STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017408	A. BUILDING: _____ B. WING _____	R-C 02/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERADO NORTH SHORE	7800 N GREEN BAY RD GLENDALE, WI 53217

(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 02/21/2024, Surveyors completed a standard survey, verification visit, and a complaint investigation at Silverado North Shore. Four deficiencies were identified. Three of the 4 deficiencies were repeat violations. See Statement of Deficiency (SOD) TQ5313, dated 04/12/2022; SOD TQ5312, dated 02/18/2021; and SOD TQ5311, dated 02/17/2020. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. One complaint was unsubstantiated. Census: 62	{N 000}		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure combustible materials were not placed within 3 feet of 2 of 3 water heaters. There were 2 boxes stored within 6 inches of one water heater and a mattress within 12 inches of another water heater. Findings include: On 02/21/2024, at 10:30 AM, Surveyor toured the maintenance room with Director of Plant Operations (DPO) E. Surveyor observed 2 cardboard boxes, strapped to a wooden pallet, within 6 inches of one of the water heaters. A folding bed was within 12 inches of another water	N 507		

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

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N 507	Continued From page 1 heater. On 02/21/2024, at 10:40 AM, Surveyor interviewed DPO E. DPO E confirmed the code requirement to ensure combustible materials are not stored within 3 feet of the water heaters. DPO E reported staff moved the items in the morning due to work which was being done in the facility. DPO E reported s/he would ensure staff keep combustible materials away from the water heaters.	N 507		
{N 525}	83.47(2)(d) Fire drills. 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 fire evacuation drills were conducted at least quarterly with both employees	{N 525}		

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{N 525}	Continued From page 2	{N 525}		

and residents, for the calendar year 2022. Three of 4 fire drills were not conducted in 2022. The provider did not ensure at least one fire evacuation drill was held annually that simulated the conditions during usual sleeping hours, for calendar year 2022.

This is a repeat deficiency. See Statement of Deficiency (SOD) TQ5313, dated 04/12/2022.

Findings include:

The facility is a Class CNA (non-ambulatory) Community Based Residential Facility (CBRF) and may serve up to 85 advanced age residents.

On 02/21/2024, at 10:58 AM, Surveyors reviewed the facility's records for fire drills. Records indicated 1 fire evacuation drill was conducted on 07/21/2022, at 3:00 PM, with a total evacuation time of 40 minutes. There was no evidence a fire drill was conducted in the 1st, 2nd, and 4th quarters. There was no evidence a fire drill which simulated the conditions of usual sleeping hours in 2022 was completed.

On 02/21/2024, at 12:50 PM, Surveyors interviewed Director of Plant Operations (DPO) E. DPO E confirmed the code fire evacuation drills were to be conducted at least quarterly, with 1 of those drills being held during usual sleeping hours. DPO E reported s/he only had 1 fire evacuation drill documented as completed in the calendar year 2022. DPO E confirmed the fire drill was not a drill which simulated sleeping hours. DPO E was unsure of why fire evacuation drills were not completed in 2022. DPO E reported s/he was not an employee at the facility at the time.

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{N 526}	Continued From page 3	{N 526}		
{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 other evacuation drills were conducted at least semi-annually, for the calendar year 2022. Two of 2 other evacuation drills were not conducted in 2022. This is a repeat deficiency. See Statement of Deficiency (SOD) TQ5313, dated 04/12/2022. Findings include: The facility is a Class CNA (non-ambulatory) Community Based Residential Facility (CBRF) and may serve up to 85 advanced age residents. On 02/21/2024, at 11:00 AM, Surveyors reviewed the facility's records for other evacuation drills. Records identified other evacuation drills were not conducted in the calendar year 2022. On 02/21/2024, at 12:50 PM, Surveyors interviewed Director of Plant Operations (DPO) E. DPO E confirmed the code other evacuation drills were to be conducted at least semi-annually. DPO E reported s/he was unable to locate documentation of other evacuation drills having been conducted in 2022. DPO E reported s/he was unsure of why other evacuation drills had not been conducted in 2022. DPO E reported s/he was not an employee at the facility during this time.	{N 526}		

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{N 668}	83.60(1) Total/openable window area Minimum size. Every habitable room shall have at least one outside window with a total window area of at least 8% of the floor area in the room. The window shall be openable from the inside without the use of tools or keys. The openable area of the window shall be not less than 4% of the floor area of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all common areas and resident bedrooms had at least one outside window with an openable area not less than 4% of the floor area in the room. One of 3 second floor common areas and 28 of 30 second floor bedroom windows were fixed to restrict window opening to approximately 3 inches. This deficiency is being cited for a fourth time. see Statement of Deficiency (SOD) TQ5313, dated 04/12/2022, SOD TQ5312, dated 02/18/2021, and SOD TQ5311, dated 02/17/2020. Findings include: The facility is a Class CNA (non-ambulatory) Community Based Residential Facility (CBRF) and may serve up to 85 advanced age residents. On 02/20/2024, Surveyors completed an off-site review of the facility. Surveyors observed a Facility Waiver, Approval, Variance or Exception (WAVE) Request document, dated 03/09/2020. The WAVE committee returned the form on 04/08/2020, stating "The WAVE committee	{N 668}		

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{N 668}	Continued From page 5 denied the request. The waiver request is for the entire facility, rather than for individual residents based on individually assessed needs." On 03/17/2020, the provider filed an appeal. The appeal was denied on 04/10/2020. On 02/21/2024, at 11:30 a.m., Surveyors toured the facility with Director of Plant Operations (DPO) E. Surveyors observed windows in 28 bedrooms and 1 common area on the second floor had screws in the window vent latches. The screws restricted the windows of opening more than approximately 3 inches, less than 4% of the floor area of the room. All bedrooms in the facility were at least 100 square feet, allowing the code required space to serve non-ambulatory residents. Given the total square feet in each bedroom is at least 100 square feet, the windows were required to open 4" or more. On 02/21/2024, at 10:00 AM, Surveyor interviewed DPO E. DPO E confirmed all the bedrooms were at least 100 square feet, as each room could serve a non-ambulatory resident. DPO E reported s/he was unsure why the screws were in the windows. DPO E reported the screws were probably there for safety of the residents, but the screws were placed in the windows prior to DPO E's employment with the company. On 02/21/2024, at 1:00 PM, Surveyor interviewed DPO E. DPO E reported the facility had a waiver to restrict the opening of the windows and showed Surveyors the waiver form. Surveyors identified to DPO E where the form indicated the waiver was denied. DPO E confirmed the form reported the waiver had been denied. DPO E reported s/he would need to speak with the legal team to see if another waiver had been filed.	{N 668}		

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{N 668}	Continued From page 6 On 02/21/2024, at 3:30 PM, Surveyors interviewed Director of Health Services D and Administrator C. Director of Health Services D and Administrator C reported they did not know the screws were still located in the second-floor windows. Director of Health Services D reported s/he was unsure of why the screws were placed in the windows in the first place, although s/he thought someone told them the windows opened too much. Administrator C reported s/he would find out about the screws and look at having the screws removed from the second-floor windows.	{N 668}		