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 _____	R-C 01/24/2024

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

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{N 000}	Initial Comments On 01/18/2024, with information gathered through 01/24/2024, Surveyor conducted a standard licensure survey, a verification visit, and a complaint investigation at Newcastle Place. Two deficiencies were identified. Complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. 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 observation, record review and interview, the provider did not ensure 1 of 1 resident's needs were re-assessed when there was a change in needs, abilities, or condition. Resident 3's record did not include an assessment for the use of adaptive equipment to aid in transferring in and out of bed.	N 381		

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

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N 381	Continued From page 1 Findings include: On 01/18/2024, at approximately 10:20 AM, Surveyor toured the facility and observed Resident 3's bed which contained a full side bedrail. On 01/18/2024, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the facility, 06/28/2022. Resident 3's current, undated, individual service plan documented: "Cognition: Displays deficits in judgement." "Mobility: Mobile with assistive device wheelchair. Resident may require hands on assistance by staff member(s) due to confusion." "Transferring: Resident requires assistance with transfer and or positioning with verbal prompts/cues." "Emergency and Evacuation: Resident requires supervision and/or verbal cueing to evacuate residence or to request emergency assistance." The record did not contain any assessment for the use of adaptive equipment to aid in transferring in and out of bed. On 01/18/2024, Surveyor requested Resident 3's bedrail assessment from Director E. On 01/19/2024 at 3:50 PM, Director E emailed Surveyor and stated that s/he did not have a bedrail assessment for Resident 3 as s/he had one grab bar that s/he used to position his/herself in bed. According to the U.S. Food & Drug	N 381		

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N 381	Continued From page 2 Administration's Hospital Bed Safety Workgroup, "... Strangling, suffocating, bodily injury, or death can occur when patients or parts of their bodies are caught between rails or between the bed rails and mattresses ... Regardless of the purpose for which bed rails are being used or considered, a decision to utilize or remove those in current use should occur within the framework of an individual patient assessment. 2. Because individuals may differ in their sleeping and nighttime habits, creation of a safe bed environment that takes into account patients medical needs, comfort, and freedom of movement should be based on individualized patient assessment by an interdisciplinary team... 3. Use of bed rails should be based on patients assessed medical needs and should be documented clearly ... Bed rail effectiveness should be reviewed on a regular basis...The patient's chart should include a risk-benefit assessment that identifies why other care interventions are not appropriate or not effective if they were previously attempted and determined not to be the treatment of choice for the patient. 4. Bed rail use for treatment of a medical symptom or condition should be accompanied by a care plan (treatment program) designed for that symptom or condition. The plan should present clear directions for further investigation of less restrictive care interventions. The documentation should describe the attempts to use less restrictive care interventions and, if indicated, their failure to meet patients assessed needs. 5. Bed rail use for patient's mobility and/or transferring, for example turning and positioning within the bed and providing a hand-hold for getting into or out of bed, should be accompanied by a care plan...The care plan should: include educating the patient about possible bed rail	N 381		

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N 381	Continued From page 3 danger to enable the patient to make an informed decision; and address options for reducing the risks of the rail use. 6. The process of reducing and/or eliminating existing use of bed rails should be undertaken incrementally using an individualized, systematic, and documented approach ..." (Source: "Clinical Guidance For the Assessment and Implementation of Bed Rails In Hospitals, Long Term Care Facilities, and Home Care Settings" https://www.fda.gov/media/88765/download (retrieval date 01/24/2024).)	N 381		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions.	N 452		

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N 452	Continued From page 4 Surveyor found food items in the refrigerator and prepping stations where food was not properly sealed to avoid contamination. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. Findings include: On 01/18/2024, at approximately 10:00 AM, Surveyor toured the facility kitchen where meals were prepared and observed the following: Refrigerator: -A large silver serving container holding fresh broccoli florets that was not sealed or dated. -A large silver serving container of what appeared to be coleslaw. Saran wrap had been placed over the container but did not properly cover the food. The food was not dated. -(5) individual size Styrofoam bowls of mixed fruit. Saran wrap had been placed over the bowls but did not properly cover the food. The food was not dated. -(6) individual plastic to-go containers of mixed fruit that were not dated. -(4) hamburger patties that were in a silver serving tray that were not dated. -A serving tray of prepared sandwiches that were not sealed or dated. -A large silver serving container of what appeared to be a sandwich spread. Saran wrap had been placed over the container but did not properly cover the food. The food was not dated. -(3) trays of what appeared to be fruit based individual pie slices. Saran wrap had been placed over the trays but did not properly cover the food. The food was not dated. Freezer:	N 452		

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N 452	Continued From page 5 -A 3-gallon container of sherbet where the lid was not securely placed. -A 3-gallon container of chocolate ice cream where the lid was not securely placed. On the containers it was printed by the manufacturer: "Remember, keep the ice cream covered when not dipping and handle the product as little as possible." Kitchenette - Serving Area: -(2) pieces of cheesecake sitting on saucers that were not securely sealed or dated. - The microwave interior was covered in what appeared to be burnt on food Kitchen holding cart: (6) trays of what appeared to be left over bread that were not properly sealed. (2) trays of what appeared to be a green vegetable cut up into chunks that were not properly sealed. "Time/temperature control for safety (TCS) guidelines indicate food prepared in a food establishment and held longer than a 24-hour period shall be marked to indicate the date or day by which the food is to be consumed on the premises, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. Refrigerated, RTE (ready-to-eat)/TCS food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed or discarded." (US Food and Drug Administration (FDA) Food Code, 2022, Section 3-501.17)	N 452		

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N 452	Continued From page 6 "Proper packaging helps maintain quality and prevent freezer burn. Aluminum foil, freezer paper, plastic containers, and plastic freezer bags will help food maintain optimum quality in the freezer. Plastic wrap alone will not provide enough protection by itself, but can be used to separate foods within another package. When packaging food, press out as much air as possible to prevent freezer burn, and wrap tightly." (Source: USDA (United States Department of Agriculture) website, How should food be packaged for the freezer?, https://ask.usda.gov (retrieval date - January 24, 2024).) On 01/18/2024, at approximately 10:10 AM, Surveyor interviewed Interim Dietary Director N. Surveyor reviewed the pictures that s/he had taken of food storage throughout the kitchen. Interim Dietary Director N stated s/he understood the concern.	N 452		