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
	0015388	A. BUILDING: _____ B. WING _____	R-C 04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN FIELDS	E426 CO RD SS LUXEMBURG, WI 54217

(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 04/02/2025, Surveyor conducted a verification visit at Autumn Fields. Four of 5 previous deficiencies were corrected. One of 5 deficiencies was a repeat violation. See Statement of Deficiency (SOD) YSXZ12, dated 11/11/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 20	{N 000}		
{N 310}	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if	{N 310}		

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

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{N 310}	Continued From page 1 security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed had a signed and dated admission agreement. This is a repeat deficiency. See Statement of Deficiency (SOD) YSXZ12, dated 11/11/2024. Findings include: The provider is licensed to provide services for up to 22 residents who may be physically disabled, have traumatic brain injury, of advanced age, terminally ill, and/or have Alzheimer's/dementia. On 04/02/2025, Surveyor conducted a verification visit. Surveyor reviewed Resident 4's record and noted s/he was admitted to the facility on 02/01/2025 and was his/her own decision maker. Resident 4's record did not include a signed admission agreement. At approximately 1:15 PM, Surveyor interviewed Administrator C who confirmed s/he did not have an admission agreement for Resident 4.	{N 310}		

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{N 310}	Continued From page 2 Administrator C stated, "I do not recall doing one, but will get this done right away."	{N 310}		