

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0015335</b>                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>07/13/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HAMILTON PARK PLACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2525 HAMILTON STREET</b><br><b>PORTAGE, WI 53901</b> |                                                                                                                          |                                                                    |
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| N 000                                                          | <p><b>Initial Comments</b></p> <p>On 07/12/2023, Surveyor conducted 1 complaint investigation.</p> <p>One deficiency was identified.</p> <p>The complaint was substantiated.</p> <p>Census: 23</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | N 000                                                                                            |                                                                                                                          |                                                                    |
| N 396                                                          | <p>83.36(1)(a) Adequate staff to meet resident needs.</p> <p>The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the provider did not ensure adequate staffing to meet resident's needs.<br/>On 06/18/2023, Resident 1 fell and laid on floor 30-45 minutes due to Caregiver C inability to assist Resident 1 off the floor while working alone.</p> <p>Findings include:</p> <p>The facility is licensed as a Class CNA nonambulatory CBRF able to serve up to 32 residents within the client groups of irreversible dementia/Alzheimer's and advanced age. Census on 06/18/2023 was 23.</p> <p>On 06/21/2023, the Department received a complaint regarding staffing.</p> <p>On 07/12/2023, Surveyor conducted an onsite complaint investigation.</p> | N 396                                                                                            |                                                                                                                          |                                                                    |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| N 396                                                          | <p>Continued From page 1</p> <p>On 07/12/2023, Surveyor reviewed Resident 1's record.<br/>Resident 1 was admitted 03/24/2023. Diagnoses included dementia in other diseases classified elsewhere with behavioral disturbance.</p> <p>Incident Report dated 06/18/2023 (summarized):<br/>On 06/18/2023 at 7:05 PM, Resident 1 was in the office with Caregiver C. Resident 1 was sleeping on and off and slid out of his/her wheelchair onto floor. Resident 1 was on his/her right side on the floor. Caregiver C called hospice and emergency medical services. EMT's and hospice nurse arrived to assess. No injuries were sustained.</p> <p>Progress note dated 06/18/2023 11:44 PM<br/>"Incident Report (Fall-Witnessed) created for [Resident 1] ..."</p> <p>Individual Service Plan dated 04/04/2023:<br/>In the area of Fall Risk " ...Caregivers will keep resident in line of site when [s/he] becomes restless ..."</p> <p>On 07/12/2023 at approximately 9:50 AM during phone call with Administrator A, Surveyor requested the 06/18/2023 staff schedule of staff who actually worked (after switches, call-ins and no-shows) from Administrator A.<br/>In the AM section:<br/>Lead Caregiver E was scheduled 6:00 AM - 6:00 PM.<br/>Caregiver J was scheduled 6:00 AM- 2:00 PM.<br/>In the PM section:<br/>Caregiver C was scheduled 2:00 PM - 10:00 PM.<br/>Caregiver F was scheduled 2:00 PM-7:00 PM.<br/>In the NIGHT section:<br/>Caregiver I was scheduled 10 PM - 6 AM.<br/>In the Dietary section:<br/>Dietary D was scheduled 6:00 AM-2:00 PM.</p> | N 396                                                                                            |                                                                                                                          |                                                                    |

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| N 396                                                          | <p>Continued From page 2</p> <p>Assistant Director G, Caregiver H, Caregiver J, and Former Caregiver K were not scheduled to work.</p> <p>On 06/18/2023, no one was scheduled to work 7:00 PM - 10:00 PM with Caregiver C.</p> <p>On 07/12/2023, Surveyor reviewed 06/18/2023 staff schedule and 06/18/2023 timecards for caregivers and Assistant Director F:<br/>Caregiver C punched in at 1:47 PM on 06/18/2023 and out at 4:07 AM on 06/19/2023.<br/>Dietary D punched out at 1:58 PM on 06/18/2023.<br/>Lead Caregiver E punched out at 3:11 PM on 06/18/2023.<br/>Caregiver F punched out at 7:00 PM on 06/18/2023.<br/>Assistant Director G had no punches on 06/18/2023.<br/>Caregiver H punched in at 9:45 PM on 06/18/2023.<br/>Caregiver I punched in at 9:56 PM on 06/18/2023.<br/>Caregiver J punched in at 10:00 PM on 06/18/2023.<br/>There was no timecard for Former Caregiver K.</p> <p>On 06/18/2023, Caregiver C was the only staff punched in from 7:00 PM- 9:45 PM.</p> <p>On 06/27/2023, Surveyor interviewed Visitor L who stated on 06/18/2023 s/he witnessed Caregiver C working alone from 6:00 PM - 10:00 PM after 2nd caregiver left facility at 6:00 PM. Visitor L stated s/he observed Resident 1 had fallen out of wheelchair and laid on floor until EMS and hospice arrived.</p> <p>On 07/12/2023 at 12:17 PM, Surveyor interviewed Assistant Director F who stated on 06/18/2023, Caregiver C had called him/her at</p> | N 396                                                                                            |                                                                                                                          |                                                                    |

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| N 396                                                          | <p>Continued From page 3</p> <p>6:00 PM stating Former Caregiver K had left at 6:00 PM and s/he was working alone. Assistant Director F stated s/he came in and worked 7:00 PM until 10:00 PM when night shift arrived. When Surveyor asked if s/he had punched in, Assistant Director F stated s/he was first told s/he was hourly and then told salaried, so s/he did not know if s/he had punched in or not. Assistant Director F stated s/he did not recall Resident 1 falling on 06/18/2023.</p> <p>On 07/12/2023 at 3:13 PM, Surveyor interviewed Caregiver C who stated on 06/18/2023 s/he worked alone from 6:00 PM until 2:30 AM when Former Caregiver K left the facility at 6:00 PM and night shift did not arrive until 2:30 AM. Caregiver C stated s/he contacted Lead Caregiver E and Assistant Director F at 6:00 PM on 06/18/2023 and reported that Former Caregiver K had left and s/he was working alone. Caregiver C stated due to Resident 1's restlessness, s/he brought Resident 1 into the office to finish up medication pass because the medication room was attached to the office. Caregiver C stated Resident 1 fell out of his/her wheelchair onto the floor at 7:05 PM. Caregiver C stated s/he notified hospice who advised him/her to call emergency medical services [EMS] to assist Resident 1 off the floor since Caregiver C could not get Resident 1 off the floor alone and it would take hospice staff longer to arrive. Caregiver C stated Resident 1 laid on the floor approximately 30-45 minutes from the time s/he fell until EMS arrived, assessed, and lifted him/her off the floor. Caregiver C stated if there had been a 2nd caregiver in the building, s/he and the 2nd caregiver could have assisted Resident 1 off the floor sooner.</p> <p>On 07/13/2023 at 3:00 PM, Surveyor discussed</p> | N 396                                                                                            |                                                                                                                          |                                                                    |

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| N 396                                                          | Continued From page 4<br><br>concern of Caregiver C working alone on<br>06/18/2023 and Resident 1's fall and length of<br>time on floor on 06/18/2023 with Administrator A<br>and Director Of Operations B. Administrator A<br>stated Assistant Director F was on call<br>06/18/2023 and should have gone in to facility<br>when Caregiver C was working alone but had not.<br>When Surveyor questioned the discrepancy<br>between the staff assigned and not assigned to<br>work on 06/18/2023 schedule and the 06/18/2023<br>timecards (including 3 night staff plus Caregiver C<br>working night shift), Administrator A stated<br>Assistant Director F was new to scheduling staff<br>and had made mistakes. | N 396                                                                                            |                                                                                                                          |                                                                    |