

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 08/18/2020
NAME OF PROVIDER OF SUPPLIER SILVER SPRINGS HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review the facility did not ensure 4 (R1, R2, R3, and R4) of 4 residents reviewed were provided necessary care and services. The facility did not ensure R1, R2, R3, and R4 had respiratory assessments and vital signs completed as necessary to monitor for signs, symptoms, and complications of COVID-19. Findings include: The facility's CORONAVIRUS SURVEILLANCE policy and procedure, implemented 3/11/20, documents Residents will be monitored for signs and symptoms of coronavirus illness including but not limited to: fever, cough, shortness of breath. 1.) R1 has [DIAGNOSES REDACTED]. R1's plan of care includes a focus care area for Alteration in Respiratory Status Due to [MEDICAL CONDITION] initiated on 6/4/20. Interventions include Observe and document vital signs, specifically respiratory pattern, rate, rhythm, effort, and use of accessory muscles initiated on 6/4/20. R1's plan of care includes a focus area for Impaired Cardiovascular status related to: Hypertension, PE (pulmonary embolism), V. tach [MEDICAL CONDITION], etc initiated on 6/12/20. Interventions include Observe for abnormal vital signs and report. A Respiratory Assessment COVID 2 including vital signs is documented as being completed on R1 on 7/12/20. R1's medical record did not contain documentation of a respiratory assessment or vital signs completed on 7/13/20 or 7/14/20. On 7/15/20 R1's Respiratory Assessment COVID 2 documents vital signs from 7/12/20. R1 has no documented vitals on 7/15/20. Progress notes on 7/16/20 document .Moist non-productive cough with audible tracheal crackles. Lung sounds auscultated coarse crackles all fields. R1's oxygen levels on 7/16/20 were documented as being 88%. The surveyor noted R1's previous oxygen levels were 97% on 7/12/20 and 96% on 7/11/20. On 7/16/20 R1 was sent out to the hospital. On 7/17/20 the facility became aware R1 had tested positive for COVID-19. On 8/6/20 at 3PM the surveyor interviewed DON (Director of Nursing)-B. DON-B confirmed at that time respiratory assessments and vitals should have been completed every shift. The surveyor informed DON-B of R1 having not documented vitals on 7/13/20, 7/14/20, and 7/15/20. DON-B was unable to find vitals during that time. 2.) R2 has [DIAGNOSES REDACTED]. A Respiratory Assessment COVID 2 documents on 7/12/20 R2's oxygen saturation levels were 97% on room air with no cough and unlabored respiratory effort. On 7/13/20 and 7/14/20 there is no documented Respiratory Assessment COVID 2 or oxygen saturation levels documented as completed for R2. One Respiratory Assessment COVID 2 was completed on 7/15/20, but documents the most recent vitals as being from 7/12/20. One Respiratory Assessment COVID 2 was completed on 7/16/20 but contains blood pressure, pulse, respirations and oxygen saturation levels from 7/12/20. One Respiratory Assessment COVID 2 was completed on 7/17/20 but contains blood pressure, pulse, respirations and oxygen saturation levels from 7/12/20. The 7/17/20 respiratory assessment does not contain documentation if R2 had a cough, his respiratory effort, or if he had shortness of breath. On 7/18/20 R2 has no documented Respiratory Assessment COVID 2 or vital signs documented from that date. On 7/19/20 there is one documented Respiratory Assessment COVID 2. R2's Respiratory Assessment COVID 2 documents a temperature of 97.3 from 7/16/20 and a blood pressure, pulse, respirations, and oxygen saturations from 7/12/20. The assessment documents no cough and unlabored respiratory effort. On 7/20/20 and 7/21/20 R2's Respiratory Assessment COVID 2 documents R2's oxygen saturation from 7/12/20. The assessments document unlabored respiratory effort, no cough, and no shortness of breath. R2 only had 1 respiratory assessment documented as completed on 7/20/20 and 7/21/20. On 7/21/20 R2's lab results were reported positive for COVID-19. On 7/22/20 R2's oxygen saturation was noted to be 80% on room air. The surveyor noted this was the first documented oxygen saturation level documented since 7/12/20. Progress notes on 7/22/20 at 4:10 AM document Observed ambulating to bed/writer assisted in bed. Alert and oriented. Lying in semi-fowlers position using accessory muscles and nasal flaring. Pale black undertone noted to face. SOB (shortness of breath) while lying down/mouth breathing with it wide open. 'I can't breathe.' Administered O2 (oxygen) per Nasal cannula. (MD)/send to ER (emergency room) for evaluation. On 8/6/20 at 3:00 PM the surveyor interviewed DON-B. DON-B informed the surveyor that prior to the outbreak (which began on 7/17/20) the expectation was for staff to do a COVID-19 respiratory assessment and obtain vitals every shift. DON-B stated after the outbreak it was changed to twice a day. The surveyor informed DON-B of R2 not having vitals and respiratory assessments completed every shift. DON-B did state the facility had been having issues with their system being on and off, but was unable to provide the surveyor with additional documentation of vitals or assessments. 3. R3 has [DIAGNOSES REDACTED]. On 7/12/20 R3 had a Respiratory Assessment COVID 2 completed that documented R3 having an oxygen saturation level of 97%. R3 had no documented respiratory assessment or vitals on 7/13/20 or 7/14/20. On 7/15/20 R3 has one documented Respiratory Assessment COVID 2 which documents R3's vital signs from 7/12/20 and does not contain new vitals. On 7/16/20 R3 has two documented Respiratory Assessment COVID 2 documented as effective at 2:28 PM and 10:52 PM. These assessments both document blood pressure, pulse, respirations and oxygen levels from 7/12/20. R3 has no documented respiratory assessment, oxygen levels, temperature, or respiratory rate on 7/17/20 or 7/18/20. R3 has one documented respiratory assessment on 7/19/20 which contains a temperature of 97.2 from 7/16/20, a blood pressure of 124/72 from 7/18/20, a pulse of 87 from 7/12/20, a respiratory rate of 16 from 7/12/20, and an oxygen saturation of 97% from 7/12/20. On 7/19/20 R3's COVID-19 lab results were reported to the facility as positive. R3 has one documented respiratory assessment on 7/20/20 which documents an oxygen saturation of 97% from 7/12/20. R3 has one documented respiratory assessment on 7/21/20 which documents an oxygen saturation of 97% from 7/12/20. R3 has no documented respiratory assessment on 7/22/20. On 7/23/20 R3's respiratory assessment includes an oxygen saturation level of 91%. The surveyor noted this was the first documented oxygen saturation level since the 97% oxygen level on 9/12/20. On 8/6/20 at 3:00 PM the surveyor interviewed DON-B. DON-B informed the surveyor that prior to the outbreak (which began on 7/17/20) the expectation was for staff to do a COVID-19 respiratory assessment and obtain vitals every shift. DON-B stated after the outbreak it was changed to twice a day. The surveyor informed DON-B of the concern of residents not having vitals and respiratory assessments completed every shift. DON-B did state the facility had been having issues with their system being on and off, but was unable to provide the surveyor with documentation of vitals or assessments. 4. R4 has [DIAGNOSES REDACTED]. R4's plan of care includes a focused area for Impaired Cardiovascular status related to [MEDICAL CONDITION] (CAD), Hypertension, arterial stenosis, [MEDICAL CONDITION], etc initiated on 1/30/20. Interventions include Observed for abnormal vital signs and report initiated 1/30/20. R4's plan of care includes a focus area for Infection at risk for related to: possible exposure to COVID negative test 7/22/20 initiated 7/20/20 which includes interventions to monitor vital signs and complete respiratory assessment initiated on 7/20/20. The surveyor reviewed R4's Respiratory Assessment COVID 2 assessments. The surveyor noted R4 had not documented assessment on 7/12/20, 7/16/20, 7/17/20 and 7/19/20. The surveyor noted R4 only had 1 assessment documented on 7/13/20, 7/14/20, 7/15/20, 7/20/20, and 7/21/20. The surveyor noted R4 only had 2 assessments documented on 7/18/20, 7/22/20, 7/23/20, and 7/24/20. The surveyor reviewed R4's vital signs. The surveyor noted on 7/17/20 R4's oxygen saturation level is documented at 94%. R4 has no other documented oxygen saturation levels until 7/26/20 (95%). On 7/17/20 R4's pulse is documented as 74. R4 has no other documented pulses until 7/26/20 (85). On 7/17/20 R4's blood</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.

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F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1) pressure is documented as 120/72. R4 has no other documented blood pressures until 7/26/20 (136/82). On 7/17/20 R4's respiratory rate is documented as 18. R4 has no documented respiratory rate until 7/26/20 (18). R4 has no documented temperature on 7/16/20 and 7/19/20. On 8/11/20 at 11:33 AM the surveyor interviewed RN-O. The surveyor asked how often RN-O is screening residents for COVID-19 signs and symptoms. RN-O stated before the outbreak once a shift and after the outbreak twice a shift. On 8/6/20 at 3:00 PM the surveyor interviewed DON-B. DON-B informed the surveyor that prior to the outbreak (which began on 7/17/20) the expectation was for staff to do a COVID-19 respiratory assessment and obtain vitals every shift. DON-B stated after the outbreak it was changed to twice a day.</p>		
F 0726 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not ensure staff was competent and certified to perform CPR (cardiopulmonary resuscitation). -On [DATE] R5 required CPR. The facility was unable to provide documentation of current CPR certification for staff who performed CPR on R5. Per the facility, staff who was responsible to verify CPR certification upon hire was unaware of the responsibility. This had the potential to effect 59 residents residing in the facility who are full code. Findings include: The facility's CPR (cardiopulmonary resuscitation) During Covid policy and procedure, with an implemented date of [DATE], states 2. CPR certified staff will be available at all times. 3. Staff will maintain current CPR certification for healthcare providers. For certifications that expire beginning [DATE] until the COVID-19 public health emergency expires a. Efforts will be made to obtain recertification in a manner that adheres to social distancing mandates. b. if a recertification course cannot be provided, a remediation course will be provided as soon as practicable, no later than 120 days beyond the renewal date. R5's progress notes documents on [DATE] at 12:12 PM Res (resident) tested positive for Covid-19. Call to CSM ER (Hospital emergency room) and spoke with (registered nurse) and updated her. She stated Res was unable to be revived. (Brother and Family Care Case Manager) updated on Covid-19 positive On [DATE] at 10:33 AM the surveyor interviewed LPN (licensed practical nurse)-P regarding the events on [DATE]. LPN-P informed the surveyor she was made aware that R5 was not responding. LPN-P stated she immediately went to the resident's room, found the resident unresponsive, placed him on the floor and started compressions. LPN-P stated 911 was called and a defibrillator was applied but it advised no shock. LPN-P stated herself and NHA (nursing home administrator)-A continued with compressions until paramedics arrived. On [DATE] at 11:06 AM the surveyor asked DON (Director of Nursing)-B to review LPN-P and NHA-A's CPR certification and for information on how the facility ensures there is a CPR certified staff in the building. On [DATE] at 11:56 AM DON-B informed the surveyor there has been some breakdown with the CPR verifications on hires. DON-B stated in the past few months the facility had hired a new business office manager who was unaware or not trained on verifying CPR prior to the hiring process and would be receiving education from corporate today in regards to this. On [DATE] at 2:37 PM DON-B informed the surveyor LPN-P's CPR through the American Heart Association expired on [DATE] but believed she had a basic adult and infant CPR certification that was still current. No current CPR certification was provided to the surveyor for LPN-P or NHA-A.</p>		
F 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not ensure residents' medical records were complete in 3 of 3 records reviewed - R5 received cardiopulmonary resuscitation. The events regarding the code are not documented in R5's medical record. Staff indicated the events had been documented but due to technical issues the documentation did not save. -R4 was transferred to the hospital. Staff indicated a transfer form had been completed but due to technical issues the documentation did not save. -R6 did not have documentation in his medical record that he was placed on isolation following an absence from the facility to attend a funeral. The technical issues causing documentation to not be saved in resident's medical records had the potential to affect all 79 residents residing in the facility. Findings include: 1.) R5's progress notes on [DATE] at 3:15 AM document Resident is alert and oriented. Resting quietly in bed. Remains on precautionary isolation for COVID exposure. Respiratory assessment was done. No new concerns noted. Will cont (continue) to monitor. R5's next progress notes documents on [DATE] at 12:12 PM Res (resident) tested positive for Covid-19. Call to CSM ER (Hospital emergency room) and spoke with (registered nurse) and updated her. She stated Res was unable to be revived. (Brother and Family Care Case Manager) updated on Covid-19 positive status, res transfer to hospital and res. passing away. The surveyor reviewed R5's medical record and was unable to find documentation of events leading up to R5 being sent out to the hospital. On [DATE] at 10:33 AM the surveyor interviewed LPN (licensed practical nurse)-P. LPN-P informed the surveyor she was made aware that R5 was not responding. LPN-P stated she immediately went to the resident's room, found the resident unresponsive, placed him on the floor and started compressions. LPN-P stated 911 was called and a defibrillator was applied but it advised no shock. LPN-P stated she and NHA (nursing home administrator)-A continued with compressions until paramedics arrived. The surveyor asked LPN-P why this wasn't documented. LPN-P stated she had documented it, but had been having computer issues. LPN-P stated she had done it under firefox and for some reason it didn't trigger and that she had to be on the broadband for it to save. On [DATE] at 3:30 PM the surveyor interviewed DON (Director of Nursing)-B. The surveyor informed DON-B of the above. DON-B informed the surveyor the facility had been having computer problems. DON-B confirmed the facility's electronic medical records system does not save in the Firefox web browser and it has to be opened in Chrome web browser, but the only system LPN-P was able to get the electronic medical records system to open up into was Firefox. 2.) R4's progress notes document on [DATE] at 4:45 PM Resident transferred to Froedtert Hospital via Bell Ambulance. The surveyor reviewed R4's medical record and was unable to find information related to transfer information and a transfer form provided to the receiving facility. The surveyor reviewed R4's hospital and emergency medical services record and noted information had been relayed to the receiving facility. On [DATE] at 12:14 PM the surveyor interviewed LPN-P. LPN-P stated she had given printed documents to be given to the receiving facility including a transfer information form sheet she had filled out that would be in the electronic health records system. LPN-P stated she was not sure why the form was not in the record as she recalled filling it out. On [DATE] at 1:50 PM the surveyor interviewed DON-B. The surveyor informed DON-B of the above conversation and being unable to find a transfer form for R4. DON-B stated that was in the midst of the computer problems and it must not have saved. 3.) On [DATE] R6 is documented as going out of the facility to his brother's funeral. The surveyor reviewed R6's medical record and was unable to find documentation in R6's medical record including his progress notes and care plan. On [DATE] at 1:05 PM the surveyor interviewed DON-B. DON-B informed the surveyor R6 had gone out to a funeral and was placed in a 14 day isolation upon return. DON-B provided the surveyor with a list of residents at that time who were on a 14 day isolation with R6 noted to be on the list. On [DATE] at 2:36 PM the surveyor informed DON-B of being unable to find documentation of R6 being in isolation in their medical record.</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility did not maintain an infection prevention and control program to prevent, recognize, and control the onset and spread of COVID-19. Since 7/17/20 the facility has been experiencing a COVID-19 outbreak with 24 residents and 20 staff members with confirmed COVID-19. - The facility did not monitor for respiratory signs and symptoms of COVID-19 and vital signs for R1. R1 had no documented oxygen level on 7/13/20, 7/14/20, and 7/15/20. On 7/16/20 R1 was noted to have an oxygen level of 88% (previous level 97%). On 7/16/20 R1 was sent to the hospital where R1 was diagnosed with [REDACTED]. - The facility did not ensure residents with confirmed COVID-19 were immediately moved to the COVID-19 unit and provided dedicated staff allowing the potential to spread on their current unit. - The facility did not ensure the DON (Director of Nursing)/Infection Preventionist was informed of a staff member calling into work due to illness to determine an appropriate return to work date. - The facility did not ensure all staff were screened for signs and symptoms of COVID-19 and temperature taken prior to their shift. - The facility did not ensure the employee line listing was accurately maintained with the correct employee last work date. - The facility did not ensure staff wore the required PPE (personal protective equipment) for residents newly admitted to the facility on isolation. Staff was also observed not washing their hands and removing their gloves after touching soiled linens and</p>		

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 2)</p> <p>upon exiting a resident's room. - The facility did not ensure multi-resident use vital sign equipment was disinfected after use. - The facility did not ensure signage on newly admitted (within the last 14 days) residents' doors to alert staff on that PPE requirements included needed eye protection. Staff was observed in a newly admitted resident's room within 6 feet of the resident without eye protection. - The facility did not ensure R6's medical record, including his plan of care, included documentation of required isolation requirements after R6 went out of the facility to attend a funeral. This had the potential to effect all residents currently residing in the facility. Findings include: Monitoring for Signs and Symptoms of COVID-19 The facility's CORONAVIRUS SURVEILLANCE policy and procedure, implemented 3/11/20, documents Residents will be monitored for signs and symptoms of coronavirus illness including but not limited to: fever, cough, shortness of breath. R1 has [DIAGNOSES REDACTED]. A Respiratory Assessment COVID 2 including vital signs is documented as being completed on R1 on 7/12/20. R1's medical record did not contain documentation of a respiratory assessment or vital signs completed on 7/13/20 or 7/14/20. On 7/15/20 R1's Respiratory Assessment COVID 2 documents vital signs from 7/12/20. R1 has no documented vitals on 7/15/20. Progress notes on 7/16/20 document .Moist non-productive cough with audible tracheal crackles. Lung sounds auscultated coarse crackles all fields. R1's oxygen levels on 7/16/20 were documented as being 88%. The surveyor noted R1's previous oxygen levels were 97% on 7/12/20 and 96% on 7/11/20. On 7/16/20 R1 was sent out to the hospital. On 7/17/20 the facility became aware R1 had tested positive for COVID-19. On 8/6/20 at 3PM the surveyor interviewed DON-B. DON-B confirmed at that time respiratory assessments and vitals should have been completed every shift. The surveyor informed DON-B of R1 having not documented vitals on 7/13/20, 7/14/20, and 7/15/20. DON-B was unable to find vitals during that time. Dedicated Staff Not Provided for Residents with COVID-19 CDC (Centers for Disease Control and Prevention) guidance for Preparing for COVID-19 in Nursing Homes, updated June 25, 2020, found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, states under Identify Space in the Facility that Could be Dedicated to Monitor and Care for Residents with COVID-19 Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. Identify HCP who will be assigned to work only on the COVID-19 care unit when it is in use. R18 resided on the D unit. On 7/21/20 R18 was tested for COVID-19. On 7/22/20 R18's COVID-19 results were reported back to the facility as being positive. R18's census data documents R18 was not moved to the A wing (the facility's designated COVID-19 unit) until 7/24/20. R19 resided on the D unit. On 7/21/20 R19 was tested for COVID-19. On 7/22/20 R19's COVID-19 results were reported back to the facility as presumptive. R19's census data documents R19 was not moved to the COVID-19 unit until 7/24/20. On 7/25/20 R19 was again tested for COVID-19 and was confirmed positive for COVID-19. R20 resided on the D unit. On 7/21/20 R20 was tested for COVID-19. On 7/22/20 R20's COVID-19 results were reported back to the facility as being positive. R20's census data documents R20 was not moved to the COVID-19 unit until 7/24/20. On 8/10/20 at 2:31 PM the surveyor interviewed DON-B. The surveyor informed DON-B of R18, R19, and R20 having known positive and presumptive results on 7/22/20 and not being moved until 7/24/20. DON-B stated the facility had limited testing supplies available and waited to move those residents until the facility received results for the entire unit. DON-B confirmed R18, R19, and R20 did not have dedicated staff and staff cared for other residents on the units. DON-B stated staff was wearing PPE when caring for residents that was changed between the residents. On 8/1/20 R21 was tested for COVID-19 and tested positive. R21 had resided on the D unit and had previously tested negative for COVID-19 when tested on [DATE]. On 7/29/20 R22 was tested for COVID-19 and tested positive. R22 had resided on the D unit and had previously tested negative for COVID-19 when tested on [DATE]. Both R21 and R22 were unnecessarily exposed to COVID-19 when R18, R19 and R20 were not moved to the facility COVID-19 unit in a timely manner and dedicated staff were not provided. Monitoring Ill Healthcare Personnel The facility's Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19, summary of recent changes as of July 17, 2020 states Symptomatic HCP (healthcare personnel) with suspected or confirmed COVID-19: Symptom-based strategy. Exclude from work until: At least 1 days (24 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms; and, at least 10 days have passed since symptoms first appeared. An absence/tardy report was filled out for RN (registered nurse)-D documenting a stuffy nose and headache on 8/5/20 for RN-D's shift on 8/6/20. An absence/tardy report was filled out for RN-D documenting complaints of a headache and sore throat on 8/6/20 for RN-Ds shift on 8/7/20. RN-D is documented as working on 8/11/20, 8/12/20, and 8/13/20. On 8/12/20 at 11:04 AM the surveyor spoke with RN-D who confirmed she had called in on 8/6/20 and 8/7/20 due to not feeling well. On 8/12/20 at 3:30 PM the surveyor interviewed DON-B. The surveyor asked about how RN-D's return to work date was determined and why she had not been on the employee line listing. DON-B stated she had not been made aware of RN-D calling in until today. DON-B stated at this time if staff call in due to being ill we tell them to get a COVID test and quarantine until they get a result. DON-B stated she was not aware of RN-D having received a COVID-19 test in August. The surveyor asked if someone calls in due to being ill how their return to work date is determined. DON-B stated she is to be made aware and they are not to come into the building. DON-B stated she was not sure how RN-D had got through the cracks. DON-B stated she goes by the guidelines given to her from the health department. Employee Screening The facility's CORONAVIRUS SURVEILLANCE policy and procedure, implemented 3/11/20, states Heightened surveillance activities will be implemented to limit the transmission of COVID-19. These include, but are not limited to screening, visitors, staff, and residents. 3. Screening for visitors and staff: a. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat. b. In the last 14 days, has had contact with someone with a confirmed [DIAGNOSES REDACTED]. The state agency received a complaint that an employee was working with signs and symptoms of COVID-19. The surveyor reviewed the employee schedule for 7/17/20. The surveyor observed CNA (certified nursing assistant)-K and CNA-G as being documented on the schedule as working third shift. The surveyor reviewed the Coronavirus screening forms provided by the facility for 7/17/20. The surveyor was unable to find documentation that CNA-K and CNA-G were screened for signs and symptoms of COVID-19 prior to their shift. The surveyor reviewed the employee schedule for 7/21/20. The surveyor observed LPN (licensed practical nurse)-L as being documented on the schedule as working second shift. The surveyor reviewed the Coronavirus screening forms provided by the facility for 7/21/20. The surveyor was unable to find documentation that LPN-L was screened for signs and symptoms of COVID-19 prior to their shift. The surveyor reviewed the employee schedule for 7/22/20. The surveyor observed CNA-H being documented on the schedule as working second shift. The surveyor reviewed the Coronavirus screening forms provided by the facility for 7/22/20. The surveyor was unable to find documentation that CNA-H was screened for signs and symptoms of COVID-19 prior to their shift. The surveyor reviewed the employee schedule for 7/24/20. The surveyor observed CNA-I being documented on the schedule as working first shift. The surveyor reviewed the Coronavirus screening forms provided by the facility for 7/24/20. The surveyor was unable to find documentation that CNA-I was screened for signs and symptoms of COVID-19 prior to their shift. The surveyor reviewed the employee schedule for 7/25/20. The surveyor observed CNA-M as being documented as working first shift and Nurse-N as working third shift. The surveyor reviewed the Coronavirus screening forms provided by the facility for 7/25/20. The surveyor was unable to find documentation that CNA-M and Nurse-N were screened for signs and symptoms of COVID-19 prior to their shift. On 8/12/20 at 8:59 AM the surveyor informed DON-B of the employees whose screenings the surveyor had been unable to find documentation of being completed. On 8/12/20 at 10:19 AM DON-B informed the surveyor when the facility began to close off the units (due to the outbreak) the screening process became a little less organized because the facility had 3 units closed down with separate entrances and separate screening stations. On 8/17/20 at 1:50 PM the surveyor interviewed DON-B. DON-B confirmed the facility had been unable to find documentation of screening for the above staff. Line Listing Not Accurately Maintained An Employee Infection Line Listing documents CNA-H's last work date as 7/24/20. The surveyor reviewed CNA-H's time sheet and noted CNA-H's last documented date of work as 7/22/20. On 8/12/20 at 12:16 PM DON-B informed the surveyor it appeared she made a mistake on the log. DON-B stated CNA-H's last day in the facility was 7/22/20 and that she counts on the business office and scheduler to give the correct information for the log. Incorrect PPE and Handwashing R8 was admitted to the facility on [DATE] after an acute hospital stay. On 8/13/20 at 10:25 AM the surveyor observed Housekeeper-F in R8's room. The surveyor observed a sign on door indicating Temporary Precautionary Isolation and stating STOP AND PLEASE SEE NURSE BEFORE ENTERING. The sign indicated In addition to routine practices droplet precautions, hand hygiene, gown, gloves, and a surgical mask were indicated. The surveyor noted face shield was an option, but was not checked. The surveyor noted a container outside of R8's room contaminating personal protective equipment. The surveyor observed Housekeeper-F cleaning next to R8, within 6 feet of R8, who was in bed with no mask on. The surveyor observed Housekeeper-F had no eye protection or gown on. The surveyor observed Housekeeper-F touch items in R8's room including a walker and bedside table. The surveyor observed Housekeeper-F exit R8's room. The surveyor observed Housekeeper-F did not remove their gloves and wash their hands prior to exiting R8's room. The surveyor observed Housekeeper-F touch cart keys,</p>		

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NAME OF PROVIDER OF SUPPLIER SILVER SPRINGS HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 3)</p> <p>the door frame and the garbage bag. The surveyor observed Housekeeper-F proceed to the next room with a sign on the door indicating it was R10's and R11's room. The surveyor observed no sign on R10 and R11's door indicating they were on isolation. On 8/13/20 at 10:38 am the surveyor interviewed Housekeeper-F. Housekeeper-F informed the surveyor she had received education on isolation rooms and states she follows what the sign on door indicates to wear. The surveyor asked about personal protective equipment required for R8's room. Housekeeper-F asked if there was a sign on the door. The surveyor informed Housekeeper-F yes. Housekeeper-F stated she probably didn't see the sign because the door was open. R7 was admitted to the facility on [DATE] from the community. On 8/13/20 at 11:10 AM the surveyor observed Housekeeper-E cleaning R7's room. The surveyor observed a sign on R7's dooring indicating the resident was on droplet isolation and a gown, gloves, and surgical mask was required. The surveyor observed Housekeeper-E with a face shield, mask, and gloves on. The surveyor observed Housekeeper-E did not have a gown on. The surveyor observed Housekeeper-E cleaning the floor around R7, within 6 feet of R7. The surveyor observed Housekeeper-E place wet appearing stained linens on the floor near the doorway. The surveyor observed Housekeeper-E place the linens in a bag. Housekeeper-E did not remove her gloves and wash her hands upon exiting R7's room. The surveyor observed Housekeeper-E move her cart with the same gloved hands she had touched the soiled linens with. The surveyor observed Housekeeper-E dispose of the linens, remove her gloves, and wash her hands. On 8/13/20 at 3:17 PM the surveyor interviewed DON-B. The surveyor asked what is the expected personal protection equipment for new admissions. DON-B stated a surgical mask, face shield, gloves, and gown. The surveyor asked if this was the same expectation for housekeepers. DON-B stated yes. DON-B was informed of the above. Disinfection of Reusable Medical Equipment On 8/13/20 at 11:56 AM the surveyor observed LPN-J in R12's room taking R12's vitals. The surveyor observed a blood pressure cuff on R12's arm and a pulse oximeter on her finger. The surveyor observed LPN-J exit the room with the vitals cart, take the cart down the hallway and plug it in. The surveyor observed LPN-J did not disinfect the items on the vitals cart after they had been used to obtain R12's vitals. On 8/13/20 at 3:17 PM the surveyor interviewed DON-B. The surveyor asked if nurses should be disinfecting the vitals cart after use. DON-B stated yes, staff should be wiping it down with either bleach wipes or cavi wipes that are available on the unit. DON-B was informed of the above. Required PPE Not</p> <p>Accurately Displayed on Signage The CDC's Preparing COVID-19 in Nursing Homes, updated June 25, 2020, found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html states under Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown HCP should wear an N95 or high-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. R9 was readmitted to the facility on [DATE] following a hospitalization . On 8/13/20 at 10:12 AM the surveyor observed a sign on R9's door indicating the resident was on temporary precautionary isolation. The surveyor observed a sign on the door indicating the required PPE needed. The surveyor observed face shields was an option but it was not checked. R13 was readmitted to the facility on [DATE] following a hospitalization . On 8/13/20 at 11:19 AM the surveyor observed a sign on R13's door indicating the resident was on isolation and a sign on the door indicating the required PPE needed. The surveyor observed face shields was an option but it was not checked. R7 was admitted to the facility on [DATE] from the community. On 8/13/20 at 11:19 AM the surveyor observed a sign on R7's door indicating the resident was on isolation and a sign on the door indicating the required PPE needed. The surveyor observed face shields was an option but it was not checked. R14 was readmitted to the facility on [DATE] following a hospitalization . On 8/13/20 at 11:19 AM the surveyor observed a sign on R14's door indicating the resident was on isolation and a sign on the door indicating the required PPE needed. The surveyor observed face shields was an option but it was not checked. R15 was admitted to the facility on [DATE] after an acute hospital stay. On 8/13/20 at 11:19 AM the surveyor observed a sign on R15's door indicating the resident was on isolation and a sign on the door indicating the required PPE needed. The surveyor observed face shields was an option but it was not checked. R16 was admitted to the facility on [DATE] after an acute hospital stay. On 8/13/20 at 11:19 AM the surveyor observed a sign on R16's door indicating the resident was on isolation and a sign on the door indicating the required PPE needed. The surveyor observed face shields was an option but it was not checked. R17 was readmitted to the facility on [DATE] following a hospitalization . On 8/13/20 at 11:19 AM the surveyor observed a sign on R17's door indicating the resident was on isolation and a sign on the door indicating the required PPE needed. The surveyor observed face shields was an option but it was not checked. R8 was admitted to the facility on [DATE] after an acute hospital stay. On 8/13/20 at 10:25 AM the surveyor observed Housekeeper-F in R8's room. The surveyor observed a sign on door indicating Temporary Precautionary Isolation and stating STOP AND PLEASE SEE NURSE BEFORE ENTERING. The sign indicated In addition to routine practices droplet precautions, hand hygiene, gown, gloves, and a surgical mask were indicated. The surveyor noted faceshield was an option, but was not checked as required. The surveyor noted a container outside of R8's room contaminating personal protective equipment. The surveyor observed Housekeeper-F cleaning next to R8, within 6 feet of R8, who was in bed with no mask on. The surveyor observed Housekeeper-F had no eye protection on. On 8/13/20 at 10:38 am the surveyor interviewed Housekeeper-F. Housekeeper-F informed the surveyor she had received education on isolation rooms and states she follows what the sign on door indicates to wear. The surveyor asked about personal protective equipment required for R8's room. Housekeeper-F asked if there was a sign on the door. The surveyor informed Housekeeper-F yes. Housekeeper-F stated she probably didn't see the sign because the door was open. On 8/13/20 at 3:17 PM the surveyor interviewed DON-B the surveyor asked what the required PPE is for new admissions. DON-B stated a surgical mask, face shield, gloves, and gowns for 14 days upon admission/readmission to the facility. The surveyor informed DON-B of new admissions signage outside their door not having faceshield checked as required PPE. DON-B confirmed face shield should be checked as required PPE for new admissions. Isolation Requirements Not Documented on Plan of Care On 6/23/20 R6 is documented as going out of the facility to his brother's funeral. The surveyor reviewed R6's medical record and was unable to find documentation in R6's medical record including his progress notes and care plan. On 8/13/20 at 1:05 PM the surveyor interviewed DON-B. DON-B informed the surveyor R6 had gone out to a funeral and was placed in a 14 day isolation upon return. DON-B provided the surveyor with a list of residents at that time who were on a 14 day isolation with R6 noted to be on the list. On 8/18/20 at 2:36 PM the surveyor informed DON-B of being unable to find documentation of R6 being in isolation in his medical record.</p> <p>F 0885</p> <p>Level of harm - Minimal harm or potential for actual harm Residents Affected - Many</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review the facility did not ensure representatives and families were notified by 5:00 PM the next calendar day when a resident was confirmed to have a positive COVID-19 test on 7/17/20. This had the potential to effect all residents residing in the facility. Findings include The state agency received a complaint that a guardian was not notified of COVID-19 cases in the building. The facility's COVID-19 REPORTING policy and procedure, with an effective date of 5/8/20, states Residents, their representatives, and families are notified of the conditions inside the facility related to COVID-19: a. By 5:00 pm the next calendar day following the occurrence of either: i. A single confirmed infection of COVID-19 ii. 3 or more residents or staff with new-onset of respiratory symptoms that occur within 72 hours of each other (i.e. outbreak). B. Cumulative updates will be provided weekly by 5:00 pm the next calendar day following the subsequent occurrence of either: i. Each time a confirmed infection of COVID-19 is identified ii. Whenever 3 or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other (i.e., outbreak). C. Cumulative weekly updates will also include: i. Mitigation activities implemented to prevent or reduce the risk of transmission ii. Any changes in normal operations of the facility (altered restriction or limitations on visiting, group activities, etc.) 7. For the purpose of this reporting requirement, the facility will utilize communication mechanisms that make this information easily accessible to all residents, their representatives, and families by means of paper notification (newsletter or face sheet), listservs, website postings, and/or recorded telephone messages. On 7/17/20 the facility became aware that R1 had a positive COVID-19 test results. On 8/11/20 at 10:57 AM DON (Director of Nursing)-B informed the surveyor a letter was sent out to all guardians and power of attorneys and provided to residents at the facility on 7/20/20. The surveyor noted the letter was not sent out by 5 pm the next calendar date after the facility became aware of a positive COVID-19 test results. DON-B provided the surveyor a copy of the letter which stated: To Our Residents and Family Members: We want to inform you that we have received confirmation that an individual at Silver Springs Healthcare Center has been diagnosed with [REDACTED]. We are doing everything we can to ensure we stop the spread of COVID-19 within our home, including staying in very close communication with local and state health officials to ensure we are taking all the appropriate steps. We are not permitting visitors per the direction of the local health department. We encourage you to call our center at (phone number) for updates on the status of your loved one. We understand that you are concerned about your loved one, but it is crucial that we restrict visitation to the reduce the spread of this virus. We also understand that connecting with family members is incredibly important to our residents. Family members are encouraged</p>		

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F 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 4)</p> <p>to connect with their loved ones through video chat, calling, texting, or other social media formats. We will contact you if your loved one is suspected or diagnosed with [REDACTED]. Please visit the Centers for Disease Control and Preventions (CDC) website to learn how you can help prevent the spread in our community. We know this is a difficult time for everyone. We will continue to provide you with updates as they become available. Please know that we are strictly adhering to all directions from the local and state health department. We know that you may have questions and we encourage you to contact our center. The surveyor noted the letter did not contain information on mitigating actions implemented to prevent or reduce the risk of transmission. The surveyor noted the letter did not contain cumulative updates related to new cases identified between 7/17/20 and 7/20/20. On 8/17/20 at 1:09 PM the surveyor interviewed NHA (Nursing Home Administrator)-A. NHA-A informed the surveyor letters had been sent out on 8/7/20 and 8/14/20. NHA-A confirmed the initial letter was sent out on 7/20/20 stating they had to collect addresses, envelopes, and stamps. The surveyor asked if any notification was done between 7/20/20 and 8/7/20. NHA-A stated notifications were done by phone. The surveyor asked if any log was kept of phone calls. NHA-A stated they were random if called and had left open for families to call in the letter. NHA-A stated he knew he had to give notifications but did not know there was a time frame or weekly.</p>		