STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016326	A. BUILDING: _____ B. WING _____	C 09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN CREEK II CQS LLC	1326 WILLOW DR OAK CREEK, WI 53154

(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 09/18/2025, Surveyor conducted a standard survey and 1 complaint investigation at Autumn Creek II in Oak Creek. Two deficiencies were identified. One of two was a repeat deficiency (see Statement of Deficiency RH0S12, dated 08/26/2021). One complaint was unsubstantiated. Census: 12	N 000		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure documentation of medication administration for 7 of 7 residents reviewed (Residents 1, 2, 3, 7, 8, 9, and 10). There were blank areas on 7 of 7 Medication Administration Records (MARs) where staff would document medication administration.	N 415		

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

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N 415	Continued From page 1 Findings include: On 09/18/2025, Surveyor reviewed the facilities September 2025 Medication Administration Record (MAR) and identified the following: Resident 1 There was no documentation of medication administration or refusals documented in the following dates and times: -09/17/2025: Acetaminophen 500 milligrams mg (6:00 AM); Aspirin enteric coated (EC) 81 mg (6:00 AM); Lisinopril 5 mg (6:00 AM); Metformin hydrochloride (HCL) 500 mg (6:00 AM); Metoprolol succinate 50 mg (6:00 AM); Naproxen 250 mg (6:00 AM); Nitroglycerin patch 0.1 mg/hour (hr) (6:00 AM); Pantoprazole sodium 40 mg (6:00 AM); Polyethylene glycol 3350 17 gram/dose powder (6:00 AM); and Senna-docusate 8.6-50 mg (6:00 AM). -09/18/2025: Acetaminophen 500 milligrams mg (6:00 AM); Aspirin EC 81 mg (6:00 AM); Lisinopril 5 mg (6:00 AM); Metformin HCL 500 mg (6:00 AM); Metoprolol Succinate 50 mg (6:00 AM); Naproxen 250 mg (6:00 AM); Nitroglycerin Patch 0.1 mg/hr Patch TD24 (6:00 AM); Pantoprazole Sodium 40 mg (6:00 AM); Polyethylene Glycol 3350 17 gram/dose powder (6:00 AM); Senna-Docusate 8.6-50 mg (6:00 AM). Resident 2 There was no documentation of medication administration or refusals documented in the following dates and times: -09/17/2025: Nystatin 100,000 Unit/Gram Powder; Pantoprazole Sodium 40 mg (6:00 AM); Olmesartan medoxomil 40 mg (6:00 AM);	N 415		

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N 415	Continued From page 2	N 415		

Trintellix 10 mg (6:00 AM); Vitamin B-12 500 mg (6:00 AM); Vitamin D3 5,000 Unit (6:00 AM); Vraylar 1.5 mg; Amlodipine besylate 10 mg (6:00 AM); Docusate Sodium 100 mg (6:00 AM); Hydrochlorothiazide 25 mg (6:00 AM); Jardiance 25 mg (6:00 AM); Metformin HCL ER 500 mg (6:00 AM); Metoprolol Succinate 100 mg (6:00 AM); Atorvastatin Calcium 40 mg (6:00 AM); Metformin HCL ER 500 mg (6:00 AM).

-09/18/2025: Nystatin 100,000 Unit/Gram Powder; Olmesartan medroxalol 40 mg (6:00 AM); Pantoprazole Sodium 40 mg (6:00 AM); Trintellix 10 mg (6:00 AM); Vitamin B-12 500 mg (6:00 AM); Vitamin D3 5,000 Unit (6:00 AM); Valar 1.5 mg; Amlodipine besylate 10 mg (6:00 AM); Docusate Sodium 100 mg (6:00 AM); Hydrochlorothiazide 25 mg (6:00 AM); Jardiance 25 mg (6:00 AM); Metformin HCL ER 500 mg (6:00 AM); Metoprolol Succinate 100 mg (6:00 AM); Atorvastatin Calcium 40 mg (6:00 AM); Metformin HCL ER 500 mg (6:00 AM).

Resident 3
There was no documentation of medication administration or refusals documented in the following dates and times:

-09/17/2025: Aripiprazole 15 mg (6:00 AM); Fluphenazine HCL 5 mg (6:00 AM); Loratadine 10 mg mg (6:00 AM); Pantoprazole sodium 20 mg (6:00 AM); Vitamin D3 2,000 Units (6:00 AM).

-09/18/2025: Aripiprazole 15 mg (6:00 AM); Fluphenazine HCL 5 mg (6:00 AM); Loratadine 10 mg (6:00 AM); Pantoprazole sodium 20 mg (6:00 AM); Vitamin D3 2,000 Units (6:00 AM).

Resident 7
There was no documentation of medication

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N 415	Continued From page 3	N 415		

administration or refusals documented in the following dates and times:

-09/17/2025: Aspirin 81 (mg) (6:00 AM); Brilinta (60) mg (6:00 AM); Jardiance 25 mg (6:00 AM); Metformin HCL 1,000 mg (6:00 AM); Sertraline HCL 50 mg (6:00 AM); Tamsulosin HCL 0.4 mg (6:00 AM).

-09/18/2025: Aspirin 81 mg (6:00 AM); Brilinta 60 mg (6:00 AM); Jardiance 25 mg (6:00 AM); Metformin HCL 1,000 mg (6:00 AM); Sertraline HCL 50 mg (6:00 AM); Tamsulosin HCL 0.4 mg (6:00 AM).

Resident 8
There was no documentation of medication administration or refusals documented in the following dates and times:

-09/17/2025: Aripiprazole 5 mg (6:00 AM); Nystatin 100,000 Unit/Gram Powder; Pantoprazole Sodium 40 mg (6:00 AM).

-09/18/2025: Aripiprazole 5 mg (6:00 AM); Nystatin 100,000 Unit/Gram Powder; Pantoprazole Sodium 40 mg (6:00 AM).

Resident 9
There was no documentation of medication administration or refusals documented in the following dates and times:

-09/17/2025: Moisture Eye Drop 1-0.3% Drops (6:00 AM); Nystatin 100,000 Unit/Gram Cream (6:00 AM); Pantoprazole sodium 40 mg (6:00 AM); Sertraline HCL 50 mg (6:00 AM); Triamcinolone acetonide 0.1% Lotion (6:00 AM); Triamterene-HCTZ 37.5-25 mg (6:00 AM); Fexofenadine HCL 180 mg (6:00 AM); Loratadine

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N 415	Continued From page 4 10 mg (6:00 AM). -09/18/2025: Moisture Eye Drop 1-0.3% Drops (6:00 AM); Nystatin 100,000 Unit/Gram Cream (6:00 AM); Pantoprazole sodium 40 mg (6:00 AM); Sertraline HCL 50 mg (6:00 AM); Triamcinolone acetonide 0.1% Lotion (6:00 AM); Triamterene-HCTZ 37.5-25 mg (6:00 AM); Fexofenadine HCL 180 mg (6:00 AM); Loratadine 10 mg (6:00 AM). Resident 10 There was no documentation of medication administration or refusals documented in the following dates and times: -09/17/2025: Amlodipine besylate 5 mg (6:00 AM); Calcium 600-vit D3 600 mg (6:00 AM); Ferrous Sulfate 325 mg (6:00 AM); Amoxicillin 875 mg (6:00 AM); Vitamin D3 1000 units. -09/18/2025: Amlodipine besylate 5 mg (6:00 AM); Calcium 600-vit D3 600 mg (6:00 AM); Ferrous Sulfate 325 mg (6:00 AM); Amoxicillin 875 mg (6:00 AM); Vitamin D3 1000 units. On 09/18/2025, at approximately 1:30 PM, Surveyor interviewed Manager C who confirmed the medications had been administered but not documented. Manager C stated, "These medications are passed by the 3rd shift caregiver. I will speak with them about the importance of documenting what they administer."	N 415		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating	N 504		

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N 504	Continued From page 5 contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected at least every 3 years for 1 of 1 furnace. Manager C was not able to provide documented evidence of a furnace inspection since 08/17/2021. This is a repeat deficiency. See Statement of Deficiency RH0S12, dated 08/26/2021. Findings include: On 09/18/2025, Surveyor conducted a review of safety records. The most recent gas furnace inspection was dated 08/17/2021. Surveyor accompanied by Manager C observed the service sticker affixed to the side of the furnace which recorded 08/17/2021 as the latest inspection. On 09/18/2025, at approximately 1:30 PM, Surveyor interviewed Manager C who confirmed s/he was unable to find any additional record of a furnace inspection but assured Surveyor they would inform the maintenance department and have it done.	N 504		