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 05/11/2026

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 05/11/2026, Surveyor completed a complaint investigation and standard survey at Eastcastle Place. As a result, 1 deficiency was identified, and 1 complaint was unsubstantiated. Census: 13	N 000		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all areas listed under par. (c) were included on 2 of 2 residents' (Resident 1 and Resident 2) pre-admission assessments. Residents were not assessed prior to admission for the presence and intensity of pain; nursing procedures the residents needed and the number of hours per week of nursing care the resident needed; and risks, including falling and elopement. Findings Include:	N 381		

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

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N 381	Continued From page 1 On 05/06/2026, at 1:45 PM, Surveyor requested and reviewed Resident 1's and Resident 2's files, as part of a standard survey. Resident 1 Resident 1's face sheet documented s/he was admitted to the facility on 04/16/2024, with diagnoses including dementia, nondisplaced type II odontoid fracture, and encounter for other orthopedic aftercare. Resident 1's pre-admission assessment was completed and dated 04/12/2024. The form did not include information about Resident 1's presence and intensity of pain, nursing procedures Resident 1 needed and the number of hours per week of nursing care Resident 1 needed, or any risks Resident 1 had, including falling and elopement. An assessment upon admission was completed for Resident 1 and was dated 04/16/2024. Multiple subject areas included a follow-up question to indicate if nursing procedures were needed, which was left blank throughout the form. Behavior patterns indicated Resident 1 was at risk for wandering/elopement and required supervision when in common areas/activities. The assessment documented Resident 1 was at risk for falls. Attachments to the assessment included a wandering risk assessment and a morse fall scale. The wandering risk assessment documented Resident 1 was ambulatory, had a history of wandering, had a medical diagnosis of dementia/cognitive impairment; diagnosis impacting gait/mobility or strength, has wandered in the past month, and had a Wanderguard bracelet on her/his left wrist. Resident 1 was assessed as a high risk for wandering. The morse fall scale documented Resident 1 was at a high risk for falls and had a history of falls.	N 381		

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N 381	Continued From page 2 Resident 2 Resident 2's face sheet documented s/he was admitted to the facility on 01/02/2026, with no diagnoses listed. Resident 2's pre-admission assessment was completed and dated 12/19/2025. The form did not include information about Resident 2's presence and intensity of pain, nursing procedures Resident 2 needed and the number of hours per week of nursing care Resident 2 needed, or any risks Resident 2 had, including falling and elopement. An assessment upon admission was completed for Resident 2 and was dated 01/02/2026. Multiple subject areas included a follow-up question to indicate if nursing procedures were needed, which was left blank throughout the form. Situations or conditions which put resident at risk of injury or harm indicated Resident 2 was at risk for wandering/elopement. An attachment to the assessment included a wandering risk assessment. The wandering risk assessment documented Resident 2 could move without assistance while in a wheelchair, had a history of wandering, and had a medical diagnosis of dementia/cognitive impairment; diagnosis impacting gait/mobility or strength, and has wandered in the past month. Resident 2 was assessed at risk to wander. On 05/06/2026, at approximately 2:05 PM, Surveyor interviewed Executive Director (ED) A, and the following was reported: The pre-admission assessment the facility used did not include areas to assess residents for pain, nursing procedures, fall risks, or elopement risks. The assessment which included that information was done on the day of admission to the facility.	N 381		

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N 381	Continued From page 3 ED A acknowledged the pre-admission assessment was to be completed prior to admission and include the above areas of assessment. On 05/11/2026, at 11:00 AM, Surveyor interviewed ED A, Healthcare Manager B, and Director of Nursing C. They confirmed Registered Nurse D was responsible for completing pre-admission assessments. ED A reported the missing information in the facility's assessments had not been brought to their attention previously. They confirmed Resident 1's and Resident 2's pre-admission assessment did not include information on pain, nursing procedures, or risks for falls and elopements. They were going to move forward and utilize the information they had been using in the assessments done on admission to complete the pre-admission assessments, to include all areas required. They acknowledged the importance this had in determining the level of care needed for prospective residents.	N 381		