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 06/29/2026

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 06/29/2026, Surveyor conducted a verification visit and 4 complaint investigations at Silver View. As a result, 6 deficiencies were corrected, 4 deficiencies were recited, and 2 new deficiencies were identified. Four complaints were substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 10	{N 000}		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents' (Resident 5) Individual Service Plans (ISP) were updated with changes. Resident 5 had a change of condition, and her/his ISP did not reflect Resident 5's current status.	{N 389}		

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

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{N 389}	Continued From page 1 This deficiency is being cited for a third time. See Statement of Deficiency (SOD) DCPK12, dated 12/04/2025, and SOD XDTX13, dated 02/23/2021. Findings include: On 06/29/2026, at 12:45 PM, Surveyor reviewed Resident 5's record. Resident 5 was admitted on 09/08/2017 with diagnoses including schizophrenia, osteopenia, and vascular dementia. Resident 5's record indicated s/he had a fall on 04/17/2026 and was diagnosed with a femoral fracture of the left hip. Resident 5 was unable to have surgery due to health issues. Resident 5 started on hospice services on 04/21/2026 when s/he returned from her/his hospital admission. Resident 5's progress notes indicate Resident 5 developed a wound on her/his right upper thigh on 04/24/2026. On 06/11/2026, there is a progress note regarding a "wound on [her/his] bottom". Resident 5's ISP, dated 05/08/2026 indicated the following: Grooming: independent Bathing/Showering: independent Ambulation/Transferring: independent Nursing Procedures: not applicable On 06/29/2026, at 1:30 PM, Surveyor interviewed Operations Manager A. Operations Manager A reported Resident 5 was bedbound mostly but when s/he transferred it was by mechanical lift. Operations Manager A reported s/he needs staff assistance with cares. Operations Manager A reported Resident 5 only receives bed baths due to pain. Operations Manager A reported Administrator B and Nurse Manager C were	{N 389}		

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{N 389}	Continued From page 2 responsible for the ISPs. On 06/29/2026, at 2:00 PM, Surveyor interviewed Operations Manager A, Administrator B and Nurse Manager C. Nurse Manager C reported s/he completed the assessments. Operations Manager A and Administrator B acknowledged Surveyor's concerns with Resident 5's ISP. Administrator B reported s/he would update ISPs thoroughly.	{N 389}		
{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 all foods were properly stored. The kitchen freezer contained undated items	{N 452}		

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{N 452}	Continued From page 3 This deficiency is being cited for a third time. See Statement of Deficiency (SOD) DCPK12, dated 12/04/2025, and SOD XDTX13, dated 02/23/2021 Findings include: On 06/29/2026, at 10:40 AM, Surveyor toured the facility kitchen and observed the following: Kitchen Freezer - plastic bag with 2 meat patties, similar to sausage patties, not labeled - a plastic bag with a golden-brown sauce with white chunks, which resembled a type of fruit filling, not labeled Kitchen Refrigerator - a plastic bag which was not sealed contained a container of uncured hard salami with a date of "4/18". The bag was open and exposed to air. On top of the refrigerator were 4 plastic bins. One bin contained what appeared to be a corn flake-style cereal. The bin was not labeled with a date. The second bin contained what appeared to be an elbow style noodle with was labeled "9/28/24". The third bin contained what appeared to be a lasagna style noodle with a label of "9-11-24". The fourth bin contained what appeared to be a spaghetti style noodle with a label of "9/11/24". According to the Wisconsin Food Code, the Federal Department of Agriculture's Food Code, and SERV Safe standards, date marking is necessary to indicate when food must be consumed or discarded. These standards indicate refrigerated, read to eat (RTE), potentially hazardous food (PHF), and	{N 452}		

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{N 452}	Continued From page 4 time/temperature controlled for safety (TCS) foods that are removed from manufacturer packaging and/or prepared for consumption must be date marked and discarded within 7 days. Refrigerated, RTE, PHF, and TCS foods prepared and packaged in a food processing plant shall also be date-marked when opened in the facility (date not to exceed 7 days). (SERV Safe Coursebook, 7th Ed., 2017, p. 5-23) On 06/29/2026, at 2:00 PM, Surveyor interviewed Operations Manager A and Administrator B. Operations Manager A confirmed the code requirement. Operations Manager A reported staff were retrained on proper food storage and safety after the previous survey.	{N 452}		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that was clean, comfortable, and homelike for 10 of 10 residents. This deficiency is being cited for a third time. See Statement of Deficiency (SOD) DCPK11, dated 12/04/2025, and SOD XDTX15, dated 07/20/2022.	{N 481}		

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{N 481}	Continued From page 5 Findings include: On 04/24/2026, 05/05/2026, and 05/07/2026 the department received 3 complaints alleging resident bathrooms were not being maintained. The facility is a class CNA non-ambulatory community based residential facility licensed to serve up to 23 residents in the areas of advanced age, irreversible dementia/ Alzheimer's, developmentally disabled, emotionally disturbed/ mental illness, and physically disabled. On 06/29/2026, at 10:20 AM, Surveyor toured the facility and observed the following: Living Room: - The couch on the south wall had a cushion which was ripped. The ripped area was approximately 6 inches long. - There was a strong urine-like odor in the area. First Floor Shower room: - The toilet contained yellow and brown matter splattered along the base of the toilet, similar to urine and feces. - The toilet seat was circular in shape, the toilet was oblong, which caused a gap when the toilet seat was closed. - The shower head was laying on the floor of the shower. The shower head holders were broken. First Floor Northwest Bathroom: - The heater vent was separating from the metal housing on the wall. Second Floor Northwest Bathroom: - There were pieces of wet paper towel around the area of the toilet, with water pooling around the toilet.	{N 481}		

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{N 481}	Continued From page 6 Second Floor Southeast Bathroom: - The seat to the toilet was broken off and placed behind the toilet. - The paper towel dispenser was empty. A roll of paper towels was placed on a wire shelf next to the sink. Second Floor Staff Bathroom: - There was water pooling around the base of the toilet. Second Floor Common Areas: - There was debris littered across the floor, similar to paper pieces. - A heating vent in the northwest common area was separated from the ceiling, which caused a gap between the vent and the ceiling approximately 3 inches. - There were areas on the carpet by resident bedrooms where the carpet appeared darkened in color, similar to dirt and debris. On 06/29/2026, at 2:00 PM, Surveyor interviewed Operations Manager A and Administrator B. Operations Manager A confirmed the code requirement. Operations Manager A reported s/he was unaware of the broken toilets. Operations Manager A acknowledged Surveyor's concerns.	{N 481}		
N 502	83.46(1)(a) Comfortable and safe temperatures A CBRF shall maintain comfortable and safe temperatures. The CBRF shall provide tempered air at all times to eliminate cold air drafts. The heating system shall be capable of maintaining temperatures of 74º F. in areas occupied by residents.	N 502		

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N 502	Continued From page 7 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a comfortable and safe temperature was maintained. The facility did not maintain a temperature of 74° Fahrenheit (F) in areas occupied by residents. Findings include: On 06/29/2026, at 10:30 AM, Surveyor toured the second floor of the facility and observed the following: At 10:35 AM, the temperature was 80.8° F. At 12:14 PM, the temperature was 81.3 ° F. At 1:40 PM, the temperature was 84.2° F. On 06/29/2026, at 10:35 AM, Surveyor interviewed Resident 3. Resident 3 reported it was hot in her/his bedroom. Resident 3 reported s/he had all of her/his windows open to get a breeze. On 06/29/2026, at 2:00 PM, Surveyor interviewed Operations Manager A and Administrator B. Operations Manager A reported s/he was told the air conditioning (AC) was not working when s/he arrived at the facility. Operations Manager A reported the AC was repaired last month and s/he requested a quote for a new AC unit. Operations Manager A reported the repair company was at the facility earlier and would come back.	N 502		
{N 616}	83.55(6)(a) Bath and toilet areas: water supply.	{N 616}		

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{N 616}	Continued From page 8 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 10 of 10 residents. The hot water in 5 of 5 resident bathrooms ranged from 80.8° Fahrenheit (F) to 88° F. This deficiency is being cited for a third time. See Statement of Deficiency (SOD) DCPK11, dated 12/04/2025, and SOD XDTX18, dated 12/26/2023. Findings include: On 06/29/2026, at 10:20 AM, Surveyors toured the facility. Surveyor tested water temperature in the first-floor shower room. Surveyor allowed the water to run for 10 minutes. The temperature was 80.8° F. Surveyor tested the water temperature in the second-floor bathroom, located on the northwest side of the building. The temperature was 88° F. Surveyors observed the water heater in the basement. The water heater was set to 144° F. On 06/29/2026, at 10:35 AM, Surveyor interviewed Resident 3. Resident 3 reported s/he would like to take a hot shower. Resident 3 reported the water got warm sometimes. On 06/29/2026, at 2:00 PM, Surveyor interviewed Operations Manager A and Administrator B.	{N 616}		

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{N 616}	Continued From page 9 Operations Manager A reported they needed to replace the piping in the shower due to it was switched during installation. When Surveyor inquired if this was for the sinks as well, Operation Manager A reported it was only the shower. When Surveyor reported s/he tested the sinks, Operation Manager A reported s/he would need to look into it.	{N 616}		
Y3100	50.09(1)(f) Resident's Rights In Certain Facilities (f) Physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including, but not limited to: 1. Privacy for visits by spouse or domestic partner. If both spouses or both domestic partners under ch. 770 are residents of the same facility, the spouses or domestic partners shall be permitted to share a room unless medically contraindicated as documented by the resident ' s physician, physician assistant, or advanced practice nurse prescriber in the resident ' s medical record. 2. Privacy concerning health care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly. Persons not directly involved in the resident ' s care shall require the resident ' s permission to authorize their presence. 3. Confidentiality of health and personal records, and the right to approve or refuse their release to any individual outside the facility, except in the case of the resident ' s transfer to another facility or as required by law or 3rd-party payment contracts and except as provided in s. 146.82 (2) and (3).	Y3100		

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Y3100	Continued From page 10	Y3100		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure each resident had the right to not be recorded, filmed, or photographed. Surveillance cameras were placed at the front door which was the designated smoking area. This had the potential to affect 10 of 10 residents.

Findings include:

On 06/08/2026, the Department received a complaint alleging residents were under surveillance.

The facility is a class CNA non-ambulatory community based residential facility licensed to serve up to 23 residents in the areas of advanced age, irreversible dementia/ Alzheimer's, developmentally disabled, emotionally disturbed/ mental illness, and physically disabled.

On 06/29/2026, at 10:15 AM, Surveyor arrived at the facility and observed doorbell camera next to the door, and a camera on the window frame of the second floor, which appeared to be facing the front patio. The patio had chairs and an ashtray. At approximately 1:45 PM, Surveyor viewed the camera footage with Operations Manager A. The doorbell camera detected motion and was not

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Y3100	Continued From page 11 activated by pushing the doorbell. The view from the doorbell camera showed a portion of the front patio. The second-floor camera was offline during the survey. Operations Manager A showed Surveyor footage from 06/23/2026 when the camera was last active. Surveyor was able to view the smoking area. Operations Manager A reported s/he would need to fix the camera. On 06/29/2026, at 2:00 PM, Surveyor interviewed Operations Manager A and Administrator B. Operations Manager A reported s/he thought they could have cameras at entrances. Operations Manager A acknowledged Surveyor's concerns. Operations Manager A reported s/he would not fix the second-floor camera or would face the camera towards the road. Operations Manager A reported s/he would tighten the view of the doorbell camera and see if there was a setting to only record if the doorbell was pressed.	Y3100		