Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019946	A. BUILDING: _____ B. WING _____	R-C 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN OAKS	227 EAST WASHINGTON STREET SLINGER, WI 53086

(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 03/18/2026, Surveyor conducted a verification visit and standard survey at Autumn Oaks, a Community-Based Residential Facility (CBRF) in Slinger, WI. One deficiency identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 24	{N 000}		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person	Z 012		

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

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Z 012	Continued From page 1 fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have evidence of making a good faith effort to obtain out of state background check information for 1 of 1 applicable staff member. Caregiver D indicated on the Background Information Disclosure (BID) form that s/he had resided in the state of Florida within the previous 3 years. Findings include: On 03/18/2026, Surveyor reviewed Caregiver D's employee record. Caregiver D was hired on 12/09/2025. Caregiver D's BID was dated 12/04/2025 and indicated s/he had lived in Florida within the past 3 years. Surveyor could not locate an out of state background check for the State of Florida for Caregiver D. On 03/18/2026 at approximately 10:45 AM, Surveyor interviewed Regional Manager B. Regional Manager B stated s/he had looked through the file and reached out to their corporate office to see if they had anything and they did not. Regional Manager B stated it was an oversight on Administrator A's part and moving forward they will ensure any out of state background checks are completed if necessary.	Z 012		