STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016509	A. BUILDING: _____ B. WING _____	C 03/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN WINDS LLC	N3767 AIRPORT RD CAMBRIDGE, WI 53523

(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 03/16/2025, with information gathered through 03/31/2025, Surveyor conducted a complaint investigation at Autumn Winds LLC. Four deficiencies were identified. One of 4 deficiencies was a repeat violation (see Statement of Deficiency (SOD) UTJG11). Complaint was substantiated. Census: 8	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not follow 1 of 1 resident Individual Service Plan (ISP) as written. Resident 1 did not receive two showers a week and as needed that was documented on his/her ISP. Resident 1, who was a Hoyer lift, was transferred independently by staff members. Findings include: On 03/07/2025, the Department received a complaint alleging residents did not receive individualized cares. The facility is licensed as a Class CNA (non-ambulatory) assisted living facility that can provide care and services to 10 residents within the client groups: developmentally disabled,	N 388		

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irreversible dementia/Alzheimer's, traumatic brain injury, advanced aged, terminally ill and physically disabled.

On 03/17/2025, at approximately 3:00 PM, Surveyor interviewed Administrator B. Administrator B stated Resident 1 had sustained bruising on his/her buttock. Administrator B stated the bruising occurred when s/he was not scheduled to work, between 02/14/2025 and 02/18/2025, but it appeared to look like it could have been caused while Resident 1 was being pivot transferred into his/her wheelchair. Administrator B stated Resident 1 was a pivot transfer until this incident and was now a Hoyer lift. Surveyor asked Administrator B if s/he had conducted an investigation into how the bruising occurred. Administrator B stated s/he had a conversation with the day staff.

On 03/17/2025, at approximately 3:40 PM, Surveyor and Administrator B observed a Broda shower chair in the resident bathroom. Administrator B stated the chair had just arrived and s/he had just finished assembling it. Administrator B stated Resident 1 would now be able to utilize the Broda shower chair. Surveyor asked how Resident 1 utilized the shower prior to the arrival of the Broda shower chair. Administrator B explained that a previous resident, who was on hospice, had a Broda shower chair and Administrator B had utilized it for Resident 1's showers. When that resident was no longer a resident at the facility, hospice removed the Broda shower chair. Administrator B stated Resident 1 then was receiving bed baths. Administrator B stated it had been "a couple of months."

On 03/17/2025, Surveyor reviewed Resident 1's

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record.

Resident 1 moved into the facility, 11/28/2022, with diagnoses including cerebral palsy and contractures.

Resident 1's "Individual Service Plan," dated 11/12/2023 and 05/08/2024, documented:
"Resident shall receive a shower twice weekly and as needed."
"List any adaptive equipment: strobe light outside of bedroom for fire alert."

Resident 1's "Individual Service Plan," dated 02/28/2025, documented:
"List any adaptive equipment: wheelchair, Hoyer for transfers."
Resident 1's Individual Service Plan was updated after Resident 1 sustained an injury of unknown origin.
"Resident shall receive a shower twice weekly and as needed. Reclining shower chair should be in next week."

Resident 1's progress notes, dated 01/29/2025 through 03/14/2025, documented:
01/29/2025 - Got washed up
02/03/2025 - Got washed up
02/07/2025 - Got freshened up
02/09/2025 - Got freshened up
02/10/2025 - Got washed up
02/11/2025 - Got washed up
02/20/2025 - Got freshened up
02/24/2025 - Got freshened up
02/26/2025 - Got washed up
02/28/2025 - Got freshened up
03/06/2025 - Got washed up
03/07/2025 - Got freshened up - twice
03/08/2025 - Got freshened up - twice
03/11/2025 - Got washed up

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N 388	Continued From page 3 03/13/2025 - Got washed up Resident 1's "Progress Notes" did not document that bruising had been observed on Resident 1's buttocks. On 03/17/2025, at approximately 4:30 PM, Surveyor interviewed Administrator B. Surveyor stated staff did not report any signs of bruising for Resident 1 between 02/14/2025 and 02/19/2025. Administrator B stated s/he had not seen Resident 1 until s/he returned from the day program on 02/19/2025, around 3:00 PM. Administrator B stated s/he was informed by the day program staff that they had observed bruising on Resident 1's buttocks. On 03/17/2025, at approximately 5:00 PM, Surveyor interviewed Caregiver J. Surveyor asked Caregiver J if s/he provided cares for Resident 1 and how s/he transferred Resident 1. Caregiver J stated, "Yeah." On 03/20/2025, at approximately 1:10 PM, Surveyor interviewed Resident 1's managed care organization (MCO) Care Manager (CM) D. CM D stated they had interviewed Assistant Administrator (AA) C. AA C stated Resident 1 had been receiving approximately 2 partial bed baths a week. CM D stated s/he followed up with Administrator B who confirmed that Resident 1 had not received showers due to not having a Broda shower chair, therefore, Resident 1 had been receiving bed baths for about 2 months. CM D stated the provider is responsible for providing shower chairs and the provider knew that Resident 1 required a shower chair. CM D stated Resident 1 had been a Hoyer lift since admittance. CM D stated Resident 1's 'Managed Care Plan' stated s/he required a mechanical lift,	N 388		

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N 388	Continued From page 4 which is the Hoyer. On 03/20/2025, Surveyor reviewed Resident 1's MCO documentation provided by his/her MCO provider, which stated: "Member Centered Plan, dated 12/21/2024: Bathing - Shower Chair. Bathing - Mechanical Lift. Toileting - uses a mechanical lift for toileting. Transferring - Mechanical Lift." "02/26/2025 - After care conference ... discussed transfer status." On 03/24/2025, at approximately 11:55 AM, Surveyor interviewed AA C. AA C confirmed that Resident 1 would be receiving showers utilizing the Broda shower chair that had been recently purchased. AA C confirmed that Resident 1 was receiving bed baths prior to the purchase of the Broda chair.	N 388		
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.	N 389		

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N 389	Continued From page 5 This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident reviewed ISP was updated when there was a change of condition. Resident 1's Isosource 1.5 (calorically Dense Complete Nutrition Formula with Fiber) was not documented as prescribed. Findings include: On 03/07/2025, the Department received a complaint alleging that resident prescribed diets were not being provided. On 03/16/2025, at approximately 3:30 PM, Surveyor observed an open 8.45-ounce container of Isosource sitting on Resident 1's dresser. There was a personal mini refrigerator with a mirrored door sitting on top of his/her dresser. The message "Use half cart (carton) from here for dinner" was written on the mirrored door. There was a sign hanging above the dresser that stated, "Feeding and Flushing Schedule for [Resident 1]. Updated 01/23/2025." On 03/16/2025, at approximately 3:40 PM, Surveyor interviewed Administrator B. Surveyor asked Administrator B what changed on 01/23/2025 with Resident 1's feeding schedule. Administrator B stated the amount of Isosource s/he was to receive increased to 4.5 containers. Administrator B provided Surveyor with the previous feeding and flushing schedule which documented: 7:00 AM 1.5 containers Osmolite 1.5 or equivalent 1:00 PM 1 container Osmolite 1.5 or equivalent 5:00 PM 1.5 containers Osmolite 1.5 or	N 389		

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equivalent
Surveyor noted the 01/23/2025 schedule documented that Resident 1 was now to receive 2 containers Osmolite 1.5 or equivalent at 8:00 AM.
Surveyor asked Administrator B when s/he was notified that Resident 1's feeding schedule had changed. Administrator B stated s/he had received an email from the care team with the updated feeding schedule. Administrator B forwarded Surveyor the email which documented: "01/23/2025 - I have attached the Feeding and Flushing schedule for [Resident 1]. I have increased the volume by ½ carton/day given [his/her] underweight status. I kept the noon feeding the same since the day program has been having difficulty. I believe once the tube is consistently being flushed before and after formula administration, there will not be any flow issues. Adding water to the formula is not recommended. I will review this in a few months and re-evaluate. I may increase by another ½ carton, however given [his/her] slight status and receiving 240 ml water with the Miralax, I did not want to overload [him/her]."
Surveyor asked when staff implemented the new feeding schedule. Administrator B stated it was discussed during Resident 1's care conference, so his/her record was updated. Administrator B stated, "I don't recall receiving the original email, but we have corrected it now."

On 03/16/2025, Surveyor reviewed Resident 1's record.

Resident 1 admitted to the facility, 11/28/2022, with diagnoses including spastic quadriplegic cerebral palsy, paresis of lower extremity and severe intellectual disability.

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N 389	Continued From page 7 Resident 1's individual service plan (ISP), dated 05/08/2024, documented: "Eating: Resident needs full assistance (G Tube gravity feeding 3 times daily) from staff." "Dietary: Resident receives tubal feeding via g-tube but is able to enjoy pureed pleasure food twice daily (before lunch and dinner)." Resident 1's ISP, dated 02/28/2025, documented: "Eating: Resident needs full assistance (G Tube gravity feeding 3 times daily) from staff. Increased to 4.5 cartons daily 01/23/2025. 8AM - 2 carts, 12PM - 1 cart, 5PM - 1.5 carts. All staff will be retrained on [his/her] feeding and flushing orders to ensure [s/he] is getting everything on time and in the proper amount." "Dietary: Resident receives tubal feeding via g-tube but is able to enjoy pureed pleasure food twice daily (before lunch and dinner)." Surveyor reviewed Resident 1's January and February 2025 Medication Administration Records (MARs) to determine if feeding requirements were documented on this record versus the ISP. This information was not documented on the MARs. On 03/20/2025, at approximately 1:10 PM, Surveyor interviewed Resident 1's managed care organization (MCO) Care Manager (CM) D. CM D stated that at the IDT (interdisciplinary team) care conference, on 02/26/2025, it was determined that the staff were not following the care plan or the dietitian recommendations identified by the IDT. Resident 1's individual service plan was updated after the care conference on 02/26/2025.	N 389		

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N 416	Continued From page 8	N 416		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure staff were delegated to administer enteral medications by the provider's current registered nurse (RN) within the scope of their license. This is a repeat deficiency. See Statement of Deficiency (SOD) UTJG11, dated 05/25/2021. Caregiver E, and Caregiver H administered Resident 1's enteral medication and did not have RN delegation. Findings include: "A percutaneous endoscopic gastrostomy (PEG) is a procedure to place a feeding tube. These feeding tubes are often called PEG tubes or G tubes. The tube allows you to receive nutrition directly through your stomach. This type of feeding is also known as enteral feeding or enteral nutrition." (Source: Cleveland Clinic website, What is percutaneous endoscopic gastrostomy?, April 19, 2021, https://my.clevelandclinic.org/health/treatments/4911-percutaneous-endoscopic-gastrostomy-peg (retrieval date - March 22, 2025).)	N 416		

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N 416	Continued From page 9 On 03/16/2025, at approximately 4:10 PM, Surveyor observed Administrator B administered Resident 1's scheduled polyethylene glycol (medication for constipation) and Lisinopril (high blood pressure medication). On 03/16/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility, 11/28/2022, with diagnoses including cerebral palsy and contractures requiring G-tube feedings and medication administration. Resident 1's March 2025 Medication Administration Record (MAR), dated 03/01/2025 to 03/16/2025, documented that Administrator B, Caregiver J, Caregiver E, and Caregiver H had administered Resident 1's medications which consisted of Baclofen, Calcium, Poly Glycol, Multivitamin, Citalopram, Esomeprazole Magnesium, Lisinopril, Meloxicam, Vitamin C and Vitamin D3. All medications are to be administered by the G-tube. On 03/16/2025, at approximately 4:40 PM, Surveyor interviewed Administrator B. Surveyor asked if staff had been trained and delegated in G-tube medication administration. Administrator B stated staff had just been trained again and provided Surveyor with a training registry, dated 11/22/2024, that included Administrator B's, Caregiver J's, Caregiver F's and Caregiver G's name. Caregiver E and Caregiver H were not documented as having received the training. On 03/20/2025 at 2:11 PM, Surveyor emailed Administrator B requesting RN delegation for staff.	N 416		

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N 416	Continued From page 10 On 03/22/2025 at 9:12 AM, Surveyor emailed Administrator B reminding him/her that s/he had not received the RN delegation for Caregiver E and Caregiver H. On 03/24/2025, at approximately 11:55 AM, Surveyor interviewed AA C. AA C confirmed that Caregiver E and Caregiver H had not been delegated for Resident 1's enteral medication administration. AA C stated that the provider was arranging for the delegation to be completed.	N 416		
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		

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N 431	Continued From page 11 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 1 of 1 resident reviewed received appropriate health monitoring to meet his/her needs. Resident 1, who required assistance with toileting, was not monitored for signs and symptoms of a urinary tract infection (UTI). Resident 1's follow-up appointment was not scheduled until his/her care manager followed up with the provider. Findings Include: On 03/07/2025, the Department received a concern that resident medical appointments were not scheduled. On 03/16/2025, at approximately 3:30 PM, Surveyor interviewed Administrator B. Administrator B stated that Resident 1 had been seen in the emergency room for a urinary tract infection (UTI) and s/he was placed on an antibiotic. Administrator B stated Resident 1 had a follow-up appointment on 03/14/2025. Surveyor requested a copy of the medical documentation regarding the ER visit and the follow-up appointment. Surveyor asked what signs and/or symptoms Resident 1 displayed that concerned staff. Administrator B stated the day program staff identified the concern and requested that Resident 1 be seen in the emergency room. Administrator B explained that Resident 1 is non-verbal and is unable to inform staff if s/he is	N 431		

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in pain.

On 03/16/2025, Surveyor reviewed Resident 1's record.

Resident 1 admitted to the facility, 11/28/2022, with diagnoses including spastic quadriplegic cerebral palsy, paresis of lower extremity and severe intellectual disability.

Resident 1's individual service plan, dated 02/28/2025, documented:
"Capacity for self direction: Cannot make needs known."
"Toileting: Resident makes no indication of needing to use the bathroom. Two hour schedule."
"Verbal: Non-verbal although [s/he] does make sounds. Understand [his/her] needs and keep [him/her] comfortable. Makes lots of noises but cries out when something is wrong or [s/he's] unhappy."

Resident 1's progress notes, dated 02/01/2025 through 02/20/2025, did not document that Resident 1 displayed any signs and/or symptoms of a UTI.

On 03/17/2025, at approximately 4:15 PM, Surveyor interviewed Administrator B. Surveyor discussed the concern that staff did not document any signs and/or symptoms that Resident 1 may have been experiencing but the day program staff noticed it when they provided cares. Administrator B stated s/he had been working with staff to properly document observations.

On 03/20/2025, at approximately 1:10 PM, Surveyor interviewed Resident 1's managed care organization (MCO) Care Manager (CM) D. CM

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D stated there were concerns that Resident 1 was not receiving adequate showers and then s/he was taken to the emergency room on 02/20/2025 and diagnosed with a UTI. CM D stated Resident 1's discharge paperwork stated s/he was to schedule an appointment with his/her primary care physician (PCP) as soon as possible. The appointment was not made until CM D followed up with Administrator B. CM D stated Resident 1 was finally seen on 03/14/2025. CM D stated there are concerns regarding the level of care Resident 1 is receiving in the facility.

On 03/20/2025, Surveyor reviewed Resident 1's MCO documentation provided by his/her MCO provider, which stated:
"02/20/2025 - telephone call from [Day Program Staff I] stating that during Member's change of incontinent products blood was noted in Member's brief. ... Member should go to ER (emergency room) for evaluation. ... when a UA (urine analysis) was obtained there was blood and lesions at the urethra."
"02/26/2025 - All parties discussed Member's care. [Administrator B] and [Staff I] discussed ways to monitor if Member would have another UTI. [Administrator B] will schedule follow up appointment with PCP from ER visit. IDT RN (interdisciplinary team) (registered nurse) provided education to staff regarding water flushes with tube feedings as recommended by Dietician. [Administrator B] and staff report that Member has been experiencing harder than usual stools."
"02/26/2025 - [Licensee A] calling to have open communication with IDT and to address any recent concerns. IDT provided concerns with communication with CBRF. ... Writer let [Licensee A] know about guardian's concerns with communication and the care of member. ... IDT

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016509	A. BUILDING: _____ B. WING _____	C 03/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN WINDS LLC	N3767 AIRPORT RD CAMBRIDGE, WI 53523

(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
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received correspondence from [Administrator B] regarding follow up PCP from ER on 04/30. IDT RN made telephone call to PCP office and requested return call from nursing staff to change appointment. IDT will continue to follow up as needed to meet health and safety outcomes." "03/03/2025 - IDT RN rescheduled appointment to 03/14."

On 03/24/2025, Surveyor reviewed Resident 1's medical documentation provided by Administrator B, which documented:
-02/20/2025 - "After Visit Summary" - Diagnoses: Hemorrhagic cystitis (inflammation and bleeding in the bladder lining) and Tinea cruris (fungal skin infection).
Schedule an appointment with [primary care physician] as soon as possible for a visit.
Understanding Urinary Tract Infections (UTIs): Bacteria outside the rectum getting into the urethra. Bacteria on the skin outside the rectum may go into the urethra. This is more common in people who were assigned female at birth. That's because, for them, the rectum and urethra are closer to each other than in people who were assigned male at birth. Wiping from front to back after using the toilet can help prevent germs from getting to the urethra. So can keeping the area clean. Blocked urine flow through the urinary tract. If urine sits too long, germs may start to grow out of control."

On 03/24/2025, at approximately 11:55 AM, Surveyor interviewed Assistant Administrator (AA) C. AA C confirmed that Resident 1's care team had expressed concerns with his/her quality of care. AA C stated all staff are being retrained on proper peri care for residents and the importance of medical follow up.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 431	Continued From page 15 On 03/31/2025, Surveyor reviewed Resident 1's hospital medical documentation provided by the treating hospital that stated: "... concern for blood in [his/her] depends. [S/he] apparently has been having this for a few days and it was thought that [s/he] was having rectal bleeding. Caretaker is almost positive that is coming from [urine area] and has not noticed blood coming from the rectum. ... Caretaker has also noticed some irritation and excoriation in the [peri area]. [S/he] notes that the patient seems uncomfortable and wonders if [s/he] may be suffering from a UTI and feeling dysuria. Also concerned about a bruise in the lower gluteal cleft. Unsure of how this may have occurred. ... excoriation in the [peri area] with tinea cruris (rash). ... There is a bruise in the gluteal cleft. ... Workup shows acute UTI. Patient will be treated with cephalexin. Skin breakdown will be treated with combination of clotrimazole and zinc oxide." Cross Reference: N0388 DHS 83.35(3)(c) Implement, Follow The Individual Service Plan Cross Reference: N0448 DHS 83.41(2)(a) Nutrition: Diet	N 431		