STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019718	A. BUILDING: _____ B. WING _____	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASTLE MANOR VII	3680 S BRENTWOOD RD 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 07/29/2025, Surveyor conducted a self-report review and standard survey at Castle Manor VII. One deficiency was identified. Census: 4	M 000		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the individual service plan (ISP) was updated in writing when a resident's needs or preferences changed substantially. Resident 1's ISP was not updated to include restricting other residents from entering his/her room for visits. From 05/31/2025-07/29/2025,	M 424		

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
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M 424	Continued From page 1 Resident 1 was not allowed to have other residents in his/her room and his/her ISP was not updated to reflect this restriction. Findings include: On 06/03/2025, the Department received a self-report from provider regarding alleged inappropriate interactions between Resident 1 and Former Resident 2. The self-report identified immediate action implemented included restricting Resident 1 and Former Resident 2 to be alone together or enter each other's rooms. On 07/29/2025 at 09:20 AM, Surveyor observed a handwritten sign taped to Resident 1's bedroom door stating, "[Resident 1] is to not have ANY residents in [his/her] room - Management" On 07/29/2025 at 9:21 AM, Surveyor interviewed Resident 1 who stated s/he was okay with not having other residents visit in his/her room. On 07/29/2025, Surveyor reviewed Resident 1's record. S/he was admitted 11/10/2023. ISP dated 10/31/2024 did not address restriction of residents in his/her room. On 07/29/2025 at approximately 1:00 PM, Surveyor interviewed Licensee A and Administrator B. Licensee A stated the sign restricting other residents from visiting Resident 1 in his/her room was posted on Resident 1's door since 05/31/2025. Licensee A stated the sign was posted as an immediate intervention to keep both Resident 1 and Former Resident 2 safe during their investigation on 05/31/2025, and Resident 1's guardian had agreed to the restriction on 05/31/2025. Administrator B stated Former	M 424		

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M 424	Continued From page 2 Resident 1 left facility within a couple days of 05/31/2025 and did not return. Administrator B stated they did not identify the restriction on Resident 1's ISP, they would discuss continued need to restrict other residents from entering Resident 1's room with Resident 1 and his/her guardian and update the ISP right away.	M 424		