

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525504	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/08/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Greenfield		STREET ADDRESS, CITY, STATE, ZIP CODE  5790 S 27th St Milwaukee, WI 53221	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.  (continued on next page)

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review, the facility did not resolve a grievance as outlined in the facility's grievance policy for 1 (R1) of 3 residents reviewed for grievances. R1's [family member] filed a grievance on 2/22/25 with concerns related to oxygen levels too high, staff not re-approaching R1 when R1 refuses to take medication or personal cares, R1 not getting out of bed due to refusals, broken laundry basket and two missing night gowns. The facility did not resolve R1's grievance related to the broken laundry basket or the two missing night gowns. Findings include: The facility policy titled Resident and Family Grievances, date implemented, 1/4/25, documents: Policy: It is the policy of this facility to support each resident's and family right to voice grievances, without discrimination, fear of reprisal or free of discrimination or reprisal. Definitions: Prompt efforts to resolve include facility acknowledgement of complaint/grievance and actively working toward resolution of that complaint/grievance. Policy Explanation and Compliance Guidelines: 1. Social Services has been designated as the Grievance Official and can be reached at (list contact information). (sic) 2. The Grievance Official is responsible for overseeing the grievance process; receiving and tracking grievances through to their conclusion; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances; issuing written grievance decisions to the resident; and coordinating with the state and federal agencies as necessary in light of specific allegations. 10. Procedure: a. This facility will not retaliate or discriminate against anyone who files a grievance or participates in the investigation of a grievance. b. The staff member receiving the grievance will record the nature and specifics of the grievance on the designated grievance form, or assist the resident or family member to complete the form. c. Forward the grievance form to the Grievance Official as soon as possible. d. The Grievance Official will take steps to resolve the grievance, and record information about the grievance, and those actions, on the grievance form. e. The Grievance Official or designee, will keep the resident appropriately apprised towards resolution of the grievances. 12. The facility will make prompt efforts to resolve grievances. R1 was admitted to the facility on [DATE] with diagnoses that includes respiratory failure, dementia, type 2 diabetes, congestive heart failure, and reduced mobility. R1 has a Brief Interview of Mental Status (BIMS) score of 11, indicating mild cognitive impairment. R1's Progress Note, dated 2/12/25 at 15:18 (3:18 PM), author, Director of Nursing (DON)-B, documents, Late Entry: Note Text: Writer spoke with Activated-POA (Power of Attorney) [Family member]; regarding concerns she has for her mother [R1]. [Family member] states staff allows [R1] to make refusals, and that staff does not encourage her enough to be more compliant with her plan of care including medications and the use of her CPAP machine. [Family member] asked that [R1's] CO2 (oxygen) level be checked as she and her [Family member] feel this is why [R1] is refusing more often at this time vs (verses) her initial time following admission at this facility. [Family member] states staff often places facility linen in her personal laundry basket and loses [R1's] personal items by sending them to housekeeping. Writer asked for family assistance with [R1's] refusals as writer herself has attempted to assist with Medication and Insulin administration personally and multiple times. Writer educated [Family member] that although staff will make a stronger attempt at encouraging [R1], staff is required to respect resident Rights by Law. [Family member] also made aware that staff cannot force [R1] to do anything per [Family member's] request. Concerns about linen communicated with Social Services and Housekeeping. Order obtained for CO2 draw per [Nurse Practitioner]. [Lab] contacted by writer to arrange a timed draw on 2.13.25 so that staff, including writer who are familiar and who have a rapport with [R1] can be available to assist in obtaining specimen for CO2 level. Writer to ensure appropriate and visible signage is posted in resident room indicating family washes personal items. POC will be updated with this information as well. Staff will be instructed that any refusals of CPAP are to be reapproached after several minutes and by staff who [R1] is more compliant for or more familiar with given they are available. [Family member] requested multiple attempts be made by staff. Staff also informed they are to contact [family member] in the event is not successful in [R1's] refusals for her CPAP per [Family member's] request. [Family member] thanked writer for agreed changes to [R1's] plan of care. Surveyor reviewed the facility's grievance log. Surveyor noted a grievance filed by R1 on 2/12/25 which documents: Brief description of complaint: Oxygen level refusals Resolved: yes Date and Time resolved: 2/12/25 Customer/Family is satisfied: yes Interventions: up/down call fam (sic) c (with) refusals. Reportable: no On 7/7/25 at 11:01 AM, Surveyor interviewed Social Worker (SW)-F and asked who follows up on grievances or concerns. SW-F stated</p>		