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 _____	R 03/26/2026

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 03/23/2026, Surveyor conducted a verification visit at Autumn Leaves Assisted Living Estates Inc. Data was collected through 03/26/2026. Four of 4 violations were corrected. One new violation was identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 17.	{N 000}		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any	N 431		

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

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N 431	Continued From page 1 changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents received health monitoring services adequate to meet their needs. The provider did not document all communication with each residents' health care providers, did not document changes, and did not keep an updated record of medication orders. Findings include: The provider is licensed for 20 residents in the client groups: physically disabled, advanced aged, developmentally disabled, terminally ill, and irreversible dementia/Alzheimer's disease. The provider has 2 wings. The wing to the right of the main entrance is for assisted living residents and has room for 12 residents. The wing to the left of the main entrance is called independent living and has 4 apartments. On 03/23/2026, Surveyor reviewed the record of Resident 1, Resident 2, and Resident 3. Resident 1: -A document titled Resident Information included, in part, an admission date of 07/10/2025 and diagnoses of Type I diabetes, hyperlipidemia, essential hypertension, and actinic keratosis. -An individualized service plan (ISP) dated 01/05/2026 indicated s/he was independent in all categories and self-administered medications. Resident 2:	N 431		

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N 431	Continued From page 2	N 431		

-A document titled Resident Information included, in part, an admission date of 07/10/2025 and diagnoses of obstructive sleep apnea, essential hypertension, atherosclerotic heart disease, atrial fibrillation, presence of cardiac pacemaker, presence of aortocoronary bypass graft, presence of other cardiac implants and grafts, and presence of artificial knee joint, bilateral.
-An ISP dated 01/05/2026 indicated s/he was independent in all categories and self-administered medications.

Resident 3:
-A document titled Resident Information included, in part, an admission date of 08/01/2025 and did not list any diagnoses.
-An ISP dated 01/14/2026 indicated s/he was independent in all categories and self-administered medications.
-A document titled Physician Order Sheet dated 01/18/2026 read, in part, " ...Fentanyl Patch 25 MCG per hour: self-administer ...Fentanyl Patch 12 mcg/hr ...Hydrocodone Acetaminophen 10mg/325mg ..."

At approximately 2:50 PM, Surveyor interviewed Nurse Lead (NL) A who stated Resident 3 was very private and did not like visitors. NL A stated Resident 1 was depressed about the death of his/her significant other who passed away approximately 1 year ago.

At approximately 4:30 PM, Surveyor interviewed Resident 1 who stated s/he had an open sore area on the top of his/her head for quite a while, and it had healed 3 times but kept coming back. Resident 1 stated the wound was due to sun exposure during his/her life and not wearing a hat. Resident 1 stated s/he had one of the nurses apply a topical medication and asked the staff to

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N 431	Continued From page 3	N 431		

wash his/her hair as it was difficult as the wound area was located on the crown of his/her head. Resident 1 stated s/he had switched his/her doctor to a local provider. Resident 1 stated s/he had been to the local emergency room (ER) and had 2 follow-up appointments since the visit. Surveyor observed the wound area was approximately 2-3 inches long and 1-1 ½ inches wide, Resident 1 indicated where their (Resident 1 and Resident 2 reside in the same apartment) medications were stored in a locked cupboard in the kitchen. Resident 1 indicated s/he had diabetes and showed Surveyor his/her insulin pump.

Resident 2 entered the apartment and stated s/he had been out for a walk. Surveyor observed s/he was using a cane. Resident 1 shared that Resident 2 had issues with his/her heart and tried to keep moving. Resident 2 showed this writer his/her exercise bike.

Resident 1 and Resident 2 indicated they participated in activities and ate the noon meal offered to all residents. Resident 1 expressed that Resident 3 who lived in the apartment next to them had been having a problem with taking his/her medications at the correct times and may have mixed them up causing unsteadiness.

At approximately 4:40 PM, Surveyor interviewed NL A who stated they had not been keeping records of any of the residents who resided on the independent living wing of the facility until the previous survey. NL A indicated they had developed face sheets that included diagnoses and a list of medications. Surveyor inquired if s/he knew when a resident had medical appointments, the outcome of the appointments, and changes in medication. NL A stated they did not have records

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N 431	Continued From page 4 of medical appointments and that the current list of medications could very well be inaccurate. Surveyor asked NL A if s/he documented when s/he applied a topical to Resident 1's head wound, and s/he did recall applying the medication but did not document this anywhere. At approximately 4:22 PM, Surveyor interviewed Caregiver B who stated occasionally 1 of the residents on the independent living wing needs staff to apply a topical ointment to the top of his/her head. Caregiver B stated the staff did not sign off when this medication was administered. At approximately 4:50 PM, Surveyor requested progress notes for Resident 1, Resident 2, and Resident 3. NL A stated there were not any progress note documentation for Resident 1, Resident 2, or Resident 3. NL A stated there may have been interaction, but it was not documented. On 03/26/2026 at approximately 9:00 AM, Surveyor interviewed Administrator C. Surveyor inquired why s/he initially only kept a life lease and power of attorney paperwork records for the residents on the independent living side. Administrator C stated s/he understood that s/he could run them as completely independent apartments somewhat like a duplex apartment. Administrator C stated since the previous survey they had added many of the required documents to the independent living resident files but asking the residents about their medical appointments and medication changes was challenging as the resident's expected privacy. Administrator C stated s/he understood that s/he needed to oversee the independent living side the same as the assisted living side.	N 431		

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N 431	Continued From page 5 The provider did not document communication with each resident's health care provider, did not document changes, and did not keep a record of accurate medication orders for Resident 1, Resident 2, and Resident 3.	N 431		