STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525663	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Lake Healthcare at Beloit	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review, the facility did not ensure that each resident receives food that is palatable and at a safe and appetizing temperature affecting 4 out of 5 units with the potential to affect all 80 residents (R) residing in the facility. Six residents voiced concerns over hot foods being served cold. (R29, R32, R9, R25, R2, and R76) 2 of 2 test trays were observed to be served at non-desirable temperatures. Evidenced by: The facility policy Food Preparation and Service Policy revised 8/25, states in part: . Thermal cooking temperatures for ground meat is 155 degrees. Fresh, frozen, or canned vegetables are cooked to holding temperature of 135 degrees. Previously cooked food is reheated to an internal temperature of 165 degrees for at least 15 seconds. Example 1 On 02/10/2026 at 9:16 AM Surveyor interviewed R76 during the initial screening. R76 resides on Skyline hallway. R76 indicated that his food was sometimes hot, but mostly not because they do the dining room first then the rooms. Example 2 On 02/10/2026 at 9:27 AM Surveyor interviewed R2 during the initial screening. R2 resides on the Skyline hallway. During the interview R2 indicated that the food was not great. R2 stated they need to put the food in the microwave before they bring it to him, or it's cold. Example 3 On 2/10/26 at 11:01 AM Surveyor interviewed R9 during the initial screening. R9 resides on the Vista hallway. R9 reported that he had cold food in his room, that it was warm not hot. Example 4 On 2/10/26 at 12:00 PM Surveyor interviewed R29 during the initial screening. R29 resides on the Horizon hallway. During the interview R29 indicated that the food is generally cold daily. R29 indicated that they serve the dining room first and by the time they get to her it is lukewarm. R29 indicated they don't have warmers under the plates, and they don't have heated carts. (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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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Example 5 On 2/11/26 at 9:58 AM Surveyor interviewed R32 during Resident Council meeting. R32 stated meals are cold quite often. R32 eats her meals in the dining room. R32 resides on the Vista hallway. Example 6 On 2/11/26 at 9:59 AM Surveyor interviewed R25 during Resident Council meeting. R25 stated that he has had cold meals in both his room and the dining room. R25 resides on the Horizon hallway. Example 7 On 2/11/26 at 12:00 PM Surveyor observed trays arriving on Genesis Memory Care Unit. At 12:25 PM Surveyor received the last tray being served in the dining room. The pureed meat had a temperature of 120 degrees and tasted lukewarm. Pureed sweet potatoes temperature was 124 degrees and tasted lukewarm, and pureed peas temperature was 127 degrees and tasted lukewarm. All food items were unpalatable. Example 8 On 2/11/26 at 12:27 PM Surveyor received last room tray on Horizon Hallway. Tray was temped at 125.2 degrees for the Meatloaf and 124.0 degrees for the Sweet Potatoes, and peas. Items tasted lukewarm and were unpalatable. On 2/11/26 at12:35 PM Surveyor interviewed RN G (Registered Nurse). Surveyor asked if she heard anything about cold food on this hallway. RN G stated we have a lot of complaints here about cold food. We do re-heat some of the trays if they want us to. On 2/11/26 at 12:37 PM Surveyor interviewed CNA H (Certified Nursing Assistant). Surveyor asked CNA H if she had heard any concerns of cold food on the floor. CNA H stated that she doesn't hear much about food being cold. CNA H stated that she would heat it up if it was. Surveyor asked CNA H what temperature the food should be when heated up. CNA H stated that she doesn't know how hot the food is when she heats it up because she doesn't have a thermometer up on the floor. On 2/11/26 at 1:15 PM Surveyor interviewed DM C (Dietary Manager). DM C indicated that she would expect hot food to be hot. She indicated understanding with the concerns voiced by residents and test tray temperatures. The facility failed to ensure that each resident receives food and drinks that are palatable and at a safe and appetizing temperature.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility did not maintain a safe and sanitary environment in which food is prepared, stored, and distributed. This has the potential to affect all 80 residents who reside in the facility. Surveyor observed food in circulation that was opened and undated or expired.Facility failed to have a system for manually monitoring the internal temperature of the dishwasher. This is evidenced by: Example 1 (Food dating)FDA Food Code, 2017, include: . Refrigeration Requirements Refrigeration times and temperatures to inhibit C. botulinum and L. monocytogenes must be based on laboratory inoculation study data or follow one of the ROP methods in Section 3-502.12 which specifies the time and temperature combinations. The . package must be marked with a use-by date within either the manufacturer's labeled use-by date or as determined by the laboratory data, whichever comes first . Labeling - Use-by date The shelf life of ROP foods is based on storage temperature for a certain time and other intrinsic factors of the food (pH, aw, cured with salt and nitrite, high levels of competing organisms, organic acids, natural antibiotics or bacteriocins, salt, preservatives, etc.). Each package of food in ROP must bear a use-by date.Facility Food Receiving and Storage Policy revised 8/25 states in part: . Foods shall be received and stored in a manner that complies with safe handling practices. All foods stored in the refrigerator or freezer will be covered, labeled, and dated (use by date).Facility Supplement Policy revised 5/25 states in part: . Follow manufacturer's guidelines.On 2/10/2026 at 8:35 AM, during initial walk through the kitchen with DM C (Dietary Manager), Surveyor observed In the refrigerator, a package of buns that had expired on 2/8/26. DM C stated that they should be thrown away because they are expired and DMC discarded them into the garbage. On 2/10/2026 at 8:37 AM, Surveyor observed a container of Italian dressing in the refrigerator with no label or date. DM C stated that it should have a label, open date, and expiration date. DM C removed container from the refrigerator and discarded it. On 2/12/2026 at 2:28 PM, Surveyor observed one kitchenette with 23 mighty shakes that were past the 14-day thaw date. The mighty shakes had use by dates of 1/20, 1/26, and 2/10. Surveyor observed the Manufacturers' recommendations on the carton is the shake is good for 14 days once refrigerated. Surveyor asked DM C (Dietary manager) how long mighty shakes are good for after the date when they are pulled out of the freezer. DM C stated they were good for 2 weeks. Surveyor asked if these shakes are expired. DM C stated yes and discarded them into the garbage. Surveyor asked DM C who is responsible for checking expiration. DM C stated everyone on the unit is responsible, but only the nurse gives out the supplement. Example 2 (Dishwasher temperature)US Food Code 2017 includes, in part: . 4-302.13 Temperature Measuring Devices, Manual Warewashing. Water temperature is critical to sanitization in warewashing operations. This is particularly true if the sanitizer being used is hot water. The effectiveness of cleaners and chemical sanitizers is also determined by the temperature of the water used. A temperature measuring device is essential to monitor manual warewashing and ensure sanitization. Effective mechanical hot water sanitization occurs when the surface temperatures of utensils passing through the warewashing machine meet or exceed the required 71 C(160 F). Parameters such as water temperature, rinse pressure, and time determine whether the appropriate surface temperature is achieved. Although the Food Code requires integral temperature measuring devices and a pressure gauge for hot water mechanical warewashers, the measurements displayed by these devices may not always be sufficient to determine that the surface temperatures of utensils are reaching 71 C(160 F). The regular use of irreversible registering temperature indicators provides a simple method to verify that the hot water mechanical sanitizing operation is effective in achieving a utensil surface temperature of 71 C (160 F) .FDA Food Code 2017 includes, in part: 4-204.115 Warewashing Machines, Temperature Measuring Devices. A WAREWASHING machine shall be equipped with a TEMPERATURE MEASURING DEVICE that indicates the temperature of the water: (A) In each wash and rinse tank; Pf and (B) As the water enters the hot water SANITIZING final rinse (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	manifold or in the chemical SANITIZING solution tank .Dishwasher Manufacturer's Recommendations for Use, include . wash temperature 150 degrees F minimum . Rinse temperature is 180 degrees F . On 2/12/26 at 9:30 AM Surveyor observed DA D (Dietary Aide) run a tray of dishes through the dishwasher. Outside thermometer read 151 degrees. DA D stated that the temperature should be between 160-180. (Note on the machine). DM C (Dietary Manager) told DA D to send through a few empty trays to see if water comes up to temp. 2nd tray 150 degrees. During the 3rd and 4th tray cycle, the needle on the temperature gauge was not moving. DM C stated that they should not put any more dishes in, she will use a test strip to test the water. Surveyor asked DM C how often she uses the test strips. DM C stated that she only uses the 160-degree test strips when they think they have a problem with the temperature. On 2/12/26 at 9:48 AM DM C (Dietary Manager) tested two trays with test strip, first strip did not turn color, did another to check for deficiency of first strip. Second strip turned grey. Surveyor asked DM C what color the test strip should be. DM C reported the test strip should turn black for 160-degree temperature. Surveyor observed that the test strips had no expiration date. DM C stated that they did not order the strips, Ecolab just gave them the strips and said to try them. Surveyor asked DM C if she should have a system in place for manually monitoring the internal temperature of the dishwasher. DM C reported yes. On 2/12/26 at 1:35 PM Surveyor interviewed NHA A (Nursing Home Administrator) Surveyor asked NHA A if the facility should have a system in place for manually monitoring the internal temperature of the dishwasher. NHA A reported yes.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 1 of 2 Residents (R) reviewed for Pain (R1) R1 voiced concerns regarding his pain regime not being effective. R1's MAR (Medication Administration Record) indicated that R1 has pain ratings of 0 out of 10 while R1 indicates he is never lower than a 4 out of 10. R1's Comprehensive Care Plan does not contain goals or interventions related to pain management.Evidenced by:Facility policy, titled Pain Management, reviewed 5/25/25, includes, in part: (The facility) ensures that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences.In order to help a resident maintain or attain his/her highest practicable level of physical, mental, and psychosocial well-being and to prevent or manage pain. Recognize when the resident is experiencing pain and identify circumstances when the pain can be anticipated. Evaluate the resident for pain and the causes upon admission, during ongoing scheduled assessments, and when a significant change occurs. Manage or prevent pain, consistent with the comprehensive assessment/evaluation and plan of care, current professional standards of practice, and the resident's goals and preferences. Verbal indicators a resident may use to report or describe pain: hurting, aching, burning, gnawing, stabbing, heaviness, pressure, numbness, tingling, shooting, needles, soreness, tenderness, discomfort, spasms, feeling rough/tearing/ripping. (the facility) utilizes a pain evaluation tool, which is appropriate for the resident's cognitive status, to assist staff in consistent evaluation of a resident's pain. Based on professional srandards of practice, an assessment or evaluation of pain by appropriate members of the Interdisciplinary Team. gathering the following information as applicable to the resident: History of pain and treatment, including nonpharmacological and pharmacological treatments and whether treatments have been effective. , Asking the patient to rate the intensity of his/her pain using a numerical scale 0 to 10, a verbal or visual descriptor that is appropriate and preferred by resident. Reviewing resident's current medical conditions, . injuries, diabetes neuropathic pain, immobility, . Identifying key characteristics of pain- duration, frequency, location, timing, patterns, radiation. Identifying activities, resident care or treatment that precipitate or exacerbate pain and those that reduce or eliminate pain. Impact of pain and quality of life. The resident's goals for pain management. Based on evaluation, the facility . will develop, implement, monitor, and revise as necessary interventions to prevent or manage each individual resident's pain beginning at admission. The interventions for pain management will be incorporated into the components of the comprehensive care plan, addressing conditions or situations that may be associated with pain or may be included as a specific pain management need or goal. On 2/12/26 at 9:12 AM, R1 indicated he has wounds on his legs from an apartment fire he was in last year. R1 indicated his legs are very painful and it causes him to get anxious. R1 indicated his pain, at the time of interview, was between a 6 and an 8.R1 admitted to the facility on [DATE] with diagnoses including: polyneuropathy (damage to many nerves), burn of unspecified body region, burn of second-degree lower leg, burn of third degree left lower leg, burns involving 10-19% of body surface with 10-19% third degree burns, and other complications of skin graft/allograft/autograft.R1's pain risk assessment, dated 11/17/25, includes: Should pain assessment interview be conducted? Yes. Ask resident, Have you had pain or hurting at any time in the last 5 days? No. How much of the time have you experienced pain or hurting over the last 5 days? Rarely or not at all. Over the past 5 days. How much of the time has pain made it hard for you to sleep at night? Rarely or not at all. Pain Interference with daily activities: rarely or not at all. Verbal Descriptor Scale: Please rate the intensity of your worst pain over the last 5 days. Mild. Should a staff assessment for pain be conducted? No. Does the resident have a diagnosis which would give (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reason to believe he/she would be at risk for pain? List diagnosis: (blank). Location: Choose site and describe the pain: type of pain descriptors- numbness, stabbing, aching, burning, sharp, external, internal, pins/needles, general discomfort, other: (blank). Physical examination of pain site: (blank) Precipitating factors: (blank). Coping: What alleviates pain, non-pharmacological interventions? (blank) What makes pain worse? (blank). Current pain medication regimen: Analgesic: (blank), NSAIDS: (blank), Tricyclics: (blank), Narcotics: (blank), Standing orders: (blank), List modalities: (blank). Patient pain goal: What is the resident's acceptable level of pain? (blank). Plan of care: (blank). Education: (blank)(It is important to note R1's pain risk assessment is not completed as many sections are left blank, including diagnosis, examination of pain site, what alleviates pain, pain medication regimen, pain goal, and plan of care.)R1's Current Comprehensive Care Plan, initiated 7/18/25, includes: Treat pain as per orders prior to treatment/turning etc. to ensure comfort.(It is important to note R1's Care Plan does not contain interventions (such as non-pharmacological) or goals related to pain management.)R1's MAR/TAR (Medication Administration Record/Treatment Administration Record), for January 2026, includes:Pain Assessment every shift: document pain level as per pain scale- 0- no pain, 1-3 mild pain, 4-6 moderate pain, 7-10 severe pain. Order date 12/23/25. All pain levels are recorded as zero in this section, except on 1/9 pain level is 6 on evening shift.Hydrocodone Acetaminophen Oral Tablet 5-325 MG: Give 1 tablet by mouth every 6 hours as needed for pain. Order date 12/23/25.1/5- pain level 6, pain medication effective1/6- pain level 8, pain medication ineffective(It is important to note R1's Nurse Notes do not have documentation of what staff did when R1's pain medication was ineffective.)1/9- pain level 6, pain medication effective1/13- pain level 9, pain medication effective1/16- pain level 8, pain medication effective1/17- pain level 6, pain medication effective1/20- pain level 0, pain medication effective(It is important to note R1's recorded pain rating is a zero and staff administered R1's as needed pain medication.)1/21- pain level- N/A, pain medication effective(It is important to note this pain rating of N/A (not applicable) and the pain medication as being effective.)R1's MAR/TAR, for February2026, includes:Pain Assessment every shift: document pain level as per pain scale- 0- no pain, 1-3 mild pain, 4-6 moderate pain, 7-10 severe pain. Order date 1/27/26. All pain levels are recorded as zero in this section, except 2/11/26 is recorded as a 5 during the evening shift.Hydrocodone Acetaminophen Oral Tablet 5-325 MG: Give 1 tablet by mouth every 6 hours as needed for pain. Order date 12/23/25.2/1- pain level 4, medication effective2/3- pain level 4, medication effective2/4- pain level 7, unknown if medication was effective(It is important to note staff did not record if R1's as needed pain medication was effective or ineffective, instead they recorded the effectiveness was unknown.)2/5- pain level 8, medication effective2/6- pain level 8, medication effective2/7- pain level 7, medication effective2/11- pain level 2, medication effective. pain level 6, medication effective.On 2/12/26 at 8:48 AM, during an interview, R1 stated, I was in a fire that caused burns on my left leg from my thigh down to ankle. My right leg was burned from my knee down and then all the way up to my thigh. R1 indicated his burns cause him discomfort and the pain gets away from him at times. Then it is hard to get back under control. R1 also stated, I would like to be pain free but I'm not. I'm usually around 6 level. I am 6 now. I never am at zero pain. R1 indicated a reasonable pain goal for him would be a 4. R1 indicated he would like staff to try to assist him at staying at or under a level 4 pain.On 2/12/26 at 9:19 AM CNA E (Certified Nursing Assistant) indicated R1's care plan does not contain goals or interventions related to pain and, it should. CNA E indicated she looks at the residents' care plans to know what she can do if they are experiencing pain.On 2/12/26 at 9:23 AM, LPN F (Licensed Practical Nurse) indicated R1 told her yesterday that he was in pain. LPN F indicated R1's care plan should have goals and interventions related to pain management but it doesn't. LPN F indicated she does not know what non-pharmacological interventions staff use to assist R1 in alleviating his pain.On 2/12/2026 at 10:27 AM, DON B (Director of Nursing) and NHA A (Nursing Home Administrator) indicated all sections in R1's pain risk assessment should have been completed, staff should be documenting what they do if medications are ineffective, and R1's care plan should have goals and interventions related to pain management.