

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018619	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/24/2024
NAME OF PROVIDER OR SUPPLIER NEWCASTLE PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 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
U 000	INITIAL COMMENTS On 01/18/2024, with information gathered through 01/24/2024, Surveyor conducted a standard licensure survey and a complaint investigation at Newcastle Place. One deficiency was identified. Complaint was unsubstantiated. Census: 32	U 000		
U 127	89.23(3)(f) SERVICES SERVICE QUALITY. Meals and snacks served to tenants shall be prepared, stored and served in a safe and sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions. 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	U 127		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018619	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/24/2024
NAME OF PROVIDER OR SUPPLIER NEWCASTLE PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 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
U 127	Continued From page 1 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: -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: -(10) individual bowls of what appeared to be green jello with fruit that were tipping over on the tray. Saran wrap had been placed over the bowls but did not properly cover the food. The food was not dated. -An individual sized to-go container of what appeared to be melon that was not dated.	U 127		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018619	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/24/2024
NAME OF PROVIDER OR SUPPLIER NEWCASTLE PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 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
U 127	Continued From page 2 -(3) individual bowls of salad. Saran wrap had been placed over the bowls but did not properly cover the food. The food was not dated. 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) "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	U 127		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018619	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/24/2024
NAME OF PROVIDER OR SUPPLIER NEWCASTLE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
U 127	Continued From page 3 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 Manager A. Surveyor reviewed the pictures that s/he had taken of food storage throughout the kitchen. Interim Dietary Manager A stated s/he understood the concern.	U 127			