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	0015335	A. BUILDING: _____ B. WING _____	R 03/21/2024

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

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{N 000}	Initial Comments On 03/19/2024, with information obtained through 03/21/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a standard licensing survey and verification visit at Hamilton Park Place, a community-based residential facility (CBRF) located in Portage, WI. As a result of the survey, 5 deficiencies were identified. Two deficiencies were repeat deficiencies from previous Statement of Deficiency (SOD) WHTX14, dated 09/27/2023, SOD WHTX13, dated 05/09/2023, SOD WHTX12, dated 12/12/2022, and SOD WHTX11, dated 05/25/2022. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 25	{N 000}		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12.	N 219		

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

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that a background check was completed for 1 of 3 employees at the time of hire.

There was no evidence that a Department of Justice (DOJ) background check and caregiver background check was completed for Caregiver S at the time of his/her hire.

Findings include:

On 03/19/2024, Surveyor conducted a review of 3 employees to verify compliance with background check requirements. Surveyor requested background check records from Administrative Assistant R for Caregiver S.

The background check for Caregiver S, hired 08/08/2023, did not contain evidence of a DOJ background check or integrated background information system (IBIS) caregiver background check.

At approximately 11:55 a.m., Surveyor interviewed Administrative Assistant R. Administrative Assistant R reported s/he would look for Caregiver S's DOJ and IBIS records.

At approximately 12:20 p.m., Surveyor reviewed a DOJ and IBIS check for Caregiver S, provided by Administrative Assistant R. The date for both checks was 03/19/2024 (day of the survey and approximately 7 months after his/her hire). Administrative Assistant R reported that these records were provided electronically from

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N 219	Continued From page 2 Executive Director M. At approximately 12:45 p.m., Surveyor interviewed Administrator H. Administrator H reported that Executive Director M reported to him/her that s/he recalled running a DOJ & IBIS background check for Caregiver S at the time of his/her hire, but did not have any evidence of these checks. Executive Director M acknowledged Surveyor's concern that there was no evidence that a DOJ and IBIS background check was completed for Caregiver S at the time of his/her hire.	N 219		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 3 residents reviewed received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Resident 2 received the incorrect amount of insulin on 24 administrations between 02/01/2024 - 03/19/2024. This is a repeat deficiency. See Statement of Deficiency (SOD) WHTX14, dated 09/27/2023, SOD WHTX13, dated 05/09/2023, SOD	{N 352}		

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{N 352}	Continued From page 3 WHTX12, dated 12/12/2022, and SOD WHTX11, dated 05/25/2022. Findings include: On 03/19/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 08/22/2022 with diagnoses including type 1 diabetes mellitus. Resident 2's prescriptions included the following: - Humalog 100 units/mL KwikPen: 4 units three times daily prior to meals, in addition to the following sliding scale: 200-250 = 2 units 251-350 = 4 units 351-450 = 6 units 401-499 = 8 units >500 = 10 units The order also contained instructions to hold Resident 2's scheduled morning dose of insulin if his/her blood sugar was less than 100. Surveyor reviewed Resident 2's medication administration record (MAR) from 02/01/2024 - 03/19/2024, and observed that staff documented Resident 2's scheduled dose (4 units) and sliding scale dose on separate entries to be signed off on. Within the sliding scale entries, staff recorded the number of sliding scale units administered to Resident 2. Surveyor observed the following 24 discrepancies: - 02/03/2024 (4:58 p.m.): Blood sugar documented as 270 (within parameters for 4 sliding scale units), 2 sliding scale units documented as administered - 02/11/2024 (11:21 a.m.): Blood sugar	{N 352}		

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documented as 338 (within parameters for 8 total units, 4 scheduled + 4 sliding scale), 4 sliding scale units documented as administered. The scheduled dose was documented as held due to "Med not in cart" with the annotation, "Blood sugar was 338."

- 02/14/2024 (7:49 a.m.): Blood sugar documented as 274 (within parameters for 8 total units, 4 scheduled + 4 sliding scale), 4 sliding scale units documented as administered. The scheduled dose was documented as held due to "hold" with the annotation, "Blood sugar was 274."

- 02/14/2024 (11:41 a.m.): Blood sugar documented as 411 (within parameters for 10 total units, 4 scheduled + 6 sliding scale), 6 sliding scale units documented as administered. The scheduled dose was documented as held due to "hold" with the annotation, "Blood sugar was 411."

- 02/14/2024 (4:40 p.m.): Blood sugar documented as 359 (within parameters for 6 sliding scale units), 4 sliding scale units documented as administered

- 02/15/2024 (8:50 a.m.): Blood sugar documented as 285 (within parameters for 8 total units, 4 scheduled + 4 sliding scale), 4 sliding scale units documented as administered. The scheduled dose was documented as held due to "Med not in cart" with the annotation, "Blood sugar was 285."

- 02/15/2024 (11:45 a.m.): Blood sugar documented as 266 (within parameters for 8 total units, 4 scheduled + 4 sliding scale), 4 sliding scale units documented as administered. The scheduled dose was documented as held due to

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{N 352}	Continued From page 5	{N 352}		

"hold" with the annotation, "Blood sugar was 266."

- 02/15/2024 (4:51 p.m.): Blood sugar documented as 187 (within parameters for 4 total units - the scheduled dose only), scheduled dose documented as held due to "Med not in cart" with the annotation, "BS 187."

- 02/16/2024 (11:34 a.m.): Blood sugar documented as 365 (within parameters for 10 total units, 4 scheduled + 6 sliding scale), 6 sliding scale units documented as administered. The scheduled dose was documented as held due to "hold" with the annotation, "Blood sugar was 365 it went up 200 from this morning."

- 02/23/2024 (11:59 a.m.): Blood sugar documented as 254 (within parameters for 8 total units, 4 scheduled + 4 sliding scale), 4 sliding scale units documented as administered. The scheduled dose was documented as held due to "hold" with the annotation, "Blood sugar was 254."

- 02/24/2024 (11:35 a.m.): Blood sugar documented as 284 (within parameters for 8 total units, 4 scheduled + 4 sliding scale), 4 sliding scale units documented as administered. The scheduled dose was documented as held due to "hold" with the annotation, "Blood sugar was 284."

- 02/25/2024 (11:36 a.m.): Blood sugar documented at 11:42 a.m. as 292 (within parameters for 8 total units, 4 scheduled + 4 sliding scale), 4 sliding scale units documented as administered. The scheduled dose was documented as held due to "Med not in cart."

- 03/01/2024 (8:34 a.m.): Blood sugar documented as 222 (within parameters for 6 total units, 4 scheduled + 2 sliding scale), 2 sliding

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{N 352}	Continued From page 6 scale units documented as administered. The scheduled dose was documented as held due to "hold" with the annotation, "Blood sugar was 222." - 03/01/2024 (11:40 a.m.): Blood sugar documented as 224 (within parameters for 6 total units, 4 scheduled + 2 sliding scale), 2 sliding scale units documented as administered. The scheduled dose was documented as held due to "hold" with the annotation, "Blood sugar was 224." - 03/02/2024 (7:51 a.m.): Blood sugar documented as 195 (within parameters for 0 sliding scale units), 2 sliding scale units documented as administered - 03/04/2024 (8:46 a.m.): Blood sugar documented as 248 (within parameters for 6 total units, 4 scheduled + 2 sliding scale), 4 sliding scale units documented as administered. The scheduled dose was documented as held due to "Med not in cart" with the annotation, "Blood sugar was 248." - 03/07/2024 (7:53 a.m.): Blood sugar documented as 322 (within parameters for 8 total units, 4 scheduled + 4 sliding scale), 4 sliding scale units documented as administered. The scheduled dose was documented as held due to "hold" with the annotation, "Resident blood sugar was 322." - 03/09/2024 (11:31 a.m.): Blood sugar documented as 349 (within parameters for 8 total units, 4 scheduled + 4 sliding scale), 4 sliding scale units documented as administered. The scheduled dose was documented as held due to "Med not in cart" with the annotation, "Resident blood sugar was 349."	{N 352}		

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{N 352}	Continued From page 7 - 03/10/2024 (8:41 a.m.): Blood sugar documented as 249 (within parameters for 6 total units, 4 scheduled + 2 sliding scale), 2 sliding scale units documented as administered. The scheduled dose was documented as held due to "hold" with the annotation, "Blood sugar was 249." - 03/10/2024 (11:34 a.m.): Blood sugar documented as 341 (within parameters for 8 total units, 4 scheduled + 4 sliding scale), 4 sliding scale units documented as administered. The scheduled dose was documented as held due to "hold" with the annotation, "Resident blood sugar was 341." - 03/14/2024 (8:21 a.m.): Blood sugar documented as 297 (within parameters for 8 total units, 4 scheduled + 4 sliding scale), 4 sliding scale units documented as administered. The scheduled dose was documented as held due to "hold" with the annotation, "Resident blood sugar was 297." - 03/14/2024 (11:48 a.m.): Blood sugar documented as 213 (within parameters for 6 total units, 4 scheduled + 2 sliding scale), 2 sliding scale units documented as administered. The scheduled dose was documented as held due to "hold" with the annotation, "Resident blood sugar was 213." - 03/18/2024 (8:44 a.m.): Blood sugar documented as 321 (within parameters for 8 total units, 4 scheduled + 4 sliding scale), 4 sliding scale units documented as administered. The scheduled dose was documented as held due to "hold" with the annotation, "Resident blood sugar was 321." - 03/18/2024 (11:40 a.m.): Blood sugar	{N 352}		

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{N 352}	Continued From page 8	{N 352}		

documented as 246 (within parameters for 6 total units, 4 scheduled + 2 sliding scale), 2 sliding scale units documented as administered. The scheduled dose was documented as held due to "hold" with the annotation, "Resident blood sugar was 246."

On 03/19/2024, at approximately 3:00 p.m., Surveyor interviewed Administrator H, Executive Director M, and Nurse P, who is a registered nurse (RN). Surveyor reviewed above entries with all 3. Administrator H and Nurse P confirmed Surveyor's observations that Resident 2 did not appear to be receiving the correct amount of insulin. Administrator H and Nurse P reported they were unsure why staff would be documenting holding Resident 2's scheduled insulin dose during the occurrences when both his/her scheduled dose plus sliding scale units were due. Both reported being unsure why on some of the occurrences staff would document that the insulin pen was not in the cart considering the same pen was used to administer Resident 2's scheduled and sliding scale insulin doses. Administrator H observed that the errors seemed to be occurring from the same staff member, Caregiver V. Executive Director M reported s/he would pull Caregiver V off of medication passing duties until further training was completed. Nurse P reported s/he was aware of a previous time when s/he was reviewing Resident 2's MAR and noticed Caregiver V documenting holding Resident 2's scheduled insulin. Nurse P reported that at that time, s/he spoke with Caregiver V who confirmed with him/her that on that occasion s/he had administered both Resident 2's sliding scale and scheduled insulin doses. Nurse P denied having completed any other follow up monitoring of this concern. Both Administrator H and Nurse P

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{N 352}	Continued From page 9 acknowledged Surveyor's concern that there was no evidence on the above documented occasions that Caregiver V had actually administered Resident 2 his/her scheduled insulin doses despite documenting that s/he had not.	{N 352}		
{N 408}	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the individual service plans (ISPs) for 2 of 2 residents reviewed who were prescribed as needed (PRN) psychotropic medications included the rationale for use and a detailed description of the behaviors indicating the need for their use.	{N 408}		

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{N 408}	Continued From page 10 The ISP for Resident 9, who was prescribed PRN Lorazepam, did not contain a rationale for its use and a detailed description of his/her behaviors indicating the need for its use. The ISP for Resident 10, who was prescribed PRN Olanzapine and PRN Lorazepam, did not contain rationales for their use and detailed descriptions of his/her behaviors indicating the need for their use. This is a repeat deficiency. See Statement of Deficiency (SOD) WHTX14, dated 09/27/2023, and SOD WHTX13, dated 05/09/2023. Findings include: Example 1 - Resident 9 On 03/19/2024, at approximately 2:24 p.m., Surveyor observed the provider's 2 medication carts with Administrative Assistant R. Surveyor observed 1 medication card with a pharmacy label indicating that the card contained 24 Lorazepam 1 mg tablets, prescribed to Resident 9, with instructions to, "Take 1 tablet by mouth in the evening as needed for anxiety." The label indicated that the card was dispensed on 01/01/2024. Twenty-three of 24 tablets were observed in the card, with 1 tablet punched out. A handwritten date of "3/3" and initials were located next to the punched out tablet pack. On 03/19/2024, Surveyor reviewed Resident 9's record. Resident 9 was admitted to the provider on 10/24/2023 with diagnoses including anxiety and depression. Resident 9's current ISP, dated 03/19/2024, did not contain any information about his/her PRN Lorazepam use, but documented the	{N 408}		

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{N 408}	Continued From page 11 following regarding his/her behaviors: - Under the "Behavior/Clinical Conference Call" heading: "Nurse and/or Director to participate in conference calls to review resident status either behavioral and/or clinical concerns and discuss options on how to treat. The call is every 2 weeks and as needed until issue/concern is resolved." - Under the "Attitude" heading: "Resident requires monitoring and cueing to eliminate negative attitude." At approximately 3:00 p.m., Surveyor interviewed Administrator H and Executive Director M. Both acknowledged Surveyor's concern that Resident 9's ISP did not include the rationale for use and detailed descriptions of his/her behaviors indicating the need for his/her PRN Lorazepam, but said nothing further. Example 2 - Resident 10 On 03/19/2024, at approximately 8:30 a.m., Surveyor interviewed Caregiver T. Caregiver T reported Resident 10 sometimes demonstrated aggressive behaviors. Caregiver T reported that Resident 10 sometimes "got into it" regarding arguing with Executive Director M. At approximately 8:45 a.m., Surveyor interviewed Administrative Assistant R. Administrative Assistant R reported that Resident 10 could be physically aggressive with staff. Administrative Assistant R reported that a couple of times Resident 10 has gone out to the facility's parking lot and refused to come back inside. On 03/19/2024, at approximately 2:24 p.m., Surveyor observed the provider's 2 medication	{N 408}		

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{N 408}	Continued From page 12 carts with Administrative Assistant R. Surveyor observed the following medication cards: - 1 card with a pharmacy label indicating that the card contained 30 Olanzapine 2.5 mg tablets, prescribed to Resident 10, with instructions to, "Take 1 tablet by mouth 2 times a day as needed." The label indicated that the card was dispensed on 11/30/2023. All 30 tablets were observed in the card. - 1 card with a pharmacy label indicating that the card contained 30 Lorazepam 1 mg tablets, prescribed to Resident 10, with instructions to, "Take 1 tablet by mouth every 4 hours as needed for agitation." The label indicated that the card was dispensed on 03/04/2024. Twenty-eight of 30 tablets were observed in the card, with 2 tablets punched out. On 03/19/2024, Surveyor reviewed Resident 10's record. Resident 10 was admitted to the provider on 12/01/2023 with diagnoses including anxiety disorder and depression. Resident 10's current ISP, dated 03/19/2024, did not contain any information about his/her PRN Olanzapine and PRN Lorazepam use, but documented the following regarding his/her behaviors: - Under the "Aggressive/Combative" heading: "Resident receives light monitoring and verbal prompting to avoid aggressive/combative episodes." - Under the "Destructive/Abusive" heading: "Monitor and cue resident closely. Assist in any preventative steps to avoid destructive/abuse behaviors. Redirect or contact appropriate provider for more assistance."	{N 408}		

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{N 408}	Continued From page 13 - Under the "Behavioral/Clinical Conference Call" heading: "Nurse and/or Director to participate in conference calls to review resident status either behavioral and/or clinical concerns and discuss options on how to treat. The call is every 2 weeks and as needed until issue/concern is resolved." At approximately 3:00 p.m., Surveyor interviewed Administrator H and Executive Director M. Both acknowledged Surveyor's concern that Resident 10's ISP did not include the rationale for use and detailed descriptions of his/her behaviors indicating the need for either his/her PRN Lorazepam or PRN Olanzapine, but said nothing further.	{N 408}		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the clothes dryer vent tubing for 1 of 2 facility dryers was made of rigid material. Findings include: On 03/19/2024, at approximately 2:16 p.m., Surveyor observed the provider's laundry room with Administrative Assistant R. The left-most dryer was observed to have flexible vent tubing.	N 488		

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 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 488	Continued From page 14 Administrative Assistant R reported s/he was unaware of the regulation requiring the dryer vent tubing to be of rigid material. At approximately 3:30 p.m., Surveyor interviewed Administrator H and Executive Director M. Executive Director M reported that the left dryer was new and staff must have overlooked having rigid dryer vent tubing installed. Executive Director M reported s/he would have maintenance staff address the concern.	N 488		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition of the charge or the conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date	Z 010		

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 03/21/2024

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Z 010	Continued From page 15 on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that every reasonable effort was made to contact the clerk of courts and obtain the criminal complaint and judgment of conviction for Caregiver U's 05/24/2019 conviction of 947.01(1) Disorderly Conduct. Findings include: On 03/19/2024, Surveyor conducted a review of 3 employees to verify compliance with background check requirements. Surveyor requested the background check records for Caregiver U from Administrative Assistant R. The Department of Justice (DOJ) background check for Caregiver U, hired on 10/16/2023, was completed on 10/11/2023. The check showed that Caregiver U was convicted of 947.01(1) Disorderly Conduct on 05/24/2019. There was no other information in Caregiver U's record about the disorderly conduct conviction. At approximately 11:55 a.m., Surveyor interviewed Administrator H, Executive Director M, and Assistant Administrator R. Executive Director M confirmed s/he did not have any other information about Caregiver U's disorderly conduct conviction. Executive Director M reported s/he was unaware of the regulatory requirement	Z 010		

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 03/21/2024

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Z 010	Continued From page 16 to obtain the criminal complaint and judgment of conviction for employees' serious offense convictions.	Z 010		