

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Beloit		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 Pioneer Dr Beloit, WI 53511	

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)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure that sufficient nursing staff was provided to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident (R) for 2 of 6 residents reviewed (R3 and R4). The facility assessment indicates a staffing plan that requires 4 licensed nurses on the Day shift, 2-4 licensed nurses on the Evening shift, and 2 licensed nurses on the Night shift. The plan also requires a direct care staff, indicated to be a total of licensed or certified staff, ratio of 1:16-18 on Day shift, 1:16-18 on Evening shift, and 1:20 ratio on Night shift. From 12/23/25 - 1/4/25, the facility had multiple shifts below the facility assessment's required staffing ratio. R3 voiced concerns about being left on the commode too long and that wait times are too long when using the call light. R4 voiced concerns about staff not having enough help, that all the time there is only 1 CNA for 24-25 residents, she has to wait a long time. This is evidenced by: The facility policy entitled, Facility Staffing Policy, dated 5/25, states, in part: Policy: It is the policy of [Facility Name] related to employees for the purpose of ensuring sufficient staff to [NAME] the residents' needs. 1. The Administrator and Human Resource Department will collaborate on the collection and tracking/monitoring of certain data, including: a. Number of employees b. Census c. Employee tenure 2. Data obtained from staff tracking/monitoring may be used for completion of the facility assessment, improvement processes, and other purposes as necessary. The Facility Assessment, dated 7/2025, states, in part: . Staffing plan. RN (Registered Nurse) or LPN (Licensed Practical Nurse) Charge Nurse: Days: 4 licensed nurses; 1:18-22, Evenings: 2-4 licensed nurses; 1:20-40, Nights: 2 licensed nurses; 1:40. Direct care staff 1:16-18 Days (total licensed or certified) 1:16-18 Evenings 1:20 ratio Nights. Example 1The facility schedules were reviewed for the dates 12/23/25 through 1/6/26 for staffing ratios, with inadequate staffing noted as follows: 12/23/25: Surveyor requested the posting for this date for census confirmation however, none was provided.12/24/25: AM (Day) shift: 3 licensed nurses, 1:28 licensed nurses to resident ratio. NOC (Night) shift: 1 licensed nurse, 1:84 ratio. Direct care staff ratio from 10:00 PM to 5:00 AM was 3 staff total, with a ratio of 1:28.12/25/25: AM shift: 3 licensed nurses, 1:28 ratio. PM shift: 2 licensed nurses, 1:42 ratio. NOC shift: 1 licensed nurse, 1:84 ratio.12/26/25: PM shift: from 9:00 PM to 10:30 PM, 1 licensed nurse, 1:84 ratio. NOC shift: 1 licensed nurse, 1:84 ratio. Direct care staff ratio from 5:30 AM to 6:30 AM, 3 direct care staff, 1:28 ratio.12/27/25: AM shift: from 8:00 AM to 2:30 PM, 2 licensed nurses, with a ratio of 1:42. PM shift: 2 licensed nurses, with a ratio of 1:42. NOC shift: 2 licensed nurses, with a ratio of 1:42.12/28/25: AM shift: from 10:00 AM to 2:00PM, 2 licensed nurses, with a ratio of 1:42. PM shift: 2 licensed nurses, with a ratio of 1:42. NOC shift: 2 licensed nurses, with a ratio of 1:42.12/29/25: AM shift: 3 licensed nurses, with a ratio of 1:28. PM shift: 2 licensed nurses, with a ratio of 1:42. NOC shift: 1 licensed nurse, with a ratio of 1:84. Direct care staff ratio from 2:00 AM to 5:00 AM, 3 direct care staff, with</p> <p>(continued on next page)</p>

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a ratio of 1:2812/30/25: AM shift: from 6:00 AM to 8:00 AM, 2 licensed nurses, with a ratio of 1:42. From 8:00 AM to 2:30 PM, 3 licensed nurses, with a ratio of 1:28. PM shift: 2 licensed nurses, with a ratio of 1:42. NOC shift: 1 licensed nurse, with a ratio of 1:84. Direct care staff ratio from 10:00 PM to 10:30 AM, 3 direct care staff, with a ratio of 1:28.12/31/25: AM shift: from 1:00 PM to 2:30 PM, 3 licensed nurses, with a ratio of 1:28. PM shift: from 9:30 PM to 10:30 PM, 1 licensed nurse, with a ratio of 1:84. NOC shift: 1 licensed nurse, with a ratio of 1:84. Direct care staff ratio from 9:30 PM to 10:30 PM, 4 direct care staff, with a ratio of 1:21.1/1/26: AM shift: from 10:00 AM to 2:30 PM, 3 licensed nurses, with a ratio of 1:26. PM shift: 2 licensed nurses, with a ratio of 1:42. NOC shift: 2 licensed nurses, with a ratio of 1:42.1/2/26: AM shift: from 6:00 AM to 8:00 AM, 3 licensed nurses, with a ratio of 1:28. PM shift: from 5:00 PM to 6:00 PM, 1 licensed nurse, with a ratio of 1:84. From 6:00 PM to 10:30 PM, 3 licensed nurses with a ratio of 1:28. NOC shift: from 10:00 PM to 11:30 PM, 2 licensed nurses, with a ratio of 1:42. From 11:30 PM to 6:30 AM, 1 licensed nurse, with a ratio of 1:84. Direct care staff ratio from 3:15 AM to 6:00 AM, 4 direct care staff, with a ratio of 1:21.1/3/26: AM shift: from 6:00 AM to 10:00 AM, 3 licensed nurses, with a ratio of 1:27. From 10:00 AM to 2:30 PM, 2 licensed nurses with a ratio of 1:41. PM shift: from 5:00 PM to 6:00 PM, 1 licensed nurse with a ratio of 1:82. NOC shift: 1 licensed nurse, with a ratio of 1:82.1/4/26: AM shift: 2 licensed nurses, with a ratio of 1:41. PM shift: from 5:00 PM to 6:00 PM, 1 licensed nurse, with a ratio of 1:82.1/5/26: Surveyor requested the posting for this date for census confirmation however, none was provided.1/6/26: AM shift: 3 licensed nurses, with a ratio of 1:26. Example 2R3 was admitted to the facility initially admitted on [DATE], with a readmission date on 4/10/25. R3's diagnoses include aftercare following joint replacement surgery, injury of radial nerve (major peripheral nerve in the arm) at wrist and hand level of right arm, pain in right wrist, vascular dementia, morbid obesity, adult failure to thrive, need for assistance with personal care, presence of right artificial hip joint, presence of left artificial shoulder joint, muscle weakness, and chronic congestive heart failure (heart is unable to pump enough blood to meet the body's needs, leading to fluid buildup in the lungs). R3's Brief Interview for Mental Status of 15 out of 15, indicating she is cognitively intact. On 1/6/26 at 10:40 AM, Surveyor interviewed R3. Surveyor asked R3 how her stay at the facility had been going. R3 indicates staff leave her on the commode too long and has to wait for a long time to have her call light answered. Surveyor asked R3 how long she must wait for the call light to be answered. R3 indicates she must wait an hour to use the bathroom sometimes. R3 then commented the waiting gets out of line. Example 3R4 was initially admitted to the facility on [DATE], with a readmission date of 2/22/24. R4's diagnoses include: acute on chronic congestive heart failure (sudden worsening of the symptoms of heart failure in which the heart fails to pump blood adequately), disorientation, morbid obesity, muscle weakness, difficulty in walking, and adult failure to thrive. R4's Brief Interview for Mental Status of 15 out of 15, indicating she is cognitively intact. On 1/6/26 at 10:48 AM, Surveyor interviewed R4. Surveyor asked R4 how her stay had been going at the facility. R4 indicates the facility does not have enough staff, and there is often only 1 CNA (Certified Nursing Assistant) for a hall of 24-25 residents which she does not feel is adequate. Surveyor asked R4 how often this happens. R4 indicates, this happens all the time, and she has to wait a long time. On 1/6/26 at 2:47 PM, Surveyor interviewed CNA C. Surveyor asked CNA C if she can complete all of the tasks on her shift. CNA C indicates it's hard, but she knows everywhere is short staffed. CNA C notes, 2nd shift on her hall is pretty good.(Of note: Surveyors attempted to interview additional staff during this investigation. Some had questions if they would get in trouble if they answered questions and others were observed to look around the hall before answering questions.) On</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/6/26 at 3:05 PM, Surveyor interviewed CNA D, who is currently working as the facility's scheduler. Surveyor asked CNA D, how long she has been working in this position. CNA D indicates, around 1 year. Surveyor asked CNA D how the scheduling process works for nursing staff. CNA D indicates the full-time and part-time staff have set schedules and a list of openings is sent out to the pool staff. The pool staff then pick up unfilled shifts. Surveyor asked CNA D what happens when shifts don't get filled by pool staff. CNA D indicates she fills some gaps as she is a certified CNA, but she can usually get somebody to fill in for the shift. Surveyor asked CNA D what the process is when a staff member calls-out for their shift. CNA D indicates she usually has enough staff to pull from other areas of the facility, but she tries to fill the shift first. CNA D also indicates some staff will come in early or stay late to cover. CNA D indicates she is usually successful with getting other staff to help such as nurses coming in to work as CNAs. Surveyor asked CNA D if the facility mandates holdovers. CNA D indicates, no. Surveyor asked CNA D how she knows how many staff are needed to fill each shift. CNA D indicates it depends on the needs of the residents and how many residents are currently in the facility. Surveyor asked CNA D if the facility assessment should be followed for adequate staffing ratios. CNA D indicates, yes. Surveyor asked CNA D if there has been any recent staff hires. CNA D indicates, it has been scattered recently, but the facility has 2-3 new nurses starting shortly. Surveyor asked CNA D, based on the facility assessment, how many CNAs does the facility need for each shift. CNA D indicates, she needs 6-8 CNAs for AM and PM shifts, and NOC shift requires a few less, usually between 3 and 4. Surveyor asked CNA D, based on the facility assessment, how many licensed nurses does the facility need for each shift. CNA D indicates, 4 licensed nurses on AM shift, 3-4 licensed nurses on PM shift, and 1-2 licensed nurses on NOC shift. On 1/6/26 at 3:25 PM, Surveyor interviewed DON B. Surveyor notes the Facility Assessment indicates at least a 1:40 nurse to resident ratio for PM and NOC shifts. Surveyor asked DON B if she considers this to be a safe nurse to resident ratio. DON B indicates, yes, because the facility has a lot of ancillary staff such as a wound nurse, infection preventionist nurse, human resources, and a scheduler who can assist. Surveyor asked DON B if staff should be scheduled according to the facility assessment. DON B states, yes. Surveyor asked DON B if it is acceptable to have 1 licensed nurse on shift for a census of 80 or more. DON B indicates night shift sometimes has only one nurse on shift. DON B indicates like many facilities, staffing has been a concern, and it is discussed at every QAPI meeting and is actively being worked on. Surveyor asked DON B if the facility utilizes agency staff. DON B indicates, no as the facility feels agency staff are not committed or work up to the standards of care set by the facility. (Of note: No ancillary staff mentioned are scheduled for any shift on the schedules reviewed).</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on interview and record review, the facility did not ensure staff postings were accurate which has the potential to affect 80 out of 80 residents residing at the facility. Review of staffing schedules and required staff postings revealed discrepancies between the documents. The total number of staff hours worked was not listed on the documents for licensed and non-licensed staff directly responsible for resident care each shift. This is evidenced by: Surveyor reviewed the schedules and staff postings from 12/24/25 through 1/4/26 and noted the following inaccuracies: None of the postings contained the total number of hours worked, only the actual hours worked for nurses and CNAs. Under the section titled, Staffing Total, the number of staff at each license or certification level is listed but not the total hours worked by that license or certification level. On 1/6/26 at 4:10 PM, Surveyor asked DON B if the staff postings should match the staff schedule. DON B indicates, yes.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility did not provide pharmaceutical services including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident for 1 (R3) of 6 residents reviewed for medication errors. R3 did not receive her ordered Potassium Gluconate (Mineral supplement) on 12/10/25, 12/11/25, 12/12/25, 12/13/25, 12/14/25, and 12/15/25. R3 also did not receive her ordered Calcium and Vitamin D3 (supplement) on 12/11/25, 12/12/25, 12/14/25, 12/15/25, 12/16/25, 12/17/25, 12/18/25, 12/19/25, 12/20/25, and 12/22/25. Both supplements were not given as ordered due to the medication being unavailable in the facility. This is evidenced by: The facility policy entitled, Medication Error Identification and Prevention, dated 03/25, states, in part: . When a medication error occurs, the Charge Nurse must be notified immediately. A nursing assessment of the resident must take place immediately to ensure that any adverse reactions are correctly determined. Irregardless of the individual making the medication error, the individual discovering the error must take proper steps in reporting and recording the medication error immediately. Steps must be put in place to prevent recurrence of error. Below is a list of definitions of medical errors: 1. Omission Error: Failure to administer an ordered dose. (Example: Missed scheduled doses not signed out in MAR (Medication Administration Record)). Once root cause is determined, an immediate intervention must be put in place to prevent recurrence of errors. Physicians must be notified of the error. Make a note of instructions given. Once the physician notification is done, the Charge Nurse will notify the On-Call RN. Family will be notified after On-Call RN is notified of the error. This must also be documented in [Electronic Medical Record System]. R3 was admitted to the facility initially admitted on [DATE], with a readmission date on 4/10/25. R3's diagnoses include aftercare following joint replacement surgery, injury of radial nerve (major peripheral nerve in the arm) at wrist and hand level of right arm, pain in right wrist, vascular dementia, morbid obesity, adult failure to thrive, need for assistance with personal care, presence of right artificial hip joint, presence of left artificial shoulder joint, muscle weakness, and chronic congestive heart failure (heart is unable to pump enough blood to meet the body's needs, leading to fluid buildup in the lungs). Surveyor reviewed R3's Medication Administration Record, which indicates: Potassium Gluconate Oral Tablet 550 MG (Milligrams) (Potassium Gluconate) Give 1 tablet by mouth one time a day for supplement. The following dates are marked with a 9 by LPN (Licensed Practical Nurse) E, which indicates Other/See Nurse Notes: 12/10/25, 12/11/25, 12/12/25, 12/13/25, 12/14/25, and 12/15/25. Calcium + Vitamin D3 Oral Tablet 600-5 MG (Milligrams)-MCG (Micrograms) (Calcium Carbonate-Cholecalciferol) Give 1 tablet by mouth one time a day for a supplement. The following dates are marked with a 9 by LPN E, which indicates Other/See Nurse Notes: 12/11/25, 12/12/25, 12/14/25, 12/15/25, 12/16/25, 12/17/25, 12/18/25, 12/19/25, 12/20/25, and 12/22/25. (Of note: No nurses notes were found indicating the reason either supplement was not administered.) On 1/6/26 at 10:35 AM, Surveyor interviewed LPN E (Licensed Practical Nurse). Surveyor presented a copy of R3's MAR (Medication Administration Record) to LPN E and asked if she remembered why these medications were marked with a 9. LPN E indicates both of these medications were unavailable for the dates indicated. Surveyor asked LPN E if she informed management that these medications were unavailable. LPN E indicates, yes, and that she ordered additional supplies from pharmacy as both medications are over the counter. Surveyor asked LPN E if progress notes should be associated with these MAR entries that are indicated with a 9. LPN E indicates, yes. On 1/6/26 at 3:25 PM, Surveyor interviewed DON B (Director of Nursing). Surveyor asked DON B what the process is for restocking medications. DON B</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>indicates for over-the-counter medications, they contact their contracted pharmacy for additional supply. DON B also indicates a staff member working with supplies is notified of the need for additional medication and orders additional stock. The nurses also do audits on medications. Surveyor asked DON B what the process is for medication errors. DON B indicates, the facility has a medication error folder that contains the paperwork that needs to be completed along with immediate education. Staff are expected to fill out all of the information and complete the immediate education. The information for the medication error should then be sent to the family and physician. Monitoring should be completed along with physician notification. Surveyor asked DON B what a 9 indicates on a resident's MAR. DON B indicates it means other and there is usually documentation as to what issue occurred. The staff member should also let management know. Surveyor asked DON B, if a MAR entry is marked with a 9, should there be a note associated with it. DON B indicates, yes. Surveyor asked DON B if medications should be administered as ordered. DON B indicates, yes. Surveyor provided DON B with R3's MAR and the information that the medications were not available. Surveyor asked DON B if she was made aware of these errors. DON B indicates, no. Surveyor asked DON B if she would have been expected to be made aware. DON B indicates, yes.</p>		