STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525668	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Newcastle Place	12600 N Port Washington Rd #300 Mequon, WI 53092

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility failed to develop and/or implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act for 2 residents (R)5 (R1 and R15) of 2 sampled residents.R1 reported that R1 was missing $40 and a silver dollar coin. The facility did not report the allegation of misappropriation to local law enforcement.R15 reported that $280 was taken from R15's room. The facility did not report the allegation of misappropriation to the State Agency (SA) or local law enforcement.Findings include: The facility’s Abuse, Neglect and Exploitation Policy, dated 9/20/24, indicates: It is the policy of this community to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property .The Community will develop and implement written policies and procedures that: a. Prohibit and prevent abuse, neglect, exploitation of residents, and misappropriation of resident property. b. Establish policies and procedures to investigate any such allegations. The Community will designate an Abuse and Neglect Prevention Coordinator who is responsible for reporting allegations or suspected abuse, neglect, or exploitation to the state survey agency and other officials in accordance with state law .The Community will have written procedures that include: 1. Reporting all alleged violations to the Administrator, State Agency, Adult Protective Services, and to all other required agencies (law enforcement when applicable) within specified timeframes. 1.On 7/28/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including rhabdomyolysis, diabetes, muscle weakness, peripheral vascular disease (PVD), congestive heart failure, and spinal stenosis. R1’s Minimum Data Set (MDS) assessment, dated 6/14/25, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R1 had intact cognition. On 7/28/25, Surveyor reviewed a facility-reported incident that indicated on 6/14/25, R1 and a family member reported to Registered Nurse (RN)-C that R1 was missing $40 and a silver dollar coin. RN-C documented the report and informed Nursing Home Administrator (NHA)-A and the on-call nurse. The investigation did not indicate local law enforcement was not notified. (continued on next page)

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

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/28/25 at 10:19 AM and 10:36 AM, Surveyor interviewed NHA-A who indicated as R1 was being discharged , R1 reported to RN-C that R1 was missing $40 and a silver dollar coin. NHA-A indicated RN-C offered to call law enforcement but R1 and R1's family did not want that. NHA-A indicated the facility did not have documentation regarding the offer to call law enforcement, however, NHA-A called RN-C to provide a statement. 2. On 7/28/25, Surveyor reviewed R15’s medical record. R15 had diagnoses including diabetes, left femur fracture, PVD, and heart failure. R15’s MDS assessment, dated 5/24/25, had a BIMS score of 15 out of 15 which indicated R15 had intact cognition. On 7/28/25, Surveyor reviewed an incident that indicated R15 reported money missing. The investigation did not indicate local law enforcement was notified of the missing money. On 7/28/25 at 11:20 AM, Surveyor interviewed RN-C via telephone. RN-C verified RN-C was working on 5/24/25 when R15 was discharged from the facility. RN-C indicated R15’s daughter stated NHA-A was going to give R15 a $200 gift certificate related to R15’s missing money. RN-C called NHA-A and received a text message that NHA-A that it would be taken care of. RN-C had no prior knowledge of the missing money or a gift card and received no further information after 5/24/25. On 7/28/25 at 11:30 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-D via telephone. CNA-D indicated R15 reported to CNA-D that $280 was taken from R15’s room and R15 indicated the facility would only reimburse R15 $200. CNA-D reported the missing money approximately one week before R15 discharged but could not remember the exact date or to whom it was reported. CNA-D indicated NHA-A and the Social Worker (SW) were aware of the allegation of misappropriation. On 7/28/25 at 12:10 PM, Surveyor interviewed NHA-A who indicated NHA-A had little knowledge of the allegation and the SW (who was unavailable) was working on a grievance that was not yet on file. NHA-A verified NHA-A received a text from RN-C on 5/24/25 and delivered a $200 gift card to R15 that day. NHA-A verified the facility did not report the allegation of misappropriation to the SA or notify local law enforcement.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure allegations of misappropriation were thoroughly investigated for 2 residents (R) (R1 and R15) of 2 sampled residents. R1 reported that R1 was missing $40 and a silver dollar coin. The facility did not thoroughly investigate the allegation of misappropriation.R15 reported that $280 was missing from R15's room. The facility did not thoroughly investigate the allegation of misappropriation.Findings include: The facility’s Abuse, Neglect and Exploitation Policy dated 9/20/24 indicates: It is the policy of this Community to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property. The Community will develop and implement written policies and procedures that: a. Prohibit and prevent abuse, neglect, exploitation of residents, and misappropriation of resident property. b. Establish policies and procedures to investigate any such allegations. The Community will designate an Abuse and Neglect Prevention Coordinator in the Community who is responsible for reporting allegations or suspected abuse, neglect, or exploitation to the State Survey Agency and other officials in accordance with state law. Investigation of Alleged Abuse, Neglect and Exploitation: An immediate investigation is warranted when suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect, or exploitation occur. Written procedures for investigations include: Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation; Providing complete and thorough documentation of the investigation. 1.On 7/28/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including rhabdomyolysis, diabetes, muscle weakness, peripheral vascular disease (PVD), and spinal stenosis. R1’s Minimum Data Set (MDS) assessment, dated 6/14/25, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R1 had intact cognition. On 7/28/25, Surveyor reviewed a facility-reported incident that indicated on 6/14/25, R1 and a family member reported to Registered Nurse (RN)-C that R1 was missing $40 and a silver dollar coin. RN-C documented the report and informed Nursing Home Administrator (NHA)-A and the on-call nurse. The facility interviewed several residents. None reported missing money. The investigation indicated each resident's room is equipped with a lockable drawer and key which is provided to the resident. An audit was conducted to ensure all rooms were properly equipped. The investigation indicated the facility could not be substantiate misappropriation due to a lack of evidence and the inability to identify a suspect. The investigation did not indicate staff interviews were completed. On 7/28/25 at 10:19 AM, Surveyor interviewed NHA-A who indicated as R1 was being discharged , R1 reported to RN-C that R1 was missing $40 and a silver dollar coin. NHA-A verified NHA-A interviewed residents but did not interview staff regarding R1's missing items. 2. On 7/28/25, Surveyor reviewed R15’s medical record. R15 had diagnoses including diabetes, left femur fracture, PVD, and heart failure. R15’s MDS assessment, dated 5/24/25, had a BIMS score of 15 out of 15 which indicated R15 had intact cognition. On 7/28/25, Surveyor reviewed an incident that indicated R15 reported money missing. The incident did not indicate that an investigation was completed. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/28/25 at 11:20 AM, Surveyor interviewed RN-C via telephone who verified RN-C was working on 5/24/25 when R15 was discharged from the facility. RN-C indicated R15’s daughter stated NHA-A was going to give R15 a $200 gift card for R15’s missing money. RN-C had no prior knowledge of R15’s missing money or a gift card. On 7/28/25 at 11:30 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-D via telephone who indicated R15 reported to CNA-D that $280 was taken from R15’s room. R15 indicated the facility would only reimburse R15 $200. CNA-D indicated CNA-D reported the missing money approximately one week before R15 discharged but could not remember the exact date or to whom it was reported. CNA-D indicated NHA-A and the Social Worker (SW) were aware of the allegation of misappropriation. On 7/28/25 at 12:10 PM, Surveyor interviewed NHA-A who indicated NHA-A had little knowledge of the allegation and the facility's SW (who was unavailable) was working on a grievance which was not yet on file. NHA-A confirmed the facility did not complete a thorough investigation for the allegation of misappropriation and verified the facility did not interview other residents or staff who may have been able to provide information related to the allegation.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not ensure adequate supervision for 1 resident (R) (R7) of 3 residents reviewed for elopement.R7 was assessed as at risk for elopement and had a WanderGuard on R7's left ankle. R7 lived on the second floor of the facility and had multiple documented attempts of entering the emergency exit stairwell near R7's room. The facility's WanderGuard system did not work with emergency exit stairwell doors. R7 expressed a desire to jump down the stairwell and staff used medical equipment to block the stairwell and divert R7 from the door. On 5/31/25, R7 exited the building via the stairwell and was found outside near an employee parking lot. The facility did not complete an investigation into R7's elopement. The facility also did not update R7's plan of care with person-centered approaches after R7's attempted elopements and actual elopement.The facility's failure to provide adequate supervision for a resident assessed to be at risk for elopement created a finding of immediate jeopardy that began on 5/6/25. Nursing Home Administrator (NHA)-A was notified of the immediate jeopardy on 7/29/25 at 10:27 AM. The immediate jeopardy was removed on 7/29/25, however the deficient practice continues at a scope/severity level D (potential for more than minimal harm/isolated) as the facility continues to implement its action plan.Findings include:The facility's Elopement, Unsupervised Absence, Hazardous Wandering and Missing Residents policy, revised 11/7/24, indicates the facility will implement procedures that strive to identify, prevent, and respond to resident elopement attempts. The facility will follow Centers for Medicare & Medicaid Services (CMS) regulations and guidelines and will conduct assessments of residents on admission as well as periodic re-evaluation of behaviors that may lead to wandering and elopement. An elopement occurs when a resident receiving health care exits the Health Center or licensed healthcare provider, exits the community's property, and is no longer under the supervision or line-of-sight of a team member, volunteer, or family member .Community access allowance or transfer to a more secure level of living may occur for the protection of the resident based upon further assessment or past and future incidents of elopement After an elopement occurs: The means of egress (if known) that the resident used to leave the community or care area should be analyzed to prevent further occurrences. Door alarms, alarm panels, wander prevention systems, and locking mechanisms should be checked for proper functioning by Environmental Services and/or security team members. Accurate, thorough, and timely documentation of all aspects of the elopement will be documented in the resident's record. Documentation should include time frame and notification of physician, responsible party, law enforcement, and all involved parties. An incident report will be completed and the resident's responsible party and physician will be notified. The Director of Nursing and Health Center Administrator will conduct a root cause analysis and review documentation with the Interdisciplinary Team to critically analyze the event and ensure appropriate interventions and care plan updates are in place to prevent future occurrences. Resident's elopement risk will also be reviewed. The facility's Mood and Behavior Management policy, revised 4/17/25, indicates: .6.The Health Center utilizes the comprehensive assessment process for identifying and assessing a resident's mental and psychosocial status and providing person centered care. The assessment and care plan will include goals that are person-centered and individualized to reflect and maximize the resident's dignity, autonomy, privacy, socialization, independence, choice, and safety. Team members will: .c. Monitor the resident closely for expressions or indications of distress .h. Accurately document the changes, including the frequency of occurrence and potential triggers in the resident's record .j. Discuss potential modifications to the care plan. 7. The resident and as appropriate the resident's family are included in the comprehensive assessment process .The care plan shall: .h. Be reviewed and revised as needed, such as when interventions are not effective or when the resident experiences a change in condition. From 7/28/25 to 7/29/25, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including dementia with behavioral disturbance, pressure ulcer to sacrum, type 2 diabetes, muscle weakness, and unsteadiness on feet. R7's Minimum Data Set (MDS) assessment, dated 5/30/25, had a Brief Interview for Mental Status (BIMS) score of 7 out of 15 which indicated R7 had severe cognitive impairment. R7 had an activated Power of Attorney for Healthcare (POAHC). R7 was admitted to the facility after a hospital stay from 3/22/25 to 4/2/25 for a chronic pressure ulcer that R7's previous memory care facility was unable to manage. R7 was admitted from the hospital to the facility's rehab unit which was located on the second floor. R7 discharged to R7's previous memory care facility on 6/2/25. An activities of daily living (ADL) self-care