

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525371	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Silver Springs Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 West Silver Spring Dr Glendale, WI 53209	

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)
<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25698</p> <p>Based upon interview and record review, the facility's governing body failed to fulfill the responsibilities of the governing body to include establishing an implementing policies and procedures regarding the operations of the facility. This has the potential to affect all 101 residents present in the facility at the time of the survey.</p> <p>The facility's governing body did not ensure contracted vendors were reimbursed and paid in accordance with established contracts or invoiced amounts causing the facility's fiscal accounts to be in arrears. This has created the likelihood where good and services necessary to maintain operations of the facility along with care and treatment of the residents may be impacted by the failures of the governing body.</p> <p>Findings include:</p> <p>The facility Governing Body policy Implemented [DATE] documents:</p> <p>The facility will have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility.</p> <p>Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> 1. The governing body will appoint an administrator who is: <ol style="list-style-type: none"> a. Licensed by the state where required. b. Responsible for management of the facility. c. Reports to and is accountable to the governing body. 2. The governing body is responsible and accountable for the QAPI program. <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. The governing body refers to individuals such as facility owner(s), Chief Executive Officer(s), or other individuals who are legally responsible to establish and implement policies regarding the management and operations of the facility.</p> <p>4. The governing body will have a process in place by which the administrator:</p> <ul style="list-style-type: none"> a. Reports to the governing body. b. Method of communication between administrator and governing body. c. How the governing body responds back to the administrator. d. What specific types of problems and information (i.e., survey results, allegations of abuse or neglect, complaints, etc.) are reported or not reported. e. How the administrator is held accountable and reports information about the facility's management and operation (i.e., audits, budgets, staffing supplies, etc.) f. How the administrator and the governing body are involved with the facility wide assessment. <p>Surveyors entered the facility on [DATE] to investigate alleged concerns the governing body has not been paying accounts and amounts were owed to multiple vendors associated with the facility operations. Upon entry to the facility the census was 101. The facility is licensed for 112 residents/beds.</p> <p>On [DATE] at approximately 9:15 am Surveyor began touring the facility making observations of the general conditions of the facility, staffing, kitchen/food supplies and medical/care supplies including medications.</p> <p>On [DATE] at 10:03 am Surveyor spoke with Business Office Manager (BOM)-C. BOM-C shared there have been no concerns with payroll being timely/met in the facility. BOM-C shared the only payroll issue is paper checks are not accepted at a local check cashing business. When asked about vendor accounts/billing in the facility, BOM-C shared they do not directly receive any invoices from vendors. BOM-C shared all vendor bills are scanned to the corporate office. BOM-C shared the facility has resident bank accounts that are insured and to her knowledge there are no issues with the accounts.</p> <p>On [DATE] at 11:25 am Surveyor spoke with the Nursing Home Administrator (NHA)-A. NHA-A stated they will provide Vendor lists and Vendor Aging Report via email. NHA-A shared they are not aware of any concerns with receiving items. NHA-A shared they also have a credit card they can use to pick up items locally.</p> <p>On [DATE] Surveyors received a copy of a facility vendor aging report from Governing Body/Owner-F. Upon review of the report, it is documented the amounts listed are as of [DATE]. The report provided by Governing Body/Owner-F identifies approximately sixty-four different vendors and the review of overall balances owed total over 1.7 million dollars as accounts in arrears from 30 days to greater than 151 plus days past due.</p> <p>A sample of the identified vendors include:</p> <p>(continued on next page)</p>		

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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at approximately 4:23 pm Surveyor spoke to Governing Body/Owner-F after the vendor aging reports were received by Surveyor. Governing Body/Owner-F explained Sterling Therapy Solutions oversees therapy services and are paid for management, but the therapy staff and departments are part of the facility operations and staffing/payroll.</p> <p>* Synapse Health (durable medical equipment including oxygen concentrators, respiratory supplies, mattresses & Broda chairs) - as of [DATE] the vendor aging report for the facility reports an outstanding balance of \$20,293.65. The report includes a note documenting the last payment made on [DATE]. Finalizing payment plan with vendor. The report documents outstanding amounts being due for greater than 151 plus days. On [DATE] at 12:45 PM, Surveyor interviewed Accounts Payable Representative (APR)-M from Synapse Health. Surveyor asked APR-M what type of DME is provided to the facility. APR-M stated oxygen concentrators, CPAP (Continuous Positive Airway Pressure) supplies, respiratory supplies, mattresses, and Broda chairs. APR-M stated we are giving the facility more time to make a payment - if no payment is received, we will stop providing services.</p> <p>* Wisconsin Department of Health Services (bed tax fees) - as of [DATE] the vendor aging report for the facility reports an outstanding balance of \$736,932.00. The report documents a note stating have payment plan, waiting to execute. The report indicates the amounts due go back to [DATE] and are 151 plus days outstanding. On [DATE] the State of Wisconsin Department of Health Services provided information documenting the facility owes a monthly assessment of \$19,040.00 for their bed taxes. The total amount owed as of [DATE] is \$824,344.00.</p> <p>* Centers for Medicare & Medicaid Services (CMS) - as of [DATE] the vendor aging report for the facility reports an outstanding balance of \$13,000.00. The date of this amount on the report is [DATE] and the report indicates this amount owed is 151 plus days outstanding. The report includes a note stating following up to see what this is. Review of the facility survey history would indicate there have been enforcement actions to include civil money penalties (CMP's) issued by CMS. Review of prior enforcement actions finds that there have been a number of civil money penalties that have been assessed against the facility. The enforcement cases remain open for CMP collection.</p> <p>* Orkin (pest control) - as of [DATE] the vendor aging report for the facility reports an outstanding balance of \$9,080.96 with amounts owed being greater than 151 plus days outstanding. The report includes a not stating last payment made on [DATE]. On [DATE] at approximately 9:28 am Surveyor spoke to employee-N who informed Surveyor the facility is currently on hold for services pending a payment. Employee N shared the current amount owed is \$1,935.96.</p> <p>* Oak Medical (attending physician/medical director services) - as of [DATE] the vendor aging report for the facility reports an outstanding balanced owed of \$42,500.00 with amounts being 151 plus days outstanding. The last dated invoice on the report is [DATE]. The report includes a note stating Building hasn't been using vendor since January, working out a payment plan.</p> <p>(continued on next page)</p>		

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