STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016882	A. BUILDING: _____ B. WING _____	C 02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASTLE MANOR II	4343 S 20TH ST MILWAUKEE, WI 53221

(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 02/02/2026, Surveyors conducted a standard survey and 1 complaint investigation at Castle Manor II. As a result, 3 deficiencies were identified, and 1 complaint was unsubstantiated. Census: 4	M 000		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure 3 of 3 (Resident 1, Resident 2, and Resident 3) residents' individual service plans (ISPs) were developed, signed, and dated by all persons involved in developing the plan. Resident 1's and Resident 2's ISPs were not signed by the legal guardian or managed care organization (MCO). Resident 3's ISP was not signed by her/his MCO. Findings include: On 02/02/2026, at 10:00 AM, Surveyors reviewed resident records and identified the following:	M 406		

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

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M 406	Continued From page 1 - Resident 1 was admitted on 01/25/2023. Resident 1's file contained an ISP dated 06/09/2025. Resident 1's file identified s/he had a legal guardian. Resident 1's ISP was not signed by Resident 1's legal guardian or MCO. - Resident 2 was admitted 04/21/2018. Resident 2's file contained an ISP dated 08/04/2025. Resident 2's file identified s/he had a legal guardian. Resident 2's ISP was not signed by Resident 2's legal guardian or MCO. - Resident 3 was admitted 03/24/2025. Resident 3's file contained an ISP dated 04/24/2025. Resident 3's ISP was not signed by Resident 3's MCO. On 02/02/2026, at 11:55 AM, Surveyors interviewed Licensee A. Licensee A reported s/he was responsible for updating resident ISPs. Licensee A confirmed the code requirement. Licensee A reported the MCOs review the updated ISPs when they visit the facility but do not sign them. Licensee A reported s/he would ensure MCOs, and guardians, if applicable, sign ISP reviews in the future, and s/he will email ISPs for signatures for individuals who were not present.	M 406		
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need.	M 412		

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M 412	Continued From page 2	M 412		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not have a description of services the licensee would provide to meet the needs for 2 of 3 residents (Resident 1 and Resident 3).

Resident 1 and Resident 3 exhibited behaviors and had behavior support plans (BSPs). Resident 1's and Resident 3's Individual Service Plans (ISPs) did not indicate interventions or inform staff of the presence of a BSP.

Findings include:

On 02/02/2026, at 10:00 AM, Surveyors reviewed resident records and identified the following:

- Resident 1 was admitted on 01/25/2023 with diagnoses including schizophrenia and traumatic brain injury. Resident 1's ISP, dated 06/09/2025, indicated s/he exhibited behaviors which included provocative behavior, sexualized behavior, and inappropriate statements towards females. Resident 1's ISP did not indicate all target behaviors, patterns/escalation of behaviors, warning signs, or interventions for staff for listed behaviors and did not indicate to staff Resident 1's file contained a BSP, dated 10/16/2024. While reviewing Resident 1's file, Resident 3's BSP was located in Resident 1's file. [Resident 3's BSP was misfiled.]

- Resident 3 was admitted on 03/24/2025 with diagnoses including frontal temporal dementia with agitation. Resident 3's ISP, dated 04/24/2025, indicated s/he exhibited behaviors which included offensive and violent behaviors, making threats, verbal altercations, making terrorist threats, and hitting caregivers. Resident

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M 412	Continued From page 3 3's ISP did not indicate all target behaviors, patterns/escalation of behaviors, warning signs, or interventions for staff for listed behaviors and did not indicate to staff Resident 3's file contained a BSP, dated 06/11/2025. Resident 3's BSP was not in her/his file, it was located in Resident 1's file. On 02/02/2026, at 11:55 AM, Surveyors interviewed Licensee A. Licensee A reported s/he was responsible for completing resident ISPs. Licensee A confirmed behaviors were noted in resident ISPs, but not all information and interventions were listed. Licensee A reported s/he would ensure ISP updates listed resident behaviors, interventions and informed staff of the presence of a BSP if applicable.	M 412		
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.	M 424		

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M 424	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents' individual service plan (ISP) was reviewed every 6 months and with changes for 1 of 3 residents (Resident 3). Findings include: On 02/02/2026, at 10:00 AM, Surveyors reviewed Resident 3's record. Resident 3 was admitted on 04/24/2025 with diagnoses including frontal temporal dementia with agitation. Resident 3's record contained an ISP, dated 04/24/2025. Resident 3's ISP was due for review in October 2025. Surveyors did not review evidence of an updated ISP in Resident 3's record. On 02/02/2026, at 11:55 AM, Surveyors interviewed Licensee A. Licensee A reported s/he was responsible for completing resident ISP updates and reviews. Licensee A reported s/he thought Resident 3's ISP was updated in September or October. Licensee A did not provide an updated ISP for Resident 3.	M 424		