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-C 11/06/2024

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 11/05/2024, Surveyor conducted 1 verification visit and 3 complaint investigations at Hamilton Park Place. One deficiency was identified. The deficiency was a repeat violation. See Statement Of Deficiency: WHTX11, dated 05/25/2022; WHTX12, dated 12/12/2022; WHTX13, dated 05/09/2023; WHTX14 dated 09/27/2024; and WHTX15 dated 03/21/2024, and WHTX16 dated 07/12/2024. Three of 4 deficiencies from Statement of Deficiency WHTX16, dated 07/12/2024 were substantially corrected. One complaint was substantiated and 2 were unsubstantiated. Census: 18	{N 000}		
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 the resident right to receive all prescribed medications in the dosage and at intervals prescribed by a practitioner when 1 of 2 residents reviewed had not received	N 352		

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

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-C 11/06/2024

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 352	Continued From page 1	N 352		

medication as prescribed by practitioner to treat COVID symptoms.

Resident 2 did not receive his/her AM doses of zinc and guaifenesin on 09/30/2024 when staff had accidently destroyed them at end of cycle.

This is a repeat deficiency. See Statement Of Deficiency: WHTX11, dated 05/25/2022; WHTX12, dated 12/12/2022; WHTX13, dated 05/09/2023; WHTX14 dated 09/27/2024; and WHTX15 dated 03/21/2024, and WHTX16 dated 07/12/2024.

Findings include:

On 10/23/2024, the Department received a complaint regarding medication administration.

On 11/05/2024 and 11/06/2024, Surveyor reviewed Resident 2's record. S/he was admitted 08/22/2022.

Observation Notes:
09/22/2022 6:45 PM- " ...Resident has tested positive to [sic] Covid ..."
09/23/2024 11:45 AM- " ... TC [telephone call] to [family members] to inform them of new MD orders for [Resident 2] for [his/her] covid [sic]. Zinc 25 mg daily with largest meal for 10 days ...and also ([sic] mucinex [sic] 600 mg SR tablet twice daily for 14 days ..."

Physician Orders:
09/23/2024- Zinc 50 MG take one-half tablet (=25 MG) once daily with largest meal for 10 days (start date: 09/23/2024).
09/23/2024- Guaifenesin (Mucinex) ER 600 MG ER 2 tablets twice daily for 14 days (start date 09/23/2024).

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-C 11/06/2024

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 352	Continued From page 2 Medication Administration Record dated 09/01/2024- 10/31/2024. On 09/30/2024 at 8:39 AM, staff coded "2" (medication not in cart) for zinc 50 MG and guaifenesin ER 600 MG. On 11/05/2024 at 12:44 PM, Surveyor interviewed Executive Director M and Assistant Director R. Assistant Director R stated staff accidently destroyed Resident 2's zinc at end of cycle on 09/29/2024, they called pharmacy and received a replacement at 6:40 PM on 09/29/2024, and it was administered on 10/01/2024. On 11/06/2024 at 2:04 PM, Surveyor emailed Executive Director M and Administrator H regarding Resident 2's guaifenesin not administered on 09/30/2024 AM. On 11/06/2024 at 2:29, Executive Director M replied via email " ...Last dose was not in cart on 9/30/24 but replacement was sent and was give [sic] 10/1/24 ..."	N 352		