		