STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020411	A. BUILDING: _____ B. WING _____	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LEAVES ASSISTED LIVING ESTATES	710 7TH AVE CUMBERLAND, WI 54829

(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 12/02/25, Surveyor began a standard licensure survey at Autumn Leaves Assisted Living Estates Inc. Data was collected through 12/04/2025. Four citations were identified. Census: 17.	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees sampled were screened for clinically apparent communicable disease, including TB (tuberculosis). Findings include: The provider is licensed to care for 20 residents in the client groups: physically disabled, terminally	N 220		

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

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N 220	Continued From page 1 ill, irreversible dementia/Alzheimer's disease, advanced aged, and developmentally disabled. On 12/02/2025, Surveyor reviewed employee records. Caregiver B was hired 02/10/2025, Caregiver C was hired 08/25/2025, and Caregiver D was hired 05/06/2023. The records included evidence that TB tests were completed for Caregiver B, Caregiver C, and Caregiver D but did not contain evidence of clinically apparent communicable disease screens. On 12/02/2025 at approximately 1:55 PM, Surveyor interviewed Administrator A who stated s/he thought communicable disease screens were completed for all staff but had not been able to locate the documentation. On 12/04/2025 from 1:00 PM to 2:41 PM, Surveyor interviewed Administrator A who stated s/he understood the TB was the same as the communicable disease screen. The provider did not ensure communicable disease screens were completed for 3 of 3 employees.	N 220		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the	N 302		

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N 302	Continued From page 2	N 302		

screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse, screen each person admitted to the CBRF (community based residential facility) for clinically apparent communicable disease, including tuberculosis (TB), and document the results of the screening for 2 of 2 residents sampled.

Findings include:

The provider is licensed to care for 20 residents in the client groups: physically disabled, terminally ill, irreversible dementia/Alzheimer's disease, advanced aged, and developmentally disabled.

On 12/02/2025, Surveyor reviewed the records of Resident 9 and Resident 10.

Resident 9 was admitted on 06/16/2025. The record did include a TB test but there was no evidence of a completed screen for clinically apparent communicable disease.

Resident 10 was admitted 06/17/2025. The record did include a TB test but there was no

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N 302	Continued From page 3 evidence of a completed screen for clinically apparent communicable disease. On 12/04/2025 from 1:00 PM to 2:41 PM, Surveyor interviewed Administrator A who stated s/he thought the TB was the communicable disease screen. Administrator A stated s/he would ensure the screens were completed and added to all resident records. The provider did not ensure Resident 9 and Resident 10 were screened for clinically apparent communicable disease.	N 302		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on record review and interview, the CBRF (community based residential facility) did not provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. Findings include: The provider is licensed to care for 20 residents in the client groups: physically disabled, terminally ill, irreversible dementia/Alzheimer's disease, advanced aged, and developmentally disabled. On 12/02/2025 at approximately 1:55 PM. Surveyor interviewed Administrator A who stated they staffed 2 caregivers on the AM shift, 2 caregivers on the PM shift, and 1 caregiver on the night shift. Surveyor inquired if there were	N 396		

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N 396	Continued From page 4 residents that required a Hoyer lift. Administrator A stated there were currently 2 residents that utilized a Hoyer lift. Administrator A stated their policy for utilizing a Hoyer lift included using 2 staff. Surveyor inquired what was to occur on the nighttime shift when only 1 staff was working. Administrator A stated s/he lived close by as well as other staff. On 12/08/2025, Surveyor reviewed the record for Resident 9 and Resident 10. Resident 9's individualized service plan (ISP) dated 06/17/2025 read, in part, -" ...Bathing ...Full Assistance ...Requires 2 person full assistance ...Hoyer lift required ... - ...Mobility & Transferring ...Requires full assist from 2 staff for all transfers ... - ...Evacuation ...Requires 2 person assistance to evacuate the building ..." Resident 10's ISP dated 11/24/2025 read, in part, -" ...Bathing ...2 persons needed for this task ... -Toileting ...2 persons required for this task. Use hoyer [sic] lift to transfer ... -Mobility & Transferring ...Requires full assistance from staff for all transfers using hoyer [sic] lift. 2 [sic] persons required for this task ..." The provider did not ensure there were 2 staff scheduled on the nighttime shift to meet the needs of the residents.	N 396		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth,	N 454		

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N 454	Continued From page 5	N 454		

admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of

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N 454	Continued From page 6 medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain all resident records. Findings include: The provider is licensed to care for 20 residents in the client groups: physically disabled, terminally ill, irreversible dementia/Alzheimer's disease, advanced aged, and developmentally disabled. The facility has 2 wings, one wing is referred to as independent living and has 4, double-occupancy apartments for married couples. Each apartment has a kitchen. The other wing is referred to as assisted living and has 12 apartments. On 12/02/2025 at approximately 10:20 AM,	N 454		

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N 454	Continued From page 7 Surveyor requested from Administrator A face sheets for the independent side of the community based residential facility (CBRF). Administrator A stated they did not have face sheets for the independent living residents. Administrator A confirmed there were currently 7 residents living on the independent wing. Administrator A provided the record for Resident 1, Resident 2, Resident 3, and Resident 4. At approximately 1:50 PM, Surveyor interviewed Administrator A who stated the only records s/he had for Resident 1, Resident 2, Resident 3, and Resident 4 were lease agreements and power of attorney documents. Administrator A stated none of the independent living residents had an individualized service plan but s/he thought tuberculosis (TB) and communicable disease screens were completed but was unable to locate documentation. Administrator A stated the residents living on the independent wing, were married couples except Resident 3's significant other, Resident 4, had passed away prior to move in. On 12/03/2025, Surveyor requested records for Resident 5, Resident 6, Resident 7, and Resident 8. -Resident 1 and Resident 2 were a married couple. The record included a document titled [Facility Name] Apartment Life Lease Agreement, signed by Resident 1 and Resident 2, dated 05/13/2025. -Resident 3 and Resident 4 were a married couple. The record included a document titled [Facility Name] Apartment Life Lease Agreement, signed by Resident 3 and Resident 4, dated 04/22/2024. -Resident 5 and Resident 6 were a married	N 454		

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couple. The record included a document titled [Facility Name] Apartment Life Lease Agreement, signed by Resident 5 and Resident 6, dated 04/22/2024.
-Resident 7 and Resident 8 were a married couple. The record a document titled [Facility Name] Apartment Life Lease Agreement, signed by Resident 7 and Resident 8, dated 04/11/2025.

All the resident records included power of attorney (POA) documents, and Administrator A confirmed none were activated.

Resident 1's, Resident 2's, Resident 3's, Resident 5's, Resident 6's, Resident 7's and Resident 8's records were missing the following:
-Resident's sex, date of birth, admission date and last known address;
-Medical, social, and, if any, psychiatric history;
-Current personal physician;
-Results of the initial health screening and health examinations, including tuberculosis (TB);
-Admission agreement;
-Documentation of significant incidents and illnesses, including the dates, times and circumstances;
-Assessments;
-Individual service plan (ISP);
-Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment;
-Results of the annual resident evacuation evaluation;
-Documentation of sensory impairment;
-Department-approved resident-specific waiver, variance or approval;
-Physician's orders or other authorized practitioner's written orders for nursing care, medications, rehabilitation services and

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therapeutic diets;
-Current list of the type and dosage of medications or supplements;
-Results of the quarterly psychotropic medication assessments;
-Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN (as needed) medications and the resident's response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions;
-Order to self-administer medications;
-Documentation of all other services including rehabilitation services, treatments and therapeutic diets;
-Completed notice of pre-admission assessment;
-Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures.

On 12/04/2025 from 1:00 PM to 2:41 PM, Surveyor interviewed Administrator A who confirmed s/he was unable to locate additional records and that the life lease agreement and POA paperwork was all s/he had for records. Administrator A stated s/he was not aware the documents needed to be completed in the same manner as the assisted living side because the residents were independent. Administrator A confirmed that none of the POAs were activated. Administrator A stated it was his/her understanding that they could treat the independent residents like they were living in a condo. Surveyor inquired how s/he knew they were independent when an assessment had not been completed.

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N 454	Continued From page 10 The provider did not maintain the resident record for the 7 residents residing in the independent living wing.	N 454		