Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015335	A. BUILDING: _____ B. WING _____	R 04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMILTON PARK PLACE	2525 HAMILTON STREET PORTAGE, WI 53901

(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 04/29/2026, Surveyors conducted a verification visit at Hamilton Park Place. One deficiency was identified. The deficiency was a repeat violation. See Statement Of Deficiency (SOD) WHTX11, dated 05/25/2022, SOD WHTX16 dated 07/12/2024, SOD 56CN11 dated 12/10/2025, and SOD 56CN12 dated 03/27/2026. Five of six deficiencies from SOD 56CN12, dated 03/27/2026 were substantially corrected. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 19	{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:	{N 389}		

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

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{N 389}	Continued From page 1 Based on observation, record review and interview, the provider did not ensure: the individual service plan (ISP) was updated when there was a change in residents' needs for 9 of 9 residents reviewed. Resident 1's ISP did not identify use of positioning device or motion sensor pad on his/her bed. Resident 5's, Resident 7's, Resident 9's, Resident 11's, Resident 12's and Resident 13's ISPs did not identify use of positioning devices on their beds. Resident 8's ISP identified s/he used both a repositioning bar and bed railings to assist with repositioning in bed. Resident 10's ISP did not identify s/he slept in recliner chair instead of a bed. This is a repeat deficiency. See Statement Of Deficiency (SOD) WHTX11, dated 05/25/2022, SOD WHTX16 dated 07/12/2024, SOD 56CN11 dated 12/10/2025, and SOD 56CN12 dated 03/27/2026. Findings include: On 04/29/2026 at 9:36 AM while touring facility with Administrator Q and Assistant Administrator R, Surveyors observed: -Positioning assist device and motion sensor pad on Resident 1's bed. -Positioning device on Resident 5's bed -Positioning device on Resident 7's bed -Positioning device on Resident 8's bed -Positioning device on Resident 9's bed -Positioning device on Resident 11's bed -Positioning device on Resident 12's bed -Positioning device on Resident 13's bed Administrator Q stated they no longer allow use of side/bed rails in facility and replaced all	{N 389}		

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{N 389}	Continued From page 2 side/bed rails with positioning devices shortly after 03/20/2026. On 04/29/2026 at 9:52 AM, Surveyors, Administrator Q and Assistant Administrator R toured Resident 10's room. Resident 10 stated s/he always slept in his/her recliner due to chronic back pain. On 04/29/2026 at 10:14 AM, Surveyor interviewed Med Tech S who stated s/he was hired late December 2025. Med Tech S stated Resident 1's motion sensor pad on bed was used whenever Resident 1 was in bed since at least late December 2025, Resident 10 consistently slept in his/her recliner chair since at least late December 2025, and Resident 8's, Resident 9's, Resident 11's and Resident 12's positioning devices on beds were used since at least late December 2025. On 04/29/2026 at 10:41 AM, Surveyors reviewed the 9 resident's assessments and ISP's with Administrator Q and Assistant Administrator R. Example 1- Resident 1 Resident 1 was admitted 09/29/2025. S/he was on hospice service. Assessment dated 04/06/2026 identified need for pull tab and positioning device. ISP dated 04/03/2026: In the area of Side Rails "Side rails on bed to aid in repositioning" The ISP did not identify use of positioning device or motion sensor pad on bed. Example 2- Resident 5 Resident 5 was admitted 01/12/2026. S/he was on hospice service. Assessment dated 04/03/2026 identified need for	{N 389}		

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{N 389}	Continued From page 3 positioning device on bed. ISP dated 04/03/2026: In the area of Bed Rails " ...Obtained order for use of bed rails for safety" In the area of Fall Risk "Does have order for use of bed rails for safety ...Resident is no longer in need of side rails for [his/her] bed ...3/30/26 Side rails have been removed; an assessment will be completed to determine if a positioning bar is beneficial ..." In the area of Positioning "Order obtained for use of bedrails to assist with positioning and safety" The ISP did not identify need use of positioning device on bed. Example 3- Resident 7 Resident was admitted 05/10/2023. S/he was on hospice service. Assessment dated 04/03/2026 identified need for positioning device on bed. ISP dated 04/03/2026: In the area of Fall Risk " ...Based on assessment by RN, resident will be using side rails to help position in bed ..." In the area of Bed Railings "Resident will use bed rails on bed to assist with repositioning." The ISP did not identify need use of positioning device on bed. Example 4-Resident 8 Resident 8 was admitted 05/28/2025. S/he was on hospice service. Assessment dated 04/03/2026 identified need for positioning device on bed. ISP dated 04/09/2026: In the area of Fall Risk "04/01/2026 Resident utilizes a repositioning bar for repositioning in bed ..." In the area of Bed Railings "Resident will use bed railings to assist with repositioning in bed."	{N 389}		

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{N 389}	Continued From page 4 Example 5- Resident 9 Resident 9 was admitted 10/23/2024. S/he was on hospice service. Assessment dated 03/31/2026 did not identify need for/use of positioning device on bed. ISP dated 04/10/2026 In the area of Fall Risk " ...resident is not in need for a side rail to reposition in bed ..." In the area of Side Rails "Resident may have side railings on bed to assist with repositioning." The ISP did not identify need for/use of positioning device on bed. Example 6- Resident 10 Resident 10 was admitted 11/14/2023. Assessment dated 04/01/2026 and ISP dated 04/08/2026 did not identify Resident 10 slept in recliner chair due to chronic back pain. Example 7- Resident 11 Resident 11 was admitted 09/11/2025. S/he was on hospice service. ISP dated 04/02/2026: In the area of Side Rails "May have side railings on bed for assistance with repositioning." The ISP did not identify need for/use of positioning device on bed. Example 8- Resident 12 Resident 12 was admitted 03/22/2025. Assessment dated 04/09/2026 identified need for positioning device on bed. ISP dated 04/03/2026- The ISP did not identify need for/use of positioning device on bed. Example 9- Resident 13 Resident 13 was admitted 06/05/2022. S/he was on hospice service. Assessment dated 04/09/2026 identified need for	{N 389}		

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{N 389}	Continued From page 5 positioning device on bed. ISP (not signed or dated)- The ISP did not identify need for/use of positioning device on bed. On 04/29/2026 at approximately 10:41 AM during review of assessments and ISPs with Administrator Q and Assistant Administrator R, Surveyor asked if the positioning devices were identified on the hospice care plans and Administrator Q stated hospice updated the facility ISPs with their hospice interventions and facility staff followed the facility ISPs not the hospice care plans. When Surveyor asked if the ISPs were reviewed with residents or legal representatives, Administrator A stated because the reviews with residents and legal representatives focused on the assessments, they had not realized the information regarding the positioning devices had not carried over from the assessments to the ISPs. On 04/29/2026 at 11:47 AM, Surveyors discussed concern of ISPs not updated with Administrator Q and Assistant Administrator R. Administrator Q stated they checked the "nonscheduled" box for the positioning devices on the assessments in the electronic medical record. Administrator Q stated if they had checked the "scheduled" box, the software would have automatically carried the positioning devices information onto the ISPs. Administrator Q stated they would correct the ISPs right away.	{N 389}		