STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011864	A. BUILDING: _____ B. WING _____	C 09/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTCASTLE PLACE	2429 E BRADFORD AVE MILWAUKEE, WI 53211

(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
N 000	Initial Comments On 09/23/2024, Surveyor conducted a standard licensing survey and 2 complaint investigations at Eastcastle Place, a CBRF located in Milwaukee, WI. As a result of the survey, 2 violations of Chapter DHS 83 were issued. Both complaints were substantiated. Census: 15	N 000		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report an incident resulting in serious injury to the Department for 1 of 1 resident. Resident 1 had a fall on 08/22/2024 resulting in Emergency Room treatment and it was not reported. Findings include: On 09/19/2024, the Department received a complaint alleging that a resident fell resulting in injury. On 09/23/2024 at 9:30 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was	N 165		

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
	0011864	A. BUILDING: _____ B. WING _____	C 09/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTCASTLE PLACE	2429 E BRADFORD AVE MILWAUKEE, WI 53211

(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
N 165	Continued From page 1 admitted on 05/06/2020 with diagnoses including dementia, anxiety, history of cataract extraction, hemiplegia and hemiparesis following cerebral infarction, and mood disorder. On 09/23/2024 at 10:00 AM, Surveyor reviewed a fall incident report. On 08/22/2024, Resident 1 fell in his/her apartment and sustained a head laceration. Resident 1 was transported to the hospital where s/he was diagnosed with a head laceration and received stitches. On 09/23/2024 at 10:15 AM, Surveyor interviewed Administrator B. Administrator B confirmed Resident 1 fell on 08/22/2024 and was transported to the hospital and received stitches. Administrator B confirmed the incident was not reported to the Department. On 09/23/2024 at 12:00 PM, Surveyor discussed the above concern with Licensee A and Administrator B. Licensee A acknowledged that Resident 1 fell on 08/22/2024 and received stitches as a result. Licensee A acknowledged the incident should have been reported to the Department and that any similar incidents would be reported in the future.	N 165		
Y3235	50.09(1)(f) Privacy (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: (f) Physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including,	Y3235		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011864	A. BUILDING: _____ B. WING _____	C 09/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTCASTLE PLACE	**2429 E BRADFORD AVE MILWAUKEE, WI 53211**

(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
Y3235	Continued From page 2 but not limited to: This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents were not recorded and/or filmed. There was a video camera mounted in the common hallway that captured resident movements to/from their apartments. This had the potential to affect 15 of 15 residents. Findings include: On 09/23/2024 at 9:00 AM, Surveyor toured the physical environment. Surveyor observed what appeared to be a security video camera in the main hallway of the facility. Resident apartments were contained in the hallway and residents use the hallway to go to/from their apartments. On 09/23/2024 at 11:00 AM, Surveyor interviewed Licensee A. Licensee A confirmed that the video camera in the hallway was operational. Licensee A acknowledged that the camera would capture residents within the camera's view. Licensee A stated that the reason for the camera was for safety and to help notify staff/nursing of any falls that may occur in the hallway. Licensee A stated s/he understood it was a resident right not to be filmed.	Y3235		