Bayshore Nursing & Rehab

Report ID: CCN 525371
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§ 1 Facility Identity

Facility	Bayshore Nursing & Rehab
CCN	525371
Location	1300 WEST SILVER SPRING DR, GLENDALE, WI, 53209
Ownership type	For profit - Limited Liability company
Certified beds	112

§ 2 CMS Federal Record

Civil money penalties on file	$0
Deficiency citations — current cycle	63 (215% vs prior 24 months (20))
Deficiency citations — prior 24 months	20
Immediate Jeopardy — current cycle	**6**
Actual-harm (G+) citations — current cycle	1
Special Focus Facility status	SFF candidate
Abuse icon	**Yes — CMS abuse icon currently listed**

§ 3 Federal Penalties in Context

This facility — penalties on file	$0
WI state average	$39,833 (this facility is 0.0× the WI average)
National average	$31,239 (this facility is 0.0× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 63 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F835	Administer the facility in a manner that enables it to use its resources effectively and efficiently.	**L · Immediate Jeopardy**	Standard survey
F841	Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility.	**L · Immediate Jeopardy**	Standard survey
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	**J · Immediate Jeopardy**	Complaint
F692	Provide enough food/fluids to maintain a resident's health.	**J · Immediate Jeopardy**	Complaint
F684	Provide appropriate treatment and care according to orders, resident's preferences and goals.	**J · Immediate Jeopardy**	Standard survey
F686	Provide appropriate pressure ulcer care and prevent new ulcers from developing.	**J · Immediate Jeopardy**	Standard survey
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	G	Complaint
F801	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.	F	Complaint
F940	Develop, implement, and/or maintain an effective training program for all new and existing staff members.	F	Complaint
F941	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.	F	Complaint
F942	Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.	F	Complaint
F943	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to	F	Complaint

	report abuse, neglect, and exploitation.		
F944	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.	F	Complaint
F945	Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.	F	Complaint
F946	Provide training in compliance and ethics.	F	Complaint
F947	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.	F	Complaint
F727	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.	F	Standard survey
F812	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.	F	Standard survey
F851	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.	F	Standard survey
F867	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.	F	Standard survey
F880	Provide and implement an infection prevention and control program.	F	Standard survey
F881	Implement a program that monitors antibiotic use.	F	Standard survey
F887	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.	F	Standard survey
F925	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.	F	Standard survey
F946	Provide training in compliance and ethics.	F	Standard survey
F949	Provide behavior health training consistent with the requirements and as determined by a facility	F	Standard survey

	assessment.		
F582	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.	E	Standard survey
F585	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.	E	Standard survey
F641	Ensure each resident receives an accurate assessment.	E	Standard survey
F679	Provide activities to meet all resident's needs.	E	Standard survey
F730	Observe each nurse aide's job performance and give regular training.	E	Standard survey
F756	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.	E	Standard survey
F761	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.	E	Standard survey
F883	Develop and implement policies and procedures for flu and pneumonia vaccinations.	E	Standard survey
F656	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.	E	Complaint
F600	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.	D	Complaint
F657	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.	D	Complaint
F658	Ensure services provided by the nursing facility meet professional standards of quality.	D	Complaint
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to	D	Complaint

	prevent accidents.		
F558	Reasonably accommodate the needs and preferences of each resident.	D	Complaint
F600	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.	D	Complaint
F609	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.	D	Complaint
F609	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.	D	Complaint
F610	Respond appropriately to all alleged violations.	D	Complaint
F684	Provide appropriate treatment and care according to orders, resident’s preferences and goals.	D	Complaint
F697	Provide safe, appropriate pain management for a resident who requires such services.	D	Complaint
F755	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.	D	Complaint
F552	Ensure that residents are fully informed and understand their health status, care and treatments.	D	Standard survey
F576	Ensure residents have reasonable access to and privacy in their use of communication methods.	D	Standard survey
F584	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.	D	Standard survey
F605	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.	D	Standard survey
F628	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.	D	Standard survey
F645	PASARR screening for Mental disorders or Intellectual Disabilities	D	Standard survey

F677	Provide care and assistance to perform activities of daily living for any resident who is unable.	D	Standard survey
F699	Provide care or services that was trauma informed and/or culturally competent.	D	Standard survey
F700	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.	D	Standard survey
F790	Provide routine and 24-hour emergency dental care for each resident.	D	Standard survey
F842	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.	D	Standard survey
F947	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.	D	Standard survey
F609	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.	D	Complaint
F610	Respond appropriately to all alleged violations.	D	Complaint
F732	Post nurse staffing information every day.	C	Complaint
F577	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.	C	Standard survey

§ 5 Ownership & Chain Context

Ownership record	Chain: BEDROCK HEALTHCARE (9 facilities); Owner on file: CHOPP, LYNN (individual)
Ownership chain	BEDROCK HEALTHCARE (9 facilities)
Penalties vs chain average	$0 vs $102,839 (0.0× the chain average)
Current deficiencies vs chain average	63 vs 24.1 (2.6× the chain average)

§ 6 CMS Care Compare Star Ratings

Overall	1 / 5 (state avg 3 · US avg 3)
Health inspection	1 / 5 (state avg 2.8 · US avg 2.8)
Staffing	3 / 5 (state avg 3.7 · US avg 2.9)
Quality measures (QM)	2 / 5 (state avg 3.2 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/525371
Snapshot SHA-256	7cab2fe2210ab997e44299ebefbed2751b8a611044efe62870f691d3356a9e5b
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 525371.
3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash 7cab2fe2210a.
4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).

This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at https://www.caregiverhelpnow.com/methodology; the Snapshot SHA-256 above pins this record to that methodology version.

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