

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525664</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HAMILTON HEALTH SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1 HAMILTON DR TWO RIVERS, WI 54241</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0607  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</b>  Based on record review and staff interview, the facility did not develop written policies and procedures to screen potential employees that prohibit mistreatment, neglect and abuse of residents for 1 of 9 staff reviewed during the caregiver program compliance check. LPN (Licensed Practical Nurse)-C was hired 7/27/2020. LPN-C did not have a DOJ (Department of Justice) letter or IBIS/DHS (Integrated Background Information System/Department of Health Services) letter on file. Findings include: The facility's Abuse Prevention Program Summary, dated March 2018 indicated before new employees are permitted to work with residents, criminal background checks will be completed. A criminal background check will be conducted on all prospective employees as per the policy. On 9/22/2020, the Surveyor completed a caregiver program compliance check for nine sampled staff employed by the facility. 1. LPN-C was hired on 7/27/2020. On 9/22/2020, the Surveyor requested to review LPN-C's criminal background check. LPN-C's BID (Background Information Disclosure) was completed on 3/20/2020. The facility did not have a DOJ letter or IBIS letter for LPN-C. On 9/22/2020, the facility requested a DOJ letter and IBIS letter for LPN-C. LPN-C was not screened prior to employment. On 9/22/2020 at 12:50 PM, the Surveyor interviewed NHA (Nursing Home Administrator)-A regarding LPN-C's DOJ letter and IBIS letter. NHA-A verified the facility did not have a DOJ letter or IBIS letter for LPN-C, and stated LPN-C slipped through the cracks. I ran the background checks today for LPN-C after the Surveyor requested to review the background check information regarding LPN-C.		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.