STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014550	A. BUILDING: _____ B. WING _____	C 03/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN BAY OF PEWAUKEE	539 E WISCONSIN AVE PEWAUKEE, WI 53072

(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 03/11/2025, with information gathered through 03/16/2025, Surveyor conducted a standard licensing survey and a complaint investigation, at Autumn Bay of Pewaukee, a CBRF located in Pewaukee, WI. The complaint was unsubstantiated. As a result of the survey, 3 violations of Chapter DHS 83 were identified. Census: 14	N 000		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 dryer vents were of rigid material. One of 2 vents were of flexible material. Findings include: On 03/11/2025 at 10:23 AM, Surveyor toured the laundry room during a physical inspection of the facility. One of 2 dryers in the laundry room used flexible venting, and 1 of 2 used rigid venting. On 03/11/2025 at 10:24 AM, Surveyor interviewed Caregiver C, who was giving the tour of the facility. Caregiver C stated s/he did not recall the	N 488		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014550	A. BUILDING: _____ B. WING _____	C 03/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN BAY OF PEWAUKEE	539 E WISCONSIN AVE PEWAUKEE, WI 53072

(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 488	Continued From page 1 dryer being replaced recently, but that it was not drying well. On 03/11/2025 at 5:12 PM, Surveyor interviewed Director A and Manager B. They both stated they did believe the dryer was replaced in the last few months which was when the wrong venting was likely added. They confirmed they would call maintenance to have the venting changed to the rigid duct.	N 488		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were stored in a secured area. Findings include: On 03/11/2025 at 9:55 AM, Surveyor toured the facility with Caregiver C. The following was observed in resident bathrooms: Room 1- 2 bottles of Lysol toilet bowl cleaner on the floor next to the toilet Room 2- 1 bottle of Lysol toilet bowl cleaner, and 1 can of Lysol disinfectant spray, sitting on the handrail behind the toilet Room 7- 1 bottle of Lysol toilet bowl cleaner sitting on the handrail behind the toilet Room 8- 1 canister of Clorox disinfecting wipes sitting on the counter by the sink, and 1 can of	N 499		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014550	A. BUILDING: _____ B. WING _____	C 03/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN BAY OF PEWAUKEE	539 E WISCONSIN AVE PEWAUKEE, WI 53072

(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 499	Continued From page 2 Febreze air spray sitting in an open basket on top of a storage cart in the bathroom Room 13- 1 bottle of Lysol toilet bowl cleaner on the floor next to the toilet On 03/11/2025 around 1 PM, Surveyor discussed the findings with Director A and Manager B. Director A stated some families bring in cleaning supplies and do additional cleaning while they are at the facility to visit. Director A and Manager B denied having any residents with concerns of ingesting inappropriate items but acknowledged the requirement of securing toxic substances.	N 499		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the bath and toilet areas had a safe water temperature. The facility is licensed to care for up to 22 residents within the client groups of physically disabled, emotionally disturbed/ mental illness terminally ill, traumatic brain injury, advanced aged, and irreversible dementia/ Alzheimer's.	N 617		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014550	A. BUILDING: _____ B. WING _____	C 03/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN BAY OF PEWAUKEE	539 E WISCONSIN AVE PEWAUKEE, WI 53072

(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 617	Continued From page 3 Findings include: On 03/11/2025, Surveyor tested the water temperature in Rooms 1 and 13. The temperature of the water in Room 1 read 125° Fahrenheit (F). On 03/11/2025, Surveyor interviewed Director A and Manager B. Director A and Manager B took note of the high water temperature and stated they would have the temperature adjusted. Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability. (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.)	N 617		