STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017475	A. BUILDING: _____ B. WING _____	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMNS JOURNEY ASSISTED LIVING LLC	500 BAY RD ALGOMA, WI 54201

(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 02/12/2026, Surveyor conducted an abbreviated survey at Autumns Journey Assisted Living LLC. As a result, 2 deficiencies were identified. Census: 24	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 documentation was obtained from a physician, physician assistant, clinical nurse practitioner or licensed registered nurse indicating 2 of 2 employees (Caregiver C and Caregiver D) had been screened for illness detrimental to residents, including tuberculosis (TB), within 90 days before the start of employment. Findings include:	N 220		

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

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N 220	Continued From page 1 On 02/12/2026, Surveyor conducted an abbreviated survey and requested Caregiver C and Caregiver D's employee records from Licensee A. On 02/12/2026 at 2:00 PM, Surveyor reviewed Caregiver C's employee record. Caregiver C was hired 05/18/2021 and his/her record contained a document titled "Employee Tuberculosis Screening Questionnaire." The document contained 10 questions and following each question there was a "Yes" and "No" box. Each box was checked "No" and it was signed by Caregiver C on 05/18/2021. There were no other signatures from a physician, physician assistant, clinical nurse practitioner or licensed registered nurse indicating the document was reviewed and Caregiver C was free from communicable disease including TB. On 02/12/2026 at 3:00 PM, Surveyor reviewed Caregiver D's employee record. Caregiver D was hired 10/14/2024 and his/her record contained the same document as Caregiver C. Caregiver D checked all of the "No" boxes and signed the document on 10/14/2024. There were no other signatures from a physician, physician assistant, clinical nurse practitioner or licensed registered nurse indicating the document was reviewed and Caregiver D was free from communicable disease including TB. On 02/12/2026 at 2:45 PM and 3:15 PM, Surveyor interviewed Licensee A who acknowledged Caregiver C and Caregiver D were not completely screened for communicable diseases including TB. S/he discussed s/he had a different nurse at the time of hire for Caregiver C and Caregiver D and could not confirm if the questionnaire was reviewed by him/her. Licensee	N 220		

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N 220	Continued From page 2 A also verified s/he did not have documentation of a TB test for Caregiver C or Caregiver D. The provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating employees were screened for clinically apparent communicable disease including TB within 90 days before the start of employment.	N 220		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the	N 404		

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N 404	Continued From page 3 provider did not ensure a physician, pharmacist, or registered nurse (RN) conducted an annual review of the provider's medication administration and medication storage systems for 2 of 2 years (2024 and 2025). Findings include: The provider is licensed to provide care for up to 25 residents who are developmentally and physically disabled, terminally ill, advanced age and/or have irreversible dementia/Alzheimer's. On 02/12/2026, Surveyor conducted an abbreviated survey and requested the annual review of the medication administration and storage system for 2024 and 2025 from Licensee A. On 02/12/2026 at 2:10 PM, Surveyor interviewed Licensee A who stated s/he was not aware this had to be done and did not have any documentation to provide. Surveyor reviewed DHS 83.17(2)(a). Licensee A reported s/he wanted to double check with Registered Nurse (RN) B to see if s/he had any additional information to provide. On 02/12/2026 at 2:35 PM, Surveyor interviewed RN B who stated s/he has been working at the facility as the nurse since December 2024. RN B discussed s/he completes the psychotropic medication reviews and also reviews the medication cart at least once per month and stated, "I spot check things." S/he confirmed s/he was not aware of the annual requirement and did not have any additional documentation to provide. RN B stated s/he will ensure the annual review of the medication administration and medication storage are completed going forward.	N 404		

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N 404	Continued From page 4 The provider did not have evidence of the medication administration and storage review for 2024 and 2025.	N 404		