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 _____	C 06/25/2026

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

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N 000	Initial Comments On 06/25/2026, Surveyors completed a standard survey and 2 complaint investigations Silverado North Shore. As a result, 5 deficiencies were identified. One complaint was substantiated. Census: 66	N 000		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee received continuing education in all required topics. Caregiver C did not receive continuing education training for years 2024 and 2025. Findings include: On 06/25/2026, at approximately 2:00 PM, Surveyors reviewed Caregiver C's employee file. Caregiver C was hired 08/28/2023. Caregiver C's record did not contain evidence of continuing education training in standard precautions, fire	N 277		

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

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N 277	Continued From page 1 safety, first aid/choking, and emergency preparedness for the year 2024. Caregiver C's record did not contain evidence of resident rights training for the year 2025. On 06/25/2026, at approximately 6:20 PM, Surveyors interviewed Administrator A. Administrator A reported s/he did not know why Caregiver C's employee file did not contain continuing education training as all trainings are done in Relias (an electronic training program). Surveyors explained the trainings did not reflect completion while looking at the Relias documentation provided and while looking at the actual Relias training site provided by Administrator A on his/her computer.	N 277		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by:	N 302		

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N 302	Continued From page 2 Based on record review and interview, the provider did not have documentation of a screening for clinically apparent communicable disease, including tuberculosis (TB), by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse within 90 days before or 7 days after admission for 1 of 2 residents (Resident 2) reviewed. Findings include: On 06/25/2026, at approximately 4:30 PM, Surveyors reviewed resident records and identified the following: Resident 2 was admitted on 12/09/2025 with diagnosis of moderate late onset Alzheimer's disease. Resident 2 had a guardian. Resident 2's record did not contain any evidence Resident 2 had been screened for communicable diseases. Resident 2's record did not contain evidence of TB screening. On 06/25/2026, at approximately 6:20 PM, Surveyors interviewed Administrator A. Administrator A reported all new admissions were to be screened for communicable diseases, including TB, prior to admission. Administrator A reported s/he could not locate the TB and communicable screening for Resident 2.	N 302		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs.	N 353		

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N 353	Continued From page 3	N 353		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) received prompt and adequate treatment. Resident 1 fell and injured his/her left knee and received medical assistance 14 hours after Resident 1's primary care physician requested Resident 1 to be sent to the hospital.

Findings include:

On 08/28/2025, the department received a complaint alleging concerns regarding doctor's orders not executed as directed.

On 06/25/2025, at approximately 4:30 PM, Surveyors reviewed Resident 1's record. Resident 1 was admitted on 03/18/2025, with diagnoses including unspecified dementia with behavioral disturbance, and major depressive disorder. Resident 1 was a fall risk. A fall assessment was completed on 08/12/2025.

Surveyors reviewed the fall report dated 08/15/2025. The fall report indicated Resident 1 was observed on the floor, close to the entryway of her/his room at approximately 2:00 AM. RN C assessed Resident 1 and observed Resident 1's left knee was warm to the touch with swelling. Resident 1 was unable to bear weight and verbally indicated s/he was in pain.

Resident 1's primary care physician was notified on 08/15/2025 at approximately 2:10 AM. The on call physician returned the call at approximately 3:30 AM and instructed RN C to send Resident 1 to the emergency department to be assessed. Resident 1 was not sent to the hospital as

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N 353	Continued From page 4	N 353		

directed. The facility medical director ordered an x-ray of Resident 1's left knee on 08/15/2025 at approximately 10:52 AM. The results of the x-ray were received on 08/15/2025 at approximately 3:27 PM. The x-ray results indicated the following, "acute patella fracture and moderate osteoarthritic changes". Resident 1's primary care physician was notified of the x-ray results.

Resident 1's primary care physician contacted the facility on 08/15/2025 at approximately 4:12 PM. The order was sent to transport Resident 1 to the emergency department. Resident 1 was transported to the emergency department via ambulance on 08/15/2025 at approximately 5:23 P.M.

Resident 1 received delayed medical assistance approximately 14 hours after his/her fall, although RN C was instructed to send Resident 1 to the hospital approximately 1.5 hours after Resident 1's fall. Surveyors requested a copy of the after-visit summary (AVS), and the facility did not have a copy.

On 06/25/2026, at approximately 5:30 PM, Surveyors interviewed Director of Health Services B (DHS B) and Administrator A. DHS B reported s/he did not know why Resident 1 was not sent to the hospital as directed by Resident 1's primary care physician. DHS B and Administrator A confirmed Resident 1 did not receive services from the facility medical director and stated Resident 1 had his/her own primary care physician. DHS B reported when a resident has a primary care physician, and a nurse is directed to send a resident to the hospital, those directions should be followed. DHS B reported it is not normal practice to bypass the instructions of a primary care physician and obtain orders from the

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N 353	Continued From page 5 facility medical director. Administrator A and DHS B confirmed RN C no longer worked at the facility; therefore, Surveyors were unable to interview RN C. DHS B indicated Resident 1 should have been sent to the hospital as directed by Resident 1's primary care physician.	N 353		
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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored to prevent foodborne illness, which had the potential to affect 66 of 66 residents. The facility did not ensure food was properly sealed and labeled with open dates.	N 452		

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N 452	Continued From page 6 Findings include: On 06/25/2026, at approximately 4:55 PM, Surveyors toured the facility. Surveyors entered the memory care kitchenette/dining area and observed the following: Freezer: 6 round sausage patties sitting directly on the freezer rack. The sausage patties was not in packaging. 1 clear bag of potatoes. The potatoes were not sealed, did not contain a label, or an open date. 1 clear bag of hashbrowns. The hashbrowns were not sealed, did not contain a label, or an open date. 1 clear bag of breaded meat that was similar to breaded chicken or chicken nuggets. The bag was not sealed, did not contain a label, or an open date. Pantry: 1-5 pound bag of enriched egg noodle product. The bag was not sealed and did not contain an open date. 1-clear bag of cereal with the date of 2/4 written on the bag. The bag was not sealed. On 06/25/2026, at approximately 6:20 PM, Surveyors interviewed Administrator A. Administrator A could not state why the above items were not sealed, labeled and/or dated with an open date.	N 452		

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N 526	Continued From page 7	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 tornado, flooding or other emergency or disaster drills were conducted semi-annually for 1 of 2 years. The provider conducted 1 other emergency or disaster drill in year 2024. Findings include: On 06/25/2026, at approximately 3:30 PM, Surveyors reviewed safety records and identified 1 other emergency drill conducted on June 13, 2024. On 06/26/2026, at approximately 6:20 PM, Surveyors interviewed Administrator A regarding the emergency or disaster drills. Administrator A confirmed s/he was aware of the code requirement and did not know why 2024's other evacuation drills were not completed. Administrator A reported s/he was aware of the Department's code to conduct other evacuation drills semi-annual drills.	N 526		