STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017104	A. BUILDING: _____ B. WING _____	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHROCK CASTLE	210 MCDIVITT LN MUKWONAGO, WI 53149

(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 02/17/2026, with information obtained through 02/18/2026, the Bureau of Assisted Living, Southern Regional Office, conducted an abbreviated licensing survey at Birchrock Castle, a community-based residential facility (CBRF) located in Mukwonago, WI. As a result of the survey, 2 deficiencies were identified. Census: 41	N 000		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that documentation was made available of the facility's most recent gas heating system servicing. Findings include: On 02/17/2026, Surveyor reviewed facility	N 504		

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
	0017104	A. BUILDING: _____ B. WING _____	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHROCK CASTLE	210 MCDIVITT LN MUKWONAGO, WI 53149

(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 504	Continued From page 1 documents to verify compliance with facility-related inspection requirements. At approximately 11:30 a.m., Surveyor requested evidence of the facility's last heating system inspection from Director of Operations A. Maintenance Technician B, who was present for the interview, reported that s/he had not yet had the heating system inspected or serviced since his employment. Director of Operations A reported that s/he believed the system was inspected when the provider built an addition to their facility in 2023. At approximately 1:39 p.m., Surveyor gave Director of Operations A a deadline of 02/18/2026 to provide any evidence of the facility's heating system having been inspected in the last 3 years. On 02/18/2026, Surveyor reviewed an e-mail sent by Director of Operations A on 02/17/2026 (4:46 p.m.). In the e-mail, Director of Operations A reported, "I have attached the original construction inspection report from September 2023 for your reference. Additionally, I have reached out to the owners to request any more detailed documentation that may demonstrate the inspection of gas lines and furnaces during that period. I will forward any additional information they are able to provide as soon as it becomes available." Surveyor reviewed the report provided from the e-mail Director of Operations A sent. The report was titled "Construction Inspection Report" and was a report authored by Department staff on a Department form. The report did not identify any information regarding the provider's heating system.	N 504		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017104	A. BUILDING: _____ B. WING _____	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHROCK CASTLE	210 MCDIVITT LN MUKWONAGO, WI 53149

(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 504	Continued From page 2 On 02/18/2026, at approximately 6:08 p.m., Director of Operations A sent Surveyor an e-mail confirming that s/he was unable to locate any documentation regarding the provider's heating system but stated, "Everything was inspected prior to the new occupancy license."	N 504		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 3 of 4 emergency evacuation drills were conducted at least semi-annually in 2024 and 2025. Findings include: On 02/17/2026, Surveyor reviewed facility documents to verify compliance with emergency evacuation drill requirements. From the records provided, there was evidence of one emergency evacuation drill for severe weather conducted on 09/24/2025. There was no evidence of a second emergency evacuation drill having been conducted in 2025 or of any emergency evacuation drills conducted in 2024. At approximately 11:50 a.m., Surveyor interviewed Director of Operations A. Director of Operations A reported s/he believed the reports provided were the only drills on record, but wanted an opportunity to look for any additional records.	N 526		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017104	A. BUILDING: _____ B. WING _____	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCHROCK CASTLE	210 MCDIVITT LN MUKWONAGO, WI 53149

(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 526	Continued From page 3 At approximately 1:39 p.m., Surveyor interviewed Director of Operations A. Surveyor gave a deadline of the end of the day to receive any additional emergency evacuation drill records. No further records were received.	N 526		