STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410017	A. BUILDING: _____ B. WING _____	C 12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROBERT E BERRY HOUSE	178 E 6TH ST FOND DU LAC, WI 54935

(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 12/03/2025, Surveyor conducted an onsite visit to investigate one complaint. The complaint was unsubstantiated. One deficiency was identified. Census: 6	N 000		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on interview and record review the provider did not develop a comprehensive individual service plan (ISP) for Resident 1 to identify his/her mental health needs or to identify services the provider would offer to meet those needs. ISPs developed 06/20/2025 and 10/13/2025 were silent to Resident 1's history of paranoia and to the interventions the provider would utilize to meet his/her needs in this area. This is a repeat deficiency. See Statement of	N 386		

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

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N 386	Continued From page 1 Deficiency 7LQ211, dated 04/18/2022. Findings include: On 12/03/2025 at 10:44 AM, Surveyor interviewed Administrator A and Licensee B. Administrator A described Resident 1's needs. S/he explained Resident 1 was admitted in March 2025 with complex mental health diagnoses. Administrator A said in the 4 months after admission, Resident 1 was stable. However when s/he obtained outside employment, s/he "de-compensated" and his/her mental health worsened. S/he eventually was admitted to a psychiatric hospital for several months. Administrator A said when Resident 1 was ready for discharge, s/he reassessed him/her and Resident 1 returned to the facility on 10/13/2025. Upon return, Resident 1 displayed paranoid thoughts and at times was "adversarial" with other residents. Licensee B said Resident 1 sent multiple emails to Administrator A outlining his/her paranoid thoughts about other staff and residents and his/her belief they intended to cause harm. Licensee B said s/he and Administrator A investigated the concerns and did not corroborate them. They determined they were symptoms of Resident 1's worsening mental health. Administrator A said Resident 1 was readmitted to the acute psychiatric unit on 11/21/2025 and as of the date of Surveyor's visit remained there. Surveyor reviewed Resident 1's record at 1:00 PM. S/he was admitted on 03/18/2025 with diagnoses to include bipolar disorder, anxiety disorder, schizoaffective disorder and personality disorder. S/he was civilly committed on an outpatient basis under Chapter 51 due to mental illness and associated risks.	N 386		

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N 386	Continued From page 2 A Fond du Lac Human Services report dated 03/18/2025 read in part, "...has been deteriorating from [his/her] baseline psychiatrically...(believes) People are out there to hurt or kill [him/her] or steal [his/her] belongings..." S/he has "...guarded, paranoid and defensive behavior." Diagnoses - "Acute exacerbation of Schizoaffective Disorder, bipolar type." An ISP dated 06/20/2025, contained the following categories; medication management, domestic skills, community relationships, activities and vocational development. The ISP was silent to Resident 1's mental health needs or the services the provider would offer to meet those needs. Observation notes from 07/01/2025 through 08/07/2025 were consistent with Administrator A's description of Resident 1's progression. 07/24: "crying after work...reported having a bad day...stated others were whispering about [him/her]...ruining [his/her] reputation in the community..." 07/28: Resident 1 reported concerns another resident entered his/her locked room and now his/her belongings smelled. 07/30: "...had concerns today, including possible bug bites...computer and phone being bugged, and people stealing from [his/her] bedroom when the door is locked..." S/he stated others were speaking bad about him/her at an event. The staff member noted they were present during the event and did not observe the concerns. 08/01: Resident 1 was having paranoid thoughts about others out to "get" him/her and making terrible accusations against him/her. Said his/her room was infested with spiders. Staff looked and did not see spiders.	N 386		

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N 386	Continued From page 3	N 386		

08/05: "believes there are spiders nesting in [his/her] hair." Staff looked and did not see any spiders. Later in the day experienced hallucinations with something moving on his/her floor, but staff observed there was nothing there. In the evening thought s/he saw sparks coming from the heating vents.
08/07: Admitted to the acute unit of the local hospital, then eventually transferred to a psychiatric hospital.
10/13: Resident 1 returned to the facility.

An updated ISP was completed on 10/13/2025. It contained 3 categories; medication management, activities and vocational development. The ISP was silent to Resident 1's mental health needs or the services the provider would offer to meet those needs.

Observation notes from 10/13/2025 through 11/21/2025, documented ongoing challenges for Resident 1 and his/her mental health.

10/24: "recently transitioned back to the Berry House after...months of mental health inpatient treatment. Staff reported more mood liability compared to prior to hospitalization. Staff have also observed [him/her] to have a level of paranoia and responding to internal stimuli..." Author: Comprehensive Community Services staff member.
10/30: "...thinks people are talking about [him/her]"
10/31: Administrator A documented an investigation into a string of emails Resident 1 sent to Administrator A. The emails contained reports of multiple staff, residents and community members talking badly about Resident 1 and making threats. Administrator A and Licensee B met with Resident to discuss concerns and

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N 386	Continued From page 4 informed the placing county agency. "While meeting with Resident 1 s/he talked about hypervigilance, PTSD, and anxiety..." 11/21: Administrator A said Resident 1 sent a string of emails the previous night, called crisis and called law enforcement. "Met with [Resident 1 regarding] call to crisis and the police...reported [s/he] is not feeling safe or unsafe yet...feels [facility] is no longer the place for [him/her]." Resident 1 was admitted to the hospital. On 12/03/2025 at 2:45 PM, Surveyor interviewed Administrator A. S/he confirmed Surveyor's review of the record and acknowledged the ISP was not developed to include Resident 1's complex mental health needs or the services facility staff would provide to meet those needs.	N 386		