STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019277	A. BUILDING: _____ B. WING _____	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASTLE MANOR V LLC	1634 S WILDWOOD DR NEW BERLIN, WI 53151

(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
M 000	INITIAL COMMENTS On 10/15/2025, Surveyors conducted a standard survey at Castle Manor V LLC. Six deficiencies were identified. Census: 4	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation was completed by a physician, a registered nurse or a physician's assistant indicting the service provider had been screened for illness detrimental to residents including tuberculosis (TB) within 90 days before the start of providing service for 1 of 2 caregivers reviewed. Caregiver D's record did not include a TB test conducted within 90 days prior to start date of providing service.	M 232		

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

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M 232	Continued From page 1 Findings include: On 10/15/2025, Surveyors reviewed Caregiver D's record. S/he was hired 05/29/2025. The record contained a TB test dated 05/29/2024. On 10/15/2025 at 11:24 AM, Surveyors discussed concern of TB test with Owner A who stated s/he was told TB tests completed within 3 years prior to hire were acceptable.	M 232		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a clean and homelike environment. Findings include: On 10/15/2025 at approximately 8:25 AM while touring facility with Caregiver B, surveyors observed: Example 1- Resident 1's Room 2 fifty-cent piece size holes and 2 small wall decoration hooks in wall near and above	M 276		

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M 276	Continued From page 2 bookshelf Line of scraped drywall approximately 2' long above nightstand 5 screw/nail holes in wall next to television stand Quarter sized, black and cream colored, substance stuck to door frame approximately 5' high from floor Example 2- Resident 3's room (Note: Bedroom windows consisted of a large unopenable window with 2 rectangular screens beneath it. The screens were covered by hinged wooden panels that opened exposing the screen.) Resident 3's right-side screen cover was difficult to open, and the knob detached from the cover when Surveyor attempted to open it to inspect the screen. The outside of the screen was covered with debris and leaves. Example 3- Hallway Multiple black scuffs and lines above baseboard running length of hall across from bathroom On 10/15/2025 at 11:24 AM, Surveyors discussed environmental concerns with Owner A who stated a few weeks ago they took Resident 1's television off the wall and the fifty cent piece holes were from the television wall mount. Owner A stated the scuffs on walls were from Resident 1 bumping his/her wheelchair into the walls. Owner A stated s/he did not realize the screen covers were difficult to open and would have them fixed right away. Cross Reference: M0320 DHS 88.05(3)(l) Bedrooms-Privacy Y3234 DHS 50.09(1)(e) Treatment	M 276		

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M 320	Continued From page 3	M 320		
M 320	88.05(3)(l) BEDROOMS-PRIVACY A resident's bedroom shall provide comfort and privacy, shall be enclosed by full height walls and shall have a rigid door that the resident can open and close. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident had a bedroom door that the resident could open and close. Resident 2's bedroom door did not completely close. Findings include: On 10/15/2025 at approximately 8:25 AM while touring facility with Caregiver B, Surveyor attempted to close Resident 2's bedroom door. Surveyor was only able to close the door within approximately 4 inches of completely closing it. When Surveyor showed Caregiver B, s/he grasped the door handle with both hands and using an upward motion closed the door completely. Caregiver B stated Resident 2 did not attempt to close his/her door. On 10/15/2025 at 11:24 AM, Surveyors discussed concern regarding Resident 2's door with Owner A who stated s/he would notify maintenance right away. Cross Reference: M0276 DHS 88.05(3)(a) Homelike Environment Y3234 DHS 50.09(1)(e) Treatment	M 320		

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M 412	Continued From page 4	M 412		
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure Resident 1's individual service plan (ISP) described all services provided by staff to meet resident needs for 1 of 2 residents reviewed. Resident 1's ISP did not identify that s/he was continuously incontinent and did not include all incontinence interventions provided by staff. Findings include: On 10/15/2025 at 9:15 AM while interviewing Resident 1 in his/her room, surveyors observed Resident 1 sitting in his/her wheelchair wearing pants and s/he was incontinent of urine. Two urinals containing urine were observed in his/her room. On 10/15/2025, Surveyor reviewed Resident 1's record. S/he was admitted 06/24/2025. Diagnoses included dementia without behavioral disturbance, enuresis nocturnal (involuntary urination at night), and late effects of cerebral infarction hemiplegia nondominant left side. ISP dated 08/01/2025: In the area of Continence: The ISP identified	M 412		

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M 412	Continued From page 5 Resident 1 required assistance with bathroom and protective garment change and stated, " ...is incontinent less than daily, when this happens staff to change [his/her] clothing, [sic] and bedding. Wears protective undergarment which [s/he] changes self ..." The ISP did not identify need for staff encouragement to toilet every 2 hours and assistance with urinal. On 10/15/2025 at 9:40 AM, Surveyors interviewed Owner A who stated Resident 1 wore incontinence products due to constant dribbling of urine and was continuously incontinent of urine since admission. Surveyors reviewed Resident 1's ISP with Owner A who stated staff encouraged Resident 1 to toilet every couple of hours and Resident 1 independently used urinal which staff emptied and rinsed daily. On 10/15/2025 at 11:24 AM, surveyors discussed lack of identification of incontinence interventions on Resident 1's ISP with Owner A who stated "Okay."	M 412		
M 540	88.09(2)(c) Location and Retention Period Location and retention period. Service provider and licensee records shall be available at the adult family home for review by the licensing agency. A service provider's record shall be available while the service provider is employed by the home and for at least 3 years after ending employment.	M 540		

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M 540	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure service providers records were available at the adult family home for review by the licensing agency for 1 of 2 employee records requested. Findings include: On 10/15/2025 at 7:00 AM, Surveyors arrived at Castle Manor V LLC to conduct a standard survey. At approximately 7:40 AM, Owner A called facility and requested to speak with Surveyor. Surveyor informed Owner A that during the survey, 2-3 staff records would be reviewed and Surveyor would choose the staff record to be reviewed when Surveyor received the staff roster. On 10/15/2025 at approximately 8:00 AM, Owner A arrived at facility with 3 staff records. Owner A then provided Surveyor with a staff roster. Based on hire dates, Surveyor requested Caregiver D and Caregiver E's employee records including complete background check, communicable disease screen/tuberculosis (TB) test, and training since hire including 2024 annual training. Owner A stated s/he did not bring Caregiver E's record because Surveyor told him/her to bring 3 records but had not specified Caregiver E's. On 10/15/2025 at 11:24 AM, Surveyor requested Owner A send Caregiver E's record to Surveyor by noon on 10/16/2025. On 10/15/2025 at 5:18 PM, Surveyor emailed Owner A stating, " ...As discussed while we were onsite this morning, please send me the following by noon tomorrow (10/16/2025): ...[Caregiver E's]: Background check (BID, DOJ, and IBIS)	M 540		

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M 540	Continued From page 7 TB test Training since hire including 2024 annual training ..." As of 5:00 PM on 10/16/2025, Surveyor had not received Caregiver E's record.	M 540		
Y3234	50.09(1)(e) Treatment (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to: (e) Be treated with courtesy, respect and full recognition of the resident's dignity and individuality, by all employes of the facility and licensed, certified or registered providers of health care and pharmacists with whom the resident comes in contact. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the resident's right to dignity when there were no means available to dry their hands after using the bathroom. Findings include: On 10/15/2025 at 8:12 AM, Surveyor tested the water temperature in the resident's bathroom. No	Y3234		

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Y3234	Continued From page 8	Y3234		

hand towels, individual paper towels, air hand dryer or other means to dry hands were available in the bathroom.

On 10/15/2025 at 8:13 AM, Surveyor went to the kitchen and not seeing a hand towel or individual paper towels in the kitchen, Surveyor asked Caregiver B what Surveyor could dry his/her hands with. Caregiver B retrieved a few napkins from a package stored on top of the refrigerator and gave them to Surveyor. Caregiver B stated they had run out of paper towels.

On 10/15/2025 at 11:13 AM, Surveyor returned to bathroom and observed no hand towels, individual paper towels, or any means to dry hands with.

On 10/15/2025 at 11:13 AM, Surveyor interviewed Lead Caregiver C who stated they normally kept paper towels in the bathroom but had run out and s/he had informed the manager. Lead Caregiver C stated resident's towels were immediately put in laundry after showering or getting ready for the day and each resident kept a hand towel in their room.

On 10/15/2025 at 11:14 AM, Surveyor interviewed Resident 1 in his/her room who stated when residents needed to dry their hands after using the bathroom, they had to go to the kitchen to get a paper towel. Resident 1 stated s/he had no hand towel in his/her room, and Surveyor did not observe a hand towel in Resident 1's room.

On 10/15/2025 at 11:24 AM, Surveyor discussed concern of no means for residents to dry their hands after using bathroom with Owner A who stated hand towels were kept in resident rooms due to a problem with residents flushing paper

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Y3234	Continued From page 9 towels and incontinent products. Cross Reference: M0276 DHS 88.05(3)(a) Homelike Environment	Y3234		