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 04/30/2026

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 04/30/2026, Surveyors completed 2 complaint investigations and a verification visit at Silverado North Shore. Both complaints were unsubstantiated. One deficiency was identified. This deficiency is being cited for the 5th time (see Statement of Deficiency (SOD) TQ5315, dated 10/24/2025, SOD TQ5314, dated 02/21/2024, SOD TQ5313, dated 04/12/2022, and SOD TQ5312, dated 02/18/2021). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 69	{N 000}		
{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 resident bedrooms had at least one outside window with an openable area not less than 4% of the floor area in the room. Three of 3 first floor residents' rooms(Room 111, Room 119, and Room 122) and 4 of 4 second floor	{N 668}		

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

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 04/30/2026

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 668}	Continued From page 1	{N 668}		

residents' rooms (Room 213, Room 216, Room 218, and Room 219) were fixed to restrict window openings to approximately 2.25 inches.

This deficiency is being cited for a 6th time. see Statement of Deficiency (SOD) TQ5315, dated 10/24/2025, SOD TQ5314, dated 02/21/2024, 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 aged residents.

On 04/30/2026, Surveyor completed an off-site review of the department's electronic file for the facility. Surveyor 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 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 for SOD TQ5311. The appeal was denied on 04/10/2020. On 04/05/2024, the provider filed another appeal for SOD TQ5314 with the Department. A Stipulated Agreement, signed 8/18/2025, identified agreement to submit individual waiver requests for consideration to the Department to restrict windows from opening in any way. On 09/09/2025, the provider submitted Security Acknowledgments and called them waivers. The Security Acknowledgments did not specify what code they requested to waive. The Security

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 04/30/2026

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 668}	Continued From page 2 Acknowledgment, signed by each resident's responsible party, stated, "...I also hereby authorize Silverado to secure the window in my loved one's room with a window lock that prevents the window from opening more than 6 inches." There were no individualized assessments attached to indicate need for a window opening restriction. On 11/10/2025, the Department acknowledged receipt of multiple letters from family members and guardians of residents approving the limitation of the window openings, however waiver requests were not submitted with the letters. On 04/30/2026, at approximately 11:45 AM, Surveyor observed shared Room 111 to have a restricted window opening. The room contained 1 openable window. The room measured approximately 232.92 square feet. The window measured approximately 16.53 square feet. The total opened window height was 2.25 inches with a total open width of approximately 29.25 inches. Room 111 did not meet the departments openable area requirement of 4%. Total openable window percentage was 3.31%. On 04/30/2026, at approximately 11:45 AM, Surveyor observed private Room 119 to have a restricted window opening. The room contained 1 openable window. The room measured approximately 129.38 square feet. The window measured approximately 16.53 square feet. The total opened window height was 2.25 inches with a total open width of approximately 29.25 inches. Room 119 did not meet the departments openable area requirement of 4%. Total openable window percentage was 2.75%. On 04/30/2026, at approximately 11:45 AM, Surveyor observed shared Room 122 to have a	{N 668}		

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 04/30/2026

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 668}	Continued From page 3	{N 668}		

restricted window opening. The room contained 1 openable window. The room measured approximately 205.24 square feet. The window measured approximately 16.53 square feet. The total opened window height was 2.25 inches with a total open width of approximately 29.25 inches. Room 122 did not meet the departments openable area requirement of 4%. Total openable window percentage was 3.43%.

On 04/30/2026, at approximately 11:15 AM, Surveyor observed shared room 213 to have a restricted window opening. The room contained 1 openable window. The room measured approximately 245 square feet. The window measured approximately 11.7 square feet. The total opened window height was 2.25 inches with a total open width of approximately 29.25 inches. Room 213 did not meet the departments openable area requirement of 4%. Total openable window percentage was 3.34%.

On 04/30/2026, at approximately 11:45 AM, Surveyor observed shared Room 216 to have a restricted window opening. The room contained 1 openable window. The room measured approximately 355.83 square feet. The window measured approximately 14.1 square feet. The total opened window height was 2.25 inches with a total open width of approximately 29.25 inches. Room 216 did not meet the departments openable area requirement of 4%. Total openable window percentage was 3.20%.

On 04/30/2026, at approximately 11:45 AM, Surveyor observed private Room 218 to have a restricted window opening. The room contained 1 openable window. The room measured approximately 144.71 square feet. The window measured approximately 22.9 square feet. The

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 04/30/2026

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 668}	Continued From page 4 total opened window height was 2.25 inches with a total open width of approximately 45.125 inches. Room 218 did not meet the departments openable area requirement of 4%. Total openable window percentage was 2.65%. On 04/30/2026, at approximately 11:45 AM, Surveyor observed private Room 219 to have a restricted window opening. The room contained 1 openable window. The room measured approximately 138.42 square feet. The window measured approximately 18.9 square feet. The total opened window height was 2.25 inches with a total open width of approximately 45.125 inches. Room 219 did not meet the departments openable area requirement of 4%. Total openable window percentage was 2.59%. On 04/30/2026, at approximately 2:30 PM, Surveyor interviewed Administrator F. Administrator F reported s/he thought the issue with the window measurements was handled and was not aware of the Department needing waivers for every resident. Surveyors educated Administrator F on how to complete the waivers for every resident. Administrator F reported s/he would be completing all off the waivers as soon as possible.	{N 668}		