

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>08/12/2020</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 0573  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interviews and record review, the facility did not provide access to the medical record for 1 Resident (R) (R1) of 3 sampled residents. R1's Power of Attorney for Healthcare (POAH) agent requested copies of R1's medical record and the facility did not provide a copy. Findings include: Facility provided policy titled Medical Records Request Procedure with effective date December 2017 stated, The HMD/Medical Records assistant completes a Medical Records Request Notification form and emails to (email address at corporate office) along with any required verification documentation .Upon notification by the corporate office, the medical records will be located and reviewed for completion. The regional nurse or another individual will be asked to review the records by the corporate office. They will then be copied and distributed as desired. Copied records are reviewed to ensure two sided copies are completed, pages are legible, and record is intact (all documentation is included as needed) .The receipt for certified mail pick up is to be retained with the resident's medical record . On 8/10/20, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R1 was discharged to a hospital on [DATE] for evaluation and treatment of [REDACTED]. R1 did not return to the facility. Additionally, R1's medical record contained a records request from an attorney's office dated 7/6/20 which stated, Re: (regarding) (R1's name) .Please provide me with a full and complete certified copy of my medical records for May 3, 2010 to present. I specifically request that you provide the record copies in electronic format .please comply with this request within 30 days of your receipt of this letter . and was signed by R1's Power of Attorney for Healthcare (POAH) agent (R1's POAH was activated during R1's hospital stay naming an agent to make medical decisions for R1). On 8/12/20 at 9:50 AM, Surveyor interviewed Medical Records Coordinator (MRC)-C who indicated the facility's process for completing medical records requests included having a form filled out and printing the information from the facility's Electronic Medical Records (EMR) system. MRC-C stated, The turn-around time (for records request completion) varies depending on the size of the request. MRC-C stated request completion time could be anywhere from two to three days up to one month. When questioned specifically about R1's medical records request, MRC-C stated, I remember hearing that name. I think I did that one. MRC-C checked MRC-C's records and indicated that R1's medical records request was received on 7/6/20. MRC-C indicated MRC-C completed the request on 7/16/20 and gave the records to the facility's Business Office Manager (BOM) for mailing on 7/16/20. On 8/12/20 at 10:30 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated the facility had not had a BOM since the previous BOM left employment on 6/22/20. NHA-A stated, I do recall a request from (R1's POAH). I don't remember the dates. I think there was a phone call or a letter. On 8/12/20 at 11:45 AM, Surveyor reviewed with NHA-A a facility provided document titled Timeline which stated, 4/15 letter from (R1's POAH) was received via mail and (NHA-A) scanned and emailed it to corporate. 4/21 corporate request for POA information 4/22 Corporate received activation form but was not the complete document. Request for full POA document. 4/22 authorization given to prepare the medical record at corporate 5/19 (R1's POAH) emailed corporate because (R1's POAH) hadn't received the records 5/19 corporate asked facility if there were any additional documents that weren't in (facility's EMR) 5/20 (MRC-C) sent over some additional documents to corporate Corporate understood that the business office manager was going to send out the information on or around that date NHA-A verified the dates in the form were for the year 2020. NHA-A indicated the request in April was supposed to be sent from the corporate office to R1's POAH via email. NHA-A indicated the facility had no record of what the previous BOM did with the records request on or around 5/20/20. NHA-A indicated being unaware of the records request from the attorney on 7/6/20. On 8/12/20 at 12:20 PM, Surveyor interviewed NHA-A who stated (regarding the July request for medical records), We believe the Activity Director may have taken the box (containing R1's printed medical records) to the post office. NHA-A indicated the Activity Director was unavailable for interview related to a medical leave of absence. NHA-A indicated the facility was unable to locate the box or a certified mail receipt. NHA-A stated, We have no proof it (the box) was sent out at this time but it's not here.</p>		
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.