STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018618	A. BUILDING: _____ B. WING _____	C 05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWCASTLE PLACE	12600 N PORT WASHINGTON RD MEQUON, WI 53092

(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 05/26/2026, Surveyor conducted a standard survey and one (1) complaint investigation at Newcastle Place CBRF. Additional information was gathered through 05/28/2026. As a result of the survey, seven (7) deficiencies were identified, 1 complaint was unsubstantiated. Census: 15	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers reviewed were screened for clinically apparent communicable disease, within 90 days before the start of employment. Findings include: On 05/26/2026 at approximately 11:30 AM, Surveyor requested Caregiver C and Caregiver	N 220		

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

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N 220	Continued From page 1 D's employee record from Administrator A and RN B. Caregiver C was hired on 04/30/2024. Caregiver C's record did not have documentation s/he was screened for clinically apparent communicable disease. Caregiver D was hired on 07/08/2025. Caregiver D's record did not have documentation s/he was screened for clinically apparent communicable disease. On 05/26/2026 at approximately 4:00 PM, Surveyor interviewed Administrator A. Administrator A stated the prior administrator was no longer there and s/he was unable to find the paper records. Administrator A stated s/he believed prior administrator tossed information prior to his/her departure. Administrator A acknowledged s/he would work on ensuring staff records were accurate and work on a plan to correct the deficiency. The provider did not ensure that caregivers reviewed were screened for clinically apparent communicable disease, within 90 days before the start of employment.	N 220		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and	N 230		

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N 230	Continued From page 2 individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees obtained orientation training which shall include the following: Job Responsibilities; Prevention and reporting of resident abuse, neglect and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); CBRF (Community Based Residential Facility) policies and procedures; and recognizing and responding to resident changes of condition. Findings include: On 05/26/2026 at approximately 11:30 AM, Surveyor requested Caregiver C and Caregiver D's orientation from Administrator A and RN B. Caregiver C was hired on 04/30/2024. Caregiver C's record did not have documentation s/he had completed job responsibilities; prevention and reporting of resident abuse, neglect and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); CBRF policies and procedures; and recognizing	N 230		

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N 230	Continued From page 3 and responding to resident changes of condition. Caregiver D was hired on 07/08/2025. Caregiver D's record did not have documentation s/he had completed job responsibilities; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); CBRF policies and procedures; and recognizing and responding to resident changes of condition. On 05/26/2026 at approximately 4:00 PM, Surveyor interviewed Administrator A. Administrator A stated the prior administrator was no longer there and s/he was unable to find the paper records. Administrator A stated s/he believed prior administrator tossed information prior to his/her departure. Administrator A acknowledged s/he would work on ensuring staff records were accurate and work on a plan to correct the deficiency. The provider did not ensure employees obtained orientation training before performing any job duties.	N 230		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training	N 243		

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N 243	Continued From page 4 topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed, obtained training as required within 90 days after starting employment.	N 243		

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N 243	Continued From page 5 Findings include: The provider is licensed to provide care and services to residents within the client groups of irreversible dementia/Alzheimer's. On 05/26/2026 at approximately 11:30 AM, Surveyor requested Caregiver C and Caregiver D's employee record from Administrator A and RN B. Caregiver C was hired on 04/30/2024. Caregiver C's record did not contain evidence of training or evidence of meeting an exemption for training in recognizing, preventing, managing and responding to challenging behaviors; and client groups. Caregiver D was hired on 07/08/2025. Caregiver D's record did not contain evidence of training or evidence of meeting an exemption for training in recognizing, preventing, managing and responding to challenging behaviors. On 05/26/2026 at approximately 4:00 PM, Surveyor interviewed Administrator A. Administrator A acknowledged s/he did not have all employee training for Caregiver C and Caregiver D. Administrator A stated the prior administrator was no longer there and s/he was unable to find the paper records. Administrator A stated s/he believed prior administrator tossed information prior to his/her departure. Administrator A acknowledged s/he would work on ensuring staff records were accurate and work on a plan to correct the deficiency. The provider did not ensure 2 of 2 employees reviewed, obtained training as required within 90	N 243		

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N 243	Continued From page 6 days after starting employment.	N 243		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and staff interviews, 1 of 1 employee record reviewed did not have the required 15 hours of continuing education training including Fire Safety/1st Aid and Medications. Findings include: On 05/26/2026 at approximately 11:30 AM, Surveyor requested Caregiver C's employee record from Administrator A and RN B. Caregiver C was hired on 04/30/2024. Caregiver C's record did not contain evidence of continuing education training in Fire Safety/1st Aid and Medications. The Learning History did not reflect the hours Caregiver C had in continuing education.	N 277		

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N 277	Continued From page 7 On 05/26/2026 at approximately 4:00 PM, Surveyor interviewed Administrator A. Administrator A stated prior administrator was no longer there and s/he was unable to find the paper records. Administrator A stated s/he believed prior administrator tossed information prior to his/her departure. Administrator A acknowledged s/he would work on ensuring staff records were accurate and work on a plan to correct the deficiency. The provider did not ensure staff received required continuing education and/or including 15 hours.	N 277		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents were screened	N 302		

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N 302	Continued From page 8 within 90 days before or 7 days after admission by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse for clinically apparent communicable disease. Findings Include: On 05/26/2026, at approximately 12:00 PM, Surveyor requested Resident 1 and Resident 2's resident record from RN B. Resident 1 was admitted on 09/12/2025, there was no evidence in Resident 1's record s/he was screened for clinically apparent communicable disease. Resident 2 was admitted on 05/15/2026, there was no evidence in Resident 2's record s/he was screened for clinically apparent communicable disease. On 05/26/2026 at approximately 4:00 PM, Surveyor interviewed RN B. RN B stated s/he was unaware Resident 1 and Resident 2 did not have the communicable disease screening. RN B reviewed a blank free of communicable disease screening form with Surveyor. On 05/26/2026 at 4:10 PM, Administrator A stated they will work on a plan to ensure residents are screened for communicable disease. The provider did not ensure residents were screened within 90 days before or 7 days after admission for clinically apparent communicable disease.	N 302		
N 525	83.47(2)(d) Fire drills.	N 525		

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N 525	Continued From page 9 Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure quarterly fire drills were conducted with both employees and residents including holding one fire evacuation drill annually that simulates the conditions during usual sleeping hours in calendar years 2024 and 2025. Findings include: The provider is licensed to provide care and services to residents within the client groups of irreversible dementia/Alzheimer's. On 05/26/2026 at approximately 11:00 AM, Surveyor requested the fire drills that had been completed for 2024 and 2025 from Administrator A and RN B. Surveyor observed fire drills were completed in 2024 and 2025, but there was no	N 525		

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N 525	Continued From page 10 documentation with resident names and evacuation times. Administrator A and RN B confirmed the drills were completed on all shifts with staff, drills were not conducted with residents. The provider did not ensure quarterly fire drills were conducted with both employees and residents.	N 525		
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 evacuation drills, such as tornadoes, flooding or other emergency or disasters, were completed for 2024 and 2025. Findings include: The provider is licensed to provide care and services to residents within the client groups of irreversible dementia/Alzheimer's. On 05/26/2026 at approximately 11:00 AM, Surveyor requested the other drills that had been completed for 2024 and 2025 from Administrator A and RN B. There was no documentation provided that other drills were conducted. Administrator A and RN B acknowledged they will work on completing the other drills. The provider did not ensure evacuation drills, such as tornadoes, flooding or other emergency	N 526		

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N 526	Continued From page 11 or disasters, were completed for 2024 and 2025.	N 526		