

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 10/30/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16752</p> <p>Based on observations, interviews, and review of facility policy, the facility failed to provide a sanitary environment for residents in three of four building wings (A, B, and C wings). This failure had the potential to promote the spread of disease and provide a breeding ground for pests.</p> <p>Findings include:</p> <p>A review of the facility's policy titled, Environmental Services Inspection, implemented on 10/01/23, read in part, It is the policy of this facility to regularly monitor environmental services to ensure the facility is maintained in a safe and sanitary manner and assessed on a regular basis. The Director of Environmental Services will perform random and/or routine inspections using the Environmental Room Attendants Checklist.</p> <p>An initial environmental tour was conducted on 10/18/24 at 1:10 PM, and the following areas of concern were identified:</p> <p>1. B Wing</p> <p>a. The privacy curtain around Resident (R)13's bed was partially loose from the track. The privacy curtain had a large greyish colored stain.</p> <p>b. The pole holding R14's enteral feeding had a dried beige colored substance at the base of the pole. There was dried beige colored splatter on the floor and the resident's bedside. Gnats were flying around the floor. The resident's overbed table had dark brown residue at the base of the table.</p> <p>c. The room at the end of the B Wing served as an area for the residents to make telephone calls and had an ice machine. There was a light-colored residue on the sides and lid of the machine. The floor underneath the sink in this room had brown stains and paper trash debris. Also, underneath the sink was a dirty folded-up towel. There were four tables in this area, and all four tables had dried sticky residue on the surfaces.</p> <p>2. C Wing (Secured Unit)</p> <p>a. R5's commode seat had dried, brown-colored feces. The bathroom floor was sticky as if it had not been mopped. Gnats were flying around in his bathroom.</p> <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
---	-------	-----------

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 10/30/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. The privacy curtain in R6's room was coming off track. On the wall next to the window, there were brown smeared stains. On the floor was a built-up dirt debris and an empty supplement carton.</p> <p>3. An environmental tour was conducted on 10/30/24 at 1:00 PM with the Environmental Services Manager (EVM). The following concerns were identified:</p> <p>In room [ROOM NUMBER] on the A Wing, the privacy curtain was almost completely off track and tied into a knot. The curtain was unable to provide complete privacy to the residents in this room.</p> <p>The EVM and surveyor toured the B and C Wings, and the EVM confirmed the environmental concerns identified during the initial tour of the facility. Additionally, the refrigerator in the C Wing dining room had a dried brown color residue on the side, and inside the refrigerator was dried red color spillage. There was a dark brown stain/spillage on the floor next to the refrigerator.</p> <p>During an interview on 10/29/24 at 2:15 PM, the Director of Nursing (DON) revealed environmental services had been an ongoing problem. She stated the EVM was still learning his role. The DON stated the housekeeping staff was responsible for daily room cleaning, including the overbed tables, IV poles, and the ice machines. The DON stated that she was unsure who was responsible for cleaning the refrigerators on the unit.</p> <p>During an interview on 10/30/24 at 1:45 PM, the EVM stated his responsibility was to ensure the facility was maintained in a clean and sanitary manner. The EVM stated that he was still new to the position, and there had been some recent changes in staffing. The EVM stated that he was unaware that it was housekeeping's responsibility to clean the IV poles, the base of the overbed tables, and the ice machine at the end of the B Wing. The EVM stated that the maintenance department would have to repair those rooms where curtains were off track. The EVM stated that he did not think the stain on the privacy curtains could be removed. The EVM stated the refrigerator on the C Wing was supposed to be cleaned every other Friday and acknowledged the refrigerator was not clean. The EVM acknowledged there was a problem with gnats and flies in the facility; however, he was unaware that dried formula spillage would attract these pests.</p>

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 10/30/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39540</p> <p>Based on interview, record review, and policy review, the facility failed to protect the resident's right to be free from verbal abuse by a staff member for one of four residents (Resident (R) 4) reviewed for abuse out of a total sample of 14. Certified Nursing Assistant (CNA) spoke to R4 using verbally abusive language and had potentially aggressive behavior. Failure to protect residents from abuse has the potential to result in injury to residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Abuse/Neglect/Exploitation, with no initiation date, revealed, It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse .</p> <p>Review of R4's Admission Record, located in the electronic medical record (EMR) under the Profile tab, revealed an admitted [DATE] with medical diagnoses including major depressive disorder and end stage renal disease.</p> <p>Review of R4's quarterly Minimum Data Set (MDS), located in the EMR under the MDS tab and with an Assessment Reference Date (ARD) of 07/18/23, revealed R4 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact.</p> <p>Review of R4's Care Plan, located in the EMR under the Care Plan tab and updated 05/20/24, revealed a focus area of, . [R4] sometimes have behaviors which include refusing care . I can become easily agitated and yell at staff and peers .Interventions included, . speak to me unhurriedly and in a calm voice .</p> <p>Review of an Investigation File, dated 07/08/24 and provided by the facility, revealed a verbal exchange occurred between R4 and CNA7 where R4 was yelling you need to talk to your supervisor about not liking your job and CNA7 responded by yelling back, you ain't going to talk to me like that .</p> <p>Review of the statements provided by the facility documented Registered Nurse (RN)1 witnessed (heard) the verbal interaction between R4 and CNA7. RN1 observed the two social workers (located on the same hall) come out of their office and physically separate R4 and CNA7. One attempted to calm the resident, and the other requested CNA7 walk away. CNA7 started to approach R4 again, and R4 stood up from the wheelchair. CNA7 felt threatened by this action and picked up an isolation bin making the motion of attempting to throw the bin at R4. This resulted in profanities from both R4 and CNA7. The two were separated, and CNA7 was removed from the hallway by RN1. CNA7 stated, I am tired of some resident's insults and obnoxious attitude; I have to defend myself. CNA7 was escorted to the Director of Nursing (DON)'s office and then removed from the facility until an investigation could be completed.</p> <p>(continued on next page)</p>		

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 10/30/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>CNA7's statement, provided by the facility and dated 07/08/24, documented, The incident that happened today July 8, all started when I was going to make up a resident bed, lay him down and I closed the door, the other resident [R4] thought that I was disrespecting him. So he started calling me bad names and then he stood up out of his chair and started coming towards me. I got frightened and that's when I picked up one of the [isolation bins] and threw it on the floor.</p> <p>Review of R4's Progress Notes, located under the Prog Notes tab of the EMR, dated 07/08/24 at 7:39 PM, revealed R4 was interviewed by the Administrator and DON. R4 confirmed there were no lasting effects of the interaction with CNA7.</p> <p>During an interview on 10/28/24 at 4:28 PM, the DON and Administrator confirmed the incident on 07/07/24 between R4 and CNA7 was investigated as an abuse allegation, was reported to the state.</p>

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 10/30/2024
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>16752</p> <p>Based on observations, interviews, and review of facility policy, the facility failed to ensure the facility's garbage was properly stored in two of two dumpsters and one enclosed area and disposed of timely. The failure had the potential to promote a breeding ground for pests and rodents.</p> <p>Findings include:</p> <p>A review of the facility's document titled, Garbage Disposal, with a revision date of 03/26/24, read in part, Refuse containers and dumpsters kept outside the facility shall be designed and constructed to have tightly fitting lids, doors, or covers. Containers and dumpsters shall be kept covered when not being loaded. The surrounding area shall be kept clean so that accumulation of debris and insect rodent attractions are minimized. Dumpsters shall be emptied according to the facility contract. Garbage should not accumulate or be left outside the dumpster. The schedule for garbage pick-up should be revised, as needed, based on the volume of refuse. Storage areas, enclosures, and receptacles for refuse shall be maintained in good repair and cleaned at a frequency necessary to prevent them from developing a buildup of soil or becoming attractants for insects and rodents.</p> <p>Observation on 10/28/24 at 10:30 AM revealed two dumpsters with trash overflowing and on the ground around the dumpsters. Also, the facility had an enclosed area that was halfway full of bagged trash.</p> <p>Observation on 10/28/24 at 4:15 PM revealed the two dumpsters with overflowing trash and debris on the ground around the dumpster. The trash continued to build up in the enclosed trash area.</p> <p>Observation on 10/29/24 at 11:30 AM revealed the two dumpsters with overflowing trash bags, and the lids were unable to be closed. There was trash and food debris on the ground all around the first dumpster. The second dumpster was overflowing with trash, and the lid was unable to close. There were broken boxes, mattresses, and paper trash on the ground around and behind the dumpster. The enclosed area was halfway filled with trash bags. A few of the trash bags were partially open, exposing used adult briefs and used dressings. All three areas had flies and gnats swarming around.</p> <p>On 10/29/24 at 11:00 AM, an interview was conducted with the Administrator and the Director of Nursing (DON). The Administrator stated that garbage disposal was supposed to occur on Mondays, Wednesdays, and Fridays; however, there was no garbage pickup last Friday and Monday. The Administrator stated that she notified the corporate office of the problem. The Administrator stated that the company that managed the garbage disposal did not receive payment according to the contract and withheld services. The Administrator stated that according to the corporate offices, the bill had been paid. Both the Administrator and DON stated that this was not the first time the facility had problems with garbage collection. Both the Administrator and DON confirmed the accumulation of garbage could have contributed to the problem of the flies and gnats in the building since some of the residents liked to have their windows open. (Refer to F925)</p>		

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 10/30/2024
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>16752</p> <p>Based on observations, interviews, review of facility policy, and a review of the facility's contract, the facility failed to maintain an effective pest control program throughout the facility. This had the potential to affect 102 of 102 residents who resided at the facility. During the survey, gnats and flies were observed in resident rooms, common areas, and in the administrative offices. This had the potential to promote the spread of disease and promote unsanitary conditions.</p> <p>Findings include:</p> <p>A review of the facility's policy titled, Pest Control Policy, with a revision date of 04/14/24, read in part, It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents. The facility will utilize a variety of methods in controlling certain seasonal pests, i.e., flies. These will involve indoors and outdoor methods that are deemed appropriate by the outside pest service and state and federal regulations.</p> <p>A review of the facility's Pest Contract, dated 01/11/23 and provided by the facility, revealed that under the scope and nature of work, the company would provide services for the following pests: roaches, rats, and flies. It was recorded the contractor would provide services once a month for all areas as deemed necessary by the Company.</p> <p>A review of the facility's Pest Control Services records for the past six months revealed the only areas that received pest control services were the kitchen and the exterior perimeter of the facility. There was one documented incident of treatment for bed bugs in a resident room.</p> <p>1. Observation on 10/28/24 at 11:10 AM in the conference room revealed gnats flying around.</p> <p>2. During an observation on 10/28/24 at 1:02 PM, in the office of the Director of Nursing (DON) and the Administrator, flies throughout the room.</p> <p>During the interview on 10/28/24 at 1:02 PM, the DON and the Administrator confirmed there were flies in the room, and they should not be there.</p> <p>3. Observation on 10/28/24 at 1:10 PM revealed gnats and flies flying around the sink area in R13's room on B Unit. Gnats were also observed flying around the R14's (R13's roommate) feeding pump. Flies and gnats were observed flying around the sink located in the residents' telephone room.</p> <p>4. During an observation on 10/28/24 at 1:36 PM, on the B hallway in R1's room, R1 was sitting on the edge of the bed, and a large fly was buzzing around the resident's side of the room. R1 had a fly swatter in hand and was attempting to swat the fly.</p> <p>During an interview on 10/28/24 at 1:36 PM, R1 complained about the flies in her room and in the facility and stated something should be done about this. R1's Minimum Data Set assessment indicates R1 had moderately impaired cognition.</p> <p>(continued on next page)</p>		

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 10/30/2024
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>5. Observation on 10/28/24 at 2:25 PM revealed flies and gnats coming out of R6's room on the secured unit.</p> <p>During an interview on 10/29/24 at 9:15 AM, the Activities Assistant (AA)2 revealed there was a problem with gnats and flies on the unit. She stated that sometimes during an activity, she must shoo the gnats away from the residents' faces.</p> <p>During an interview on 10/29/24 at 9:55 AM, Certified Nursing Assistant (CNA) 5 revealed there was a problem with flies and gnats on the secured unit. CNA5 stated she felt the pests were attracted to the urine odor. CNA5 stated she has never seen anyone on the unit address the issue.</p> <p>6. Meal observation on 10/29/24 at 12:10 PM in the secured unit dining room revealed gnats flying around R5's meal tray. R5 waved his hand to shoo the gnats away. Gnats were flying around juice pitchers on top of the meal cart.</p> <p>During an interview on 10/29/24 at 2:00 PM, the Administrator revealed the garbage had not been picked up in several days, and this could be a contributing factor to the problem with flies and gnats. (Refer to F814.) She stated she was in the process of having the problems addressed.</p> <p>During an interview on 10/29/24 at 3:00 PM, the Regional Director of Facilities on 10/29/24 at 3:00 PM revealed the current pest control company only addressed pest control issues in the kitchen and exterior perimeter of the facility. He stated to his knowledge, the contract did not cover the resident facility units.</p> <p>Telephone calls were placed to the facility's pest control company on 10/30/24 at 12:56 and 6:15 PM. There was no response.</p>		