STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012742	A. BUILDING: _____ B. WING _____	R-C 12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER VIEW LLC	9215 W SILVER SPRING DR MILWAUKEE, WI 53225

(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 12/26/2023, Surveyors concluded a standard survey, verification visit, and 2 complaint investigations at Silver View. As a result, the previous 2 deficiencies were corrected, 8 new deficiencies were identified. Three deficiencies were repeat violations (see Statements of Deficiency (SOD) XDTX12, dated 01/14/2020, SOD XDTX13, dated 02/23/2021, SOD XDTX14, dated 11/30/2021, and SOD XDTX15, dated 07/20/2022) . One of 2 complaints was substantiated. One of 2 complaints was unsubstantiated. Under statuatory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 17	{N 000}		
N 384	83.35(1)(d) Retain written report of assessment. Assessment documentation. The CBRF shall prepare a written report of the results of the assessment and shall retain the assessment in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written report of 1 of 1 resident's (Resident 23) pre-admission assessment results were retained in her/his record. Findings include: On 12/11/2023, at 1:00 PM, Surveyors reviewed Resident 23's record. Resident 23 was admitted to the facility on 10/30/2023, with diagnoses including depression and psychosis. An initial	N 384		

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

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N 384	Continued From page 1 assessment was completed on 11/16/2023 by Administrator R. On 12/11/2023, at 2:00 PM, Surveyors interviewed Administrator R. Surveyors inquired if Administrator R conducted a preadmission assessment of Resident 23. Administrator R reported s/he completed all preadmission assessments prior to residents moving in. Administrator R reported s/he did not retain the preadmission assessments after the residents were admitted. Administrator R reported s/he was not aware s/he was required to keep the preadmission assessments.	N 384		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the keys to 1 of 1 medication storage carts were available to only personnel who passed medications. The medication cart keys were left on the cart. Unsecured medication was observed on the dining room table. Findings include: On 12/11/2023, at 9:29 AM, Surveyors observed Caregiver Z pass medications. Caregiver Z locked the medication cart, placed the keys on top of the cart, and walked out of the room. The keys were left on top of the cart for approximately 15 minutes. Residents were seen moving freely throughout	N 419		

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N 419	Continued From page 2 the facility. On 12/11/2023, at 10:20 AM, Surveyors observed a bottle of ibuprofen on the dining room table. Caregiver Z walked out of the room and left the bottle of ibuprofen unattended for approximately 10 minutes. Two residents were seated at the table. On 12/11/2023, at 2:00 PM, Surveyors interviewed Administrator R. Administrator R confirmed the code requirement medications should have remained securely stored at all times. Administrator R confirmed the medication keys should have remained on staff at all times.	N 419		
N 433	83.38(1)(i) Behavior management. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Behavior management. The CBRF shall provide services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on interview, record review, and observation, the provider did not provide services to manage behaviors that may be harmful to themselves or others for 1 of 1 resident reviewed. The provider did not provide or arrange for services to manage Resident 23's suicidal behavior.	N 433		

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N 433	Continued From page 3 Findings include: On 11/29/2023, the department received a complaint stating a resident attempted suicide by jumping out a second-floor window. On 12/11/2023, at 9:00 AM, Surveyors interviewed Administrator R. While Surveyors were requesting Resident 23's record, Administrator R reported Resident 23 was evaluated in the emergency room twice since her/his admission. When Surveyors inquired what Resident 23 was evaluated for in the hospital, Administrator R stated, "S/He was seen in November for throwing herself/himself against the walls and then in December for a urinary tract infection." On 12/11/2023, at 11:00 AM, Surveyors interview Caregiver AA. Caregiver AA reported Resident 23 jumped out of her/his window. Caregiver AA reported s/he was in the kitchen when s/he saw something fall past the window. Caregiver AA thought it was snow falling off the roof. Caregiver AA reported s/he went to the window and saw Resident 23 on the ground. Caregiver AA reported s/he called 911. When Surveyor inquired if Resident 23 had a history of suicidal ideations, Caregiver AA did not answer. On 12/11/2023, at 12:30 PM, Surveyors interviewed Administrator R. Administrator R reported s/he was unaware Resident 23 had a history of jumping out of windows. Administrator R reported s/he only found out Resident 23 had a history of jumping out of windows after the incident had happened. Administrator R reported Resident 23's family member reported Resident 23 jumped out of windows years ago. Administrator R reported Resident 23 was without	N 433		

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N 433	Continued From page 4 her/his psychiatric medications. Administrator R reported Resident 23's psychiatrist from her/his previous facility would not prescribe a 30-day supply when Resident 23 moved from the previous facility to this facility because the psychiatrist only worked with the previous facility. Administrator R reported s/he had a psychiatrist set up for Resident 23, but Resident 23 refused to sign the paperwork to see the psychiatrist. Administrator R confirmed they were unable to obtain Resident 23's psychiatric medication and Resident 23 had self-harm behaviors. On 12/11/2023, at 1:00 PM, Surveyors reviewed Resident 23's record. Resident 23 was admitted to the facility on 10/30/2023, with diagnoses including depression and psychosis. Resident 23 was admitted to the hospital on 11/27/2023 for a "fall out of a second story window." Surveyor reviewed Resident 23's individual service plan (ISP). Resident 23's ISP was updated on 12/07/2023. Under section "Danger to self", the ISP stated, "[Resident 23] will throw herself/himself against the walls and floor, and history of jumping out windows. Windows in room should not be able to open more than 2inches [sic]." Surveyor reviewed a treatment plan from Resident 23's previous facility, dated 09/18/2023. Resident 23 was previously prescribed paliperidone extended release 12 milligram tablet, once a day.	N 433		
N 447	83.41(1)(c) Dishwashing Dishwashing. 1. Whether washed by hand or mechanical means, all equipment and utensils shall be cleaned using separate steps for pre-washing, washing, rinsing and sanitizing. Residential dishwashers may be used in kitchens	N 447		

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N 447	Continued From page 5 serving 20 or fewer residents. Kitchens serving 21 or more residents shall have a commercial type dishwasher for washing and sanitizing equipment and utensils in accordance with standard practices described in the Wisconsin food code. 2. A 3-compartment sink for washing, rinsing and sanitizing utensils, with drain boards at each end is required for all large facilities with a central kitchen. Washing, rinsing and sanitizing procedures shall be in accordance with standard practices described in the Wisconsin food code. In addition, a single compartment sink or overhead spray wash located adjacent to the soiled drain board is required for pre-washing. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all equipment and utensils were cleaned using separate steps for pre-washing, washing, rinsing, and sanitizing. This is a repeat deficiency. See Statement of Deficiency (SOD) XDTX15, dated 07/20/2022. Findings include: On 12/11/2023, at 9:50 AM, Surveyors observed Caregiver AA washed dishes by hand in a 3-compartment sink. Surveyors observed each sink compartment were labeled with "wash," "rinse," and "sanitize." Surveyors observed Caregiver AA washing dishes in the wash compartment. Surveyors observed Caregiver AA place the dishes on a dish drying rack. Caregiver AA stacked cups after washing them. Surveyors did not observe Caregiver AA complete a rinse or sanitation of the dishes.	N 447		

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N 447	Continued From page 6 On 12/11/2023, at 10:00 AM, Surveyors interviewed Caregiver AA. Caregiver AA reported the dishwasher was broken. Surveyors inquired how Caregiver AA washed the dishes. Caregiver AA reported s/he put the tubes for the soap and sanitizer into one sink, and filled the sink with water, soap, and sanitizer. Caregiver AA demonstrated how s/he filled the one sink compartment during the interview. Caregiver AA stated, "I wash them and then just like at home, I put them here to dry. If the dishes are needed right away, then we just towel dry them." On 12/11/2023, between 11:00 AM and 2:00 PM, Surveyors interviewed Administrator R. Administrator R confirmed the code and all equipment and utensils shall be cleaned using separate steps. Administrator R stated the dishwasher had been broken since s/he started with the provider, and s/he had tried to have it repaired but has been unsuccessful.	N 447		
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.	N 452		

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N 452	Continued From page 7	N 452		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure food was stored to prevent food borne illnesses. Expired and unlabeled food was found in kitchen cabinets, drawers, and on countertops. Open food items that required refrigeration after opening, were located in cabinets and on the dining room tables.

This requirement is being cited for the fifth time. See Statements of Deficiency (SOD) XDTX12, dated 01/14/2020, SOD XDTX13, dated 02/23/2021, SOD XDTX14, dated 11/30/2021, and SOD XDTX15, dated 07/20/2022.

Findings include:

This facility is licensed as a Class CNA (non-ambulatory) to serve 23 residents with public funding, physically disabled, emotionally disturbed/mental illness, advanced age, irreversible dementia/Alzheimer's, and developmentally disabled.

On 12/11/2023, at 9:40 AM, Surveyors toured the kitchen. Surveyors observed the following opened food items, labeled "Refrigerate after opening," inside the kitchen cabinets:
1 bottle of yellow mustard
1 jar of Saverne artisanal kraut
1 container of Sweet Baby Ray's barbecue sauce
2 bottles of A1 sauce
1 bottles of Heinz ketchup

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N 452	Continued From page 8 2 jars of Berryhill concord grape jelly 1 bottle of Thai sweet chili sauce Surveyors observed the following opened food items, labeled "Refrigerate after opening," on the dining room tables: 3 bottles of yellow mustard 3 bottles of Heinz ketchup The 6 bottles remained on the dining room tables for approximately 6 hours during the survey. Surveyors observed a basket of fruit and vegetables on the counter. The apples appeared wrinkled. A tomato, covered in mold, was observed underneath a bag of green peppers inside the basket. A pungent odor of green peppers was emanating from the area of the kitchen. The kitchen counter had a large jar filled with open and unlabeled cookies and graham crackers. Three unlabeled Ziploc bag of popcorn were observed in a drawer. Another drawer contained various condiments from fast food restaurants, which included: 3 packets of honey sauce, 1 packet of honey BBQ, 1 packet of ketchup, 3 packets of grape jam, and 5 unlabeled containers of red/brown liquid consistent with a hot sauce or salsa. Refrigeration slows bacterial growth. Bacteria exist everywhere in nature. They are in the soil, air, water, and the foods we eat. When they have nutrients (food), moisture, and favorable temperatures, they grow rapidly, increasing in numbers to the point where some types of bacteria can cause illness. Bacteria grow most rapidly in the range of temperatures between 40 and 140 °F, the "Danger Zone," some doubling in number in as little as 20 minutes. A refrigerator	N 452		

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N 452	Continued From page 9 set at 40 °F or below will protect most foods. (https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/refrigeration#3) (Retrieval date December 26th, 2023) On 12/11/2023, at 11:00 AM, Surveyors interviewed Administrator R. Administrator R confirmed understanding of the code that the provider shall store, prepare, distribute, and serve food under sanitary conditions. S/He stated it was her/his staff's responsibility to label food, check for expiration dates, and make sure food was properly stored.	N 452		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were securely stored in 1 of 1 resident area. Unsecured toxic substances were found in a hallway closet. This requirement is being cited for the fifth time. See Statements of Deficiency (SOD) XDTX12, dated 01/14/2020, SOD XDTX13, dated 02/23/2021, SOD XDTX14, dated 11/30/2021, and XDTX15, dated 07/20/2022. Findings include: This facility is licensed as a Class CNA (non-ambulatory) to serve 23 residents with	N 499		

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N 499	Continued From page 10 public funding, physically disabled, emotionally disturbed/mental illness, advanced age, irreversible dementia/Alzheimer's, and developmentally disabled. On 12/11/2023, at 10:41 AM, Surveyors toured the halls. Surveyors observed a closet. The closet contained a locking mechanism. The locking mechanism was not engaged. Surveyors observed the following inside the closet: 1 bottle of Rejuvenate cabinet & furniture cleaner, 1 can of Febreze air mist, 1 container of disinfecting wipes, 1 bottle of OdoBan disinfectant, 1 can of Pledge, 1 can of stainless steel cleaner, 1 bottle of Pine-Sol multi-surface cleaner, 1 bottle of clear ammonia, 1 bottle of multi-purpose cleaner, 1 bottle of Purple Power concentrated cleaner/degreaser, 1 can of furniture polish, 2 bottles of mechanical dish detergent-CS, 1 can of Valspar stain and sealer, 1 can of Glade, 1 can of glass cleaner, 1 bottle of Array ultimate sanitizer, 1 pouch of 4-cycle engine oil, 1 can of Minwax wood finish stain, 1 bottle of carpet machine concentrate, 1 bottle of Array germicidal bleach & disinfectant, 1 bottle of Goof Off, 1 bottle of Ajax professional pan degreaser, and 1 can of Amazon paint. Residents were observed moving freely throughout the facility. On 12/11/2023, at 2:00 PM, Surveyors interviewed Administrator R. Administrator R confirmed the code that all toxic substances should have been secured at all times. Surveyors reported the hallway closet, which contained cleaning compounds and toxic substances, was unlocked. Administrator R stated, "Ugh, and [Caregiver Z] has a key."	N 499		

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N 616	Continued From page 11	N 616		
N 616	83.55(6)(a) Bath and toilet areas: water supply. The CBRF shall connect each sink, bathtub and shower to hot and cold water, and supply adequate hot water to meet the needs of the residents. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the supply of hot water was adequate to meet the needs of 16 of 16 residents. The hot water in 6 of 6 resident bathrooms ranged from 84° Fahrenheit (F) to 97° F. Findings include: On 12/11/2023, at 9:00 AM, Surveyors toured the facility. Surveyors tested water temperature in each of the resident bathrooms. The resident bathroom hot water temperature measured the following: First floor north bathroom - 94° F First floor east bathroom - 87° F First floor shower room - 84° F Second floor west side - 91° F Second floor east side - 89° F Second floor shower room - 87° F Surveyors observed the water heater in the basement. The water heater was set to 154° F. On 12/11/2023, at 12:30 PM, Surveyors reviewed the facility hot water temperature logs. The hot water temperature logs reported the facility tested the water on a weekly basis. The hot water temperature logs reported the following:	N 616		

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N 616	Continued From page 12 11/06/2023 First floor north bathroom - 88.4° F First floor east bathroom - 80.3° F First floor shower room - 88.6° F Second floor west side - 93.4° F Second floor east side - 90.5° F Second floor shower room - 85.2° F 11/13/2023 First floor north bathroom - 88.4° F First floor east bathroom - 82.1° F First floor shower room - 88.6° F Second floor west side - 93.4° F Second floor east side - 90.4° F Second floor shower room - 82.1° F 11/20/2023 First floor north bathroom - 85.4° F First floor east bathroom - 88.3° F First floor shower room - 88.6° F Second floor west side - 93.4° F Second floor east side - 91.2° F Second floor shower room - 88.3° F 11/27/2023 First floor north bathroom - 89.3° F First floor east bathroom - 85.4° F First floor shower room - 88.6° F Second floor west side - 93.4° F Second floor east side - 91.2° F Second floor shower room - 85.4° F 12/04/2023 First floor north bathroom - 89.2° F First floor east bathroom - 87.3° F First floor shower room - 88.6° F Second floor west side - 93.4° F Second floor east side - 91.2° F Second floor shower room - 87.3° F	N 616		

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N 616	Continued From page 13 On 12/11/2023, at 1:05 PM, Surveyors interviewed Resident 24. Surveyors inquired about the hot water. Resident 24 reported the shower was too cold. Resident 24 reported s/he enjoyed a hot shower, but s/he was unable to do so in the facility. On 12/11/2023, at 2:00 PM, Surveyors interviewed Administrator R. Administrator R reported the water temperature was tested on a regular basis. Administrator R reported s/he was unaware the water temperature was low. Administrator R reported s/he would ensure the water heater was inspected.	N 616		
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 interview and observation, the provider did not ensure every habitable room had at least one window which was openable from the inside without the use of tools or keys. Resident 23's window had a screw in the track to prevent the window from opening more than 1 centimeter. In a day room, outside Resident 23's room, the window, had 2 sliding windows on either side of a picture window, contained 2 screws, causing the	N 668		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012742	A. BUILDING: _____ B. WING _____	R-C 12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER VIEW LLC	9215 W SILVER SPRING DR MILWAUKEE, WI 53225

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N 668	Continued From page 14 side windows unable to be opened. Findings include: On 12/11/2023, at 2:00 PM, Surveyors interviewed Administrator R. Administrator R reported Resident 1 had jumped out her/his window on 11/27/2023. Administrator R reported a screw was placed in the window to ensure Resident 23 was unable to open her/his window. When Surveyors inquired what other interventions were used to ensure Resident 23 was safe, Administrator R reported this was the only intervention available at the time. On 12/11/2023, at 2:10 PM, Surveyors toured Resident 23's room. Surveyors observed a black screw in the track of the window. Surveyors were able to open the window. The opening measured 1 centimeter. Surveyors observed a bay window, located in a day room outside Resident 23's room. The picture window had 2 side windows on either side of the picture window. Each of the side windows contained a black screw in the track, causing the windows unable to be opened.	N 668		