

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43361</p> <p>Based on staff interview and record review, the facility did not ensure written notification of coverage change and the financial liability for continued stay at the facility was provided when Medicare Part A benefits ended for 2 residents (R) (R26 and R10) of 5 sampled residents.</p> <p>The facility did not provide R26 with an Advanced Beneficiary Notice (ABN) form that contained the daily rate for which R26 was liable if R26 chose to remain in the facility after R26's Medicare Part A benefits ended.</p> <p>The facility did not provide a Notice of Medicare Non-Coverage (NOMNC) form (used to inform Medicare beneficiaries when their covered services are ending and their appeal rights) to R10 when R10's Medicare Part A benefits ended.</p> <p>Findings include:</p> <p>The Centers for Medicare and Medicaid Services (CMS)-10123 form indicates a Notice of Medicare Non-Coverage (NOMNC) form must be delivered at least two calendar days before Medicare-covered services end or the second to last day of service if care is not being provided daily. Note: The two-day advance requirement is not a 48-hour requirement. The provider must ensure the beneficiary or representative signs and dates the NOMNC form to demonstrate the beneficiary or representative received the notice and understands the termination decision can be disputed.</p> <p>The CMS-10055 Skilled Nursing Facility Advanced Beneficiary Notice of Non-Coverage (ABN) form indicates: The ABN provides information to the beneficiary so the beneficiary can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility. The ABN is only issued if the beneficiary intends to continue services and the skilled nursing facility believes the services may not be covered under Medicare.</p> <p>1. Between 9/9/24 and 9/11/24, Surveyor reviewed R26's medical record. R26 was admitted to the facility on [DATE] with a diagnosis of status post reverse arthroplasty of left shoulder. R26 was R26's own person.</p> <p>R26's medical record indicated the following:</p> <p>(continued on next page)</p> |

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.

|   |       |           |
|---|-------|-----------|
| 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:<br><br>525664   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>~ R26 signed a NOMNC form on 7/10/24 that indicated R26's Medicare Part A benefits were ending on 7/12/24.</p> <p>~ R26 remained in the facility after R26's Medicare Part A benefits ended on 7/12/24.</p> <p>~ R26 discharged from the facility on 8/16/24.</p> <p>R26's medical record did not indicate R26 was provided with an ABN form.</p> <p>On 9/11/24 at 1:36 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who could not locate an ABN form for R26. NHA-A indicated R26 should have received an ABN form since R26 remained in the facility after R26's Medicare Part A benefits ended on 7/12/24.</p> <p>48794</p> <p>2. Between 9/9/24 and 9/11/24, Surveyor reviewed R10's medical record. A Recapitulation of Stay, dated 9/3/24, and a progress note, dated 9/3/24, indicated R10 returned from an appointment with Infectious Disease with an order to discontinue R10's intravenous (IV) antibiotics on 9/4/24. A review of the facility's documentation indicated R10's last covered day of Medicare Part A benefits was 9/4/24. R10 discharged from the facility on 9/5/24. The review indicated the end of R10's Medicare Part A benefits was resident-initiated and a NOMNC form was not required. R10's medical record did not indicate termination of R10's Medicare Part A benefits was resident-initiated.</p> <p>On 9/10/24 at 12:21 PM, Surveyor interviewed Director of Rehab (DOR)-D who confirmed DOR-D provided therapy services for R10. DOR-D stated R10 had met all goals for therapy and no longer required Medicare Part A skilled therapy. DOR-D stated IV medication was the only service that prevented R10 from returning home. DOR-D stated when R10's IV antibiotics were discontinued on 9/4/24, R10's Medicare Part A coverage ended and R10 discharged home.</p> <p>On 9/11/24 at 1:10 PM, Surveyor interviewed [NAME] President of Success (VPS)-C who acknowledged termination of R10's Medicare Part A benefits was facility-initiated and R10 should have received a NOMNC form prior to R10's last covered day.</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
|--|--|
| <p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Assess the resident when there is a significant change in condition</p> <p>43361</p> <p>Based on staff interview and record review, the facility did not ensure a Significant Change Minimum Data Set (MDS) assessment was completed for 1 resident (R) (R12) of 12 sampled residents.</p> <p>The facility did not complete a Significant Change MDS assessment when R12 discharged from Hospice services.</p> <p>Findings include:</p> <p>Between 9/9/24 and 9/11/24, Surveyor reviewed R12's medical record. R12 was admitted to the facility on Hospice services on 11/16/23 with diagnoses including diffuse large B-cell lymphoma and encounter for palliative care.</p> <p>R12's medical record indicated:</p> <ul style="list-style-type: none"> <li>~ R12 discharged from Hospice services on 5/12/24.</li> <li>~ The facility completed Quarterly MDS assessments for R12 on 5/24/24 and 8/24/24.</li> </ul> <p>On 9/10/24 at 11:13 AM, Surveyor interviewed Registered Nurse (RN)-E who completed the facility's MDS assessments. RN-E confirmed a Significant Change MDS assessment should have been completed when R12 discharged from Hospice services. RN-E indicated RN-E was able to see that R12 discharged from Hospice services on R12's medical record dashboard and also indicated R12's discharge from Hospice services would have been discussed in a stand-up meeting.</p> <p>On 9/11/24 at 12:34 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated the facility followed the MDS manual for coding. NHA-A indicated R12's MDS assessment should have been coded as a Significant Change MDS assessment after R12 discharged from Hospice services.</p> |

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43361</p> <p>Based on staff interview and record review, the facility did not ensure Minimum Data Set (MDS) assessments were coded correctly for 6 residents (R) (R23, R20, R12, R11, R24, and R13) of 12 sampled residents.</p> <p>R23 had a tracheostomy. R23's MDS assessments, dated 1/23/24, 4/24/24, 7/25/25, 8/27/24, and 9/16/24, did not indicate R23 received tracheostomy care.</p> <p>R12 was discharged from Hospice services on 5/12/24. R12's MDS assessments, dated 5/24/24 and 8/24/24, indicated R12 still received Hospice services.</p> <p>R20 was prescribed antiplatelet medication. R20's MDS assessments, dated 9/25/23, 12/26/23, 3/26/24, 6/26/24, and 8/27/24 did not indicate R20 received antiplatelet medication. In addition, R20 had a Preadmission Screening and Resident Review (PASRR) Level II Screen completed on 10/26/23. R20's MDS assessment, dated 8/27/24, indicated a PASRR Level II Screen was not completed.</p> <p>R11 was prescribed antianxiety medication. R11's MDS assessment, dated 8/14/24, did not indicate R11 received antianxiety medication.</p> <p>R24 had a witnessed fall that resulted in a major injury. R24's MDS assessment, dated 5/15/24, did not indicate R11 had any falls since admission or the prior assessment. In addition, R24 was prescribed antipsychotic and antidepressant medication. R24's MDS assessments, dated 2/13/24, 5/15/24, and 8/15/24, did not indicate R24 received antipsychotic or antidepressant medication.</p> <p>R13 was prescribed antianxiety medication. R13's MDS assessment, dated 7/31/24, did not indicate R13 received antianxiety medication.</p> <p>Findings include:</p> <p>1. Between 9/9/24 and 9/1/24, Surveyor reviewed R23's medical record. R23 was admitted to the facility on [DATE] and had diagnoses including encounter for attention to tracheostomy and quadriplegia. R23's medical record contained order for tracheostomy care.</p> <p>On 9/9/24 at 11:36 AM, Surveyor interviewed R23 and noted R23 had a tracheostomy and tracheostomy supplies next to R23's bed. R23 indicated staff suctioned R23 as needed.</p> <p>R23's MDS assessments, dated 1/23/24, 4/24/24, 7/25/25, 8/27/24, and 9/16/24, indicated R23 did not receive tracheostomy care.</p> <p>On 9/10/24 at 11:13 AM, Surveyor interviewed Registered Nurse (RN)-E who completed MDS assessments for the facility. RN-E confirmed R23's MDS assessments should have been coded to indicate R23 received tracheostomy care.</p> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>2. Between 9/9/24 and 9/11/24, Surveyor reviewed R12's medical record. R12 was admitted to the facility on Hospice services on 11/16/23 with diagnoses including diffuse large B-cell lymphoma and encounter for palliative care. R12 was discharged from Hospice services on 5/12/24.</p> <p>R12's MDS assessments, dated 5/24/24 and 8/24/24, indicated R12 still received Hospice services.</p> <p>On 9/10/24 at 11:13 AM, Surveyor interviewed RN-E who confirmed R12's MDS assessments, dated 5/24/24 and 8/24/24, should have been coded to indicate R12 no longer received Hospice services</p> <p>3. Between 9/9/24 and 9/11/24, Surveyor reviewed R20's medical record. R20 was admitted to the facility on [DATE] and had diagnoses including Parkinson's disease, bipolar disorder, anxiety disorder, and venous insufficiency.</p> <p>R20's medical record indicated:</p> <p>~ R20 was prescribed antipsychotic and antidepressant medication for bipolar disorder and had a Level II PASRR</p> <p>Screen completed on 10/26/23.</p> <p>~ R20 was prescribed clopidogrel bisulfate (an antiplatelet medication) for peripheral vascular angioplasty status with</p> <p>implants and grafts.</p> <p>R20's MDS assessment, dated 8/27/24, indicated R20 was not evaluated by a Level II PASRR Screen and determined to have a serious mental illness and/or mental retardation or a related condition.</p> <p>R20's MDS assessments, dated 9/25/23, 12/26/23, 3/26/24, 6/26/24, and 8/27/24 indicated R20 received anticoagulant medication instead of antiplatelet medication.</p> <p>On 9/10/24 at 11:13 AM, Surveyor interviewed RN-E who confirmed R20's MDS assessments should have been coded to indicate a PASRR Level II screen was completed and R20 received antiplatelet medication.</p> <p>On 9/11/24 at 12:34 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated the facility followed the MDS manual for coding and NHA-A expected MDS assessments to be coded correctly.</p> <p>48794</p> <p>4. Between 9/9/24 and 9/11/24. Surveyor reviewed R11's medical record. R11 was admitted to the facility on [DATE] and had diagnoses including Parkinson's disease without dyskinesia, schizoaffective disorder, bipolar disorder, insomnia, anxiety disorder, and epilepsy.</p> <p>R11's medical record contained a physician order for lorazepam (an antianxiety medication).</p> <p>R11's MDS assessment, dated 8/14/24, did not indicate R11 received antianxiety medication.</p> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>On 9/11/24 at 12:40 PM, Surveyor interviewed RN-E who confirmed R11's MDS assessment should have been coded to indicate R11 received antianxiety medication.</p> <p>5. Between 9/9/24 and 9/11/24, Surveyor reviewed R24's medical record. R24 was admitted to the facility on [DATE] and has diagnoses including dementia, Parkinson's disease, metabolic encephalopathy, neuroleptic induced parkinsonism, adverse effect of antipsychotic medication, and bipolar disorder. R24 had an activated Power of Attorney for Healthcare (POAHC).</p> <p>On 9/9/24 at 11:15 AM, Surveyor interviewed R24 and R24's POAHC who indicated R24 had a fall in the facility and sustained a fractured nose.</p> <p>R24's medical record indicated R24 had a witnessed fall on 2/27/24 and was transferred to the hospital. R24 was diagnosed with a closed fracture of the nasal bone, nose laceration, and scalp contusion.</p> <p>R24's MDS assessment, dated 5/15/24, indicated R24 did not have any falls since admission or the prior assessment.</p> <p>On 9/11/24 at 12:40 PM, Surveyor interviewed RN-E who confirmed R24's MDS assessment should have been coded to indicate R24 had a fall with major injury.</p> <p>R24's medical record contained physician orders for duloxetine (an antidepressant medication) and lithium carbonate (an antipsychotic medication) with start dates of 2/7/24.</p> <p>Surveyor reviewed R24's MDS assessments, dated 2/13/24, 5/15/24, and 8/15/24 and noted the following:</p> <ul style="list-style-type: none"> <li>~ R24's MDS assessment, dated 2/13/24, did not indicate R24 was prescribed antipsychotic medication.</li> <li>~ R24's MDS assessment, dated 5/15/24, did not indicate R24 was prescribed antidepressant medication.</li> <li>~ R24's MDS assessment, dated 8/15/24, did not indicate R24 was prescribed antipsychotic medication.</li> </ul> <p>On 9/11/24 at 12:47 PM, Surveyor interviewed RN-E who confirmed R24's MDS assessments should have been coded to indicate R24 received antipsychotic and antidepressant medication.</p> <p>38793</p> <p>6. Between 9/9/24 and 9/11/24, Surveyor reviewed R13's medical record. R13 was admitted to the facility on [DATE] and had diagnoses including post-traumatic stress disorder (PTSD) and anxiety.</p> <p>R13's medical record contained physician orders for clonazepam 1 mg (milligram) daily for anxiety (beginning 6/13/24) and buspirone HCl (hydrochloride) 5 mg three times daily for anxiety (beginning 5/21/24).</p> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|---|---|
| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>R13's MDS assessment, dated 7/31/24, did not indicate R13 received antianxiety medication.</p> <p>On 9/11/24 at 11:34 AM, Surveyor interviewed RN-E who confirmed R13's MDS assessment should have been coded to indicate R13 received antianxiety medication.</p> |

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48794</b></p> <p>Based on staff and resident interview and record review, the facility did not ensure 1 resident (R) (R11) of 1 resident received the necessary care and services to prevent and monitor weight loss or gain.</p> <p>Staff did not notify R11's physician of a significant weight gain and did not follow the physician's order for weight monitoring.</p> <p>Findings include:</p> <p>The facility's Weight Monitoring policy, dated 12/21/22, indicates: The Interdisciplinary Team (IDT) will strive to prevent, monitor, and intervene for undesirable weight changes for residents .1. The nursing staff will measure a resident's weight on admission, the next 2 days, and weekly for 3 additional weeks thereafter .3. Weights will be recorded in the resident's electronic health record .6. Any weight change of 5 pounds or more since the last weight assessment will be retaken for confirmation .8. The threshold for significant weight change will be based on the following criteria, a. 1 month - 5% weight change is significant; greater than 5% is severe; b. 3 months - 7.5% weight change is significant; greater than 7.5% is severe; c. 6 months - 10% weight change is significant; greater than 10% is severe .10. The nursing staff will notify the individual or responsible party, physician, and Registered Dietitian (RD) or designee of any individual with an unintended significant weight change.</p> <p>On 9/11/24, Surveyor reviewed R11's medical record. R11 was admitted to the facility on [DATE] and had diagnoses including Parkinson's disease without dyskinesia, schizoaffective disorder, bipolar disorder, insomnia, anxiety disorder, and epilepsy. R11's Minimum Data Set (MDS) assessment, dated 8/27/24, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R11 had intact cognition. R11 had an activated Power of Attorney for Healthcare (POAHC).</p> <p>Surveyor reviewed R11's weights and noted the following:</p> <ul style="list-style-type: none"> <li>~ On 8/22/24, R11 weighed 342.6 pounds (lbs)</li> <li>~ On 8/21/24, R11 weighed 348.0 lbs</li> <li>~ On 8/10/24, R11 weighed 344.0 lbs</li> <li>~ On 8/2/24, R11 weighed 343.2 lbs</li> <li>~ On 7/26/24, R11 weighed 346.8 lbs</li> <li>~ On 7/24/24, R11 weighed 327.5 lbs</li> <li>~ On 7/8/24, R11 weighed 317.9 lbs</li> <li>~ On 6/15/24, R11 weighed 309.5 lbs</li> </ul> <p>(continued on next page)</p> |  |  |

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>~ On 6/10/24, R11 weighed 309.5 lbs</p> <p>~ On 6/8/24, R11 weighed 307.3 lbs</p> <p>~ On 5/25/24, R11 weighed 289.9 lbs</p> <p>~ On 5/18/24, R11 weighed 289.9 lbs</p> <p>~ On 5/11/24, R11 weighed 289.9 lbs</p> <p>~ On 5/7/24, R11 weighed 290.0 lbs</p> <p>~ On 4/15/24, R11 weighed 287.9 lbs</p> <p>~ On 4/11/24, R11 weighed 289.2 lbs</p> <p>~ On 3/2/24, R11 weighed 255.3 lbs</p> <p>~ On 2/22/24, R11 weighed 281.2 lbs</p> <p>~ On 2/20/24, R11 weighed 277.0 lbs</p> <p>~ On 2/19/24, R11 weighed 278.2 lbs</p> <p>~ On 2/14/24, R11 weighed 287.0 lbs</p> <p>~ On 2/10/24, R11 weighed 253.0 lbs</p> <p>~ On 2/8/24, R11 weighed 253.3 lbs</p> <p>~ On 2/7/24, R11 weighed 246.6 lbs</p> <p>Per the facility's policy, the above weights indicated R11 had a severe weight change of 38.93% from 2/7/24 to 8/22/24.</p> <p>A progress note, dated 2/23/24, indicated R11 gained 34 pounds since admission. The progress note indicated R11 had diagnoses including schizoaffective disorder, Parkinson's disease, and bipolar disorder and was prescribed antipsychotic medication which may affect R11's appetite and ability to make sound decisions. R11's physician was updated. No new orders were received.</p> <p>On 2/24/24, R11's physician was notified of R11's weight gain. No new orders were received.</p> <p>A nutrition and dietary progress note, dated 4/30/24, indicated R11's weight was up 41 pounds (16%) in 3 months. The progress note indicated R11 received antidepressant and antipsychotic medication which affected R11's appetite and weight status.</p> <p>A Nutritional Assessment, dated 5/14/24, indicated R11 had a significant weight gain of 13% due to excessive intake and schizoaffective disorder. No new recommendations were made by the RD.</p> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>A weight note, dated 6/14/24, indicated R11 had a 6% weight gain in 1 month and a 7.5% weight gain in 3 months. No new nutrition interventions were noted.</p> <p>On 6/24/24, R11's Advance Practice Nurse Practitioner (APNP) was notified. No new orders were received.</p> <p>A weight note, dated 7/15/24, indicated R11 had a weight gain of 9% in 3 months. The note indicated R11's mood stabilizer medication may affect R11's appetite and meal intake. No new nutritional interventions were noted.</p> <p>An RD weight review, dated 8/8/24, indicated R11 gained 96 pounds (a 38% weight gain) in 6 months. R11 was on a mood stabilizer medication known to increase appetite and lead to weight gain. No new nutritional interventions were noted.</p> <p>A nutrition note, dated 8/8/24, indicated R11's medication side effects were reviewed by the IDT and R11 was scheduled for a neurology appointment the following week.</p> <p>On 8/14/24, R11 was admitted to the hospital due to a change in condition. R11 returned to the facility on [DATE].</p> <p>R11's medical record did not contain any additional weights after R11's readmission weight on 8/22/24. A physician order stated to obtain R11's weight on admission, daily x 2, weekly x 3, and then monthly and obtain a re-weight if R11's weight changed 5 pounds since the last weight.</p> <p>On 9/11/24 at 1:10 PM, Surveyor interviewed [NAME] President of Success (VPS)-C who acknowledged the facility did not have documentation that indicated R11's physician was aware of R11's significant weight gain. VPS-C stated due to R11's hospitalization , R11's neurology appointment was canceled and staff were not able to reschedule the appointment until October. VPS-C acknowledged further notification to R11's physician should be noted in R11's medical record. VPS-C indicated staff should have followed R11's physician order for weights following R11's return from the hospital.</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43361</p> <p>Based on staff interview and record review, the facility did not ensure pharmacy recommendation reports were acknowledge by a physician for 4 residents (R) (R20, R13, R17, and R11) of 5 sampled residents.</p> <p>Three of 6 pharmacy recommendations for R20 were not acknowledged by a physician.</p> <p>Three of 9 pharmacy recommendations for R13 were not acknowledged by a physician.</p> <p>Three of 6 pharmacy recommendations for R17 were not acknowledged by a physician.</p> <p>R11's monthly pharmacy reviews were not consistently completed for the last 7 months.</p> <p>Findings include:</p> <p>1. Between 9/9/24 and 9/11/24, Surveyor reviewed R20's medical record. R20 was admitted to the facility on [DATE] and had diagnoses including Parkinson's disease and bipolar disorder.</p> <p>R20 was prescribed the following medications:</p> <ul style="list-style-type: none"> <li>~ Ziprasidone 80 milligrams (mg) (an antipsychotic medication) 2 capsules once daily for bipolar disorder</li> <li>~ Olanzapine 15 mg (an antipsychotic medication) 2 tablets by mouth once daily for bipolar disorder</li> <li>~ Duloxetine 60 mg (an antidepressant medication) 2 capsules once daily for depression related to bipolar disorder</li> <li>~ Lamotrigine 100 mg (an anticonvulsant medication) once daily for bipolar disorder</li> <li>~ Ropinirole for Parkinson's disease</li> </ul> <p>Between 4/1/24 and 4/30/24, R20's medications were reviewed by pharmacy. The pharmacy recommendations noted in R20's progress notes were: olanzapine and ziprasidone use, olanzapine dose, ropinirole dose, ropinirole and olanzapine use, Lamictal (lamotrigine) and ziprasidone and olanzapine and duloxetine monitoring</p> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>On 6/20/24, a pharmacy recommendation for R20 indicated: duloxetine HCL (hydrochloride) delayed release particles 60 mg give 2 capsules by mouth one time a day for depression related to bipolar disorder. Compliance with the requirement to perform a gradual dose reduction (GDR) may be met, if within the first year in which a resident is admitted on a psychotropic drug or after the prescribing practitioner has initiated a psychotropic drug, a facility attempts a GDR in two separate quarters (with greater than one month between the attempts), unless contraindicated. Recommendation: Trial gradual dose reduction or the continued use is in accordance with relevant current standards of practice. Please document resident specific clinical rationale for why an attempted dose reduction would be likely to impair the resident's function or exacerbate an underlying medical or psychiatric disorder:</p> <p>Between 7/1/24 and 7/30/24, R20's medications were reviewed by pharmacy. The pharmacy noted: duloxetine HCL delayed release particles 60 mg give 2 capsules by mouth one time a day for depression related to bipolar disorder. Compliance with the requirement to perform a GDR may be met, if within the first year in which a resident is admitted on a psychotropic drug or after the prescribing practitioner has initiated a psychotropic drug, a facility attempts a GDR in two separate quarters (with greater than one month between the attempts), unless contraindicated. Recommendation: Trial gradual dose reduction or the continued use is in accordance with relevant current standards of practice. Please document resident specific clinical rationale for why an attempted dose reduction would be likely to impair the resident's function or exacerbate an underlying medical or psychiatric disorder:</p> <p>On 9/11/24 at 9:58 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who provided a paper that indicated R20 had a pharmacy review in April and there were no recommendations. When Surveyor showed NHA-A the progress note in which pharmacy stated there were recommendations, NHA-A indicated NHA-A was not aware of the note and did not have proof of follow-up for the recommendations. NHA-A also indicated there was no follow-up for R20's June and July 2024 pharmacy recommendations and indicated the facility did not have a good process in place with the changeover in administration.</p> <p>38793</p> <p>2. Between 9/9/24 and 9/11/24, Surveyor reviewed R13's medial record. R13 was admitted to the facility on [DATE] and had diagnoses including type 2 diabetes, hypertension, dementia, post-traumatic stress disorder (PTSD), depression, and anxiety.</p> <p>Surveyor reviewed R13's monthly pharmacy recommendations from October 2023 to the present.</p> <p>A monthly pharmacy review, dated 11/22/23, indicated the pharmacist made a recommendation to address R13's chlorhexidine administration, warfarin monitoring, Levemir and metformin monitoring, and Zoloft and trazodone monitoring. The facility was unable to provide a physician's response to the recommendation.</p> <p>A monthly pharmacy review, dated 12/29/23, indicated the pharmacist made a recommendation to address R13's as needed (PRN) diazepam use. The facility was unable to provide a physician's response to the recommendation.</p> <p>A monthly pharmacy review, dated 2/27/24, indicated the pharmacist made a recommendation to address R13's sucralfate use. The facility was unable to provide a physician's response to the recommendation.</p> <p>(continued on next page)</p> |  |  |

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>On 9/11/24 at 10:14 AM, Surveyor interviewed NHA-A regarding R13's pharmacy recommendations. NHA-A was unable to provide proof of follow-up for the recommendations.</p> <p>3. Between 9/9/24 and 9/11/24, Surveyor reviewed R17's medical record. R17 was admitted to the facility on [DATE] and had diagnoses including type 2 diabetes, hypertension, dementia, atrial fibrillation, and congestive heart failure (CHF).</p> <p>Surveyor reviewed R17's monthly pharmacy recommendations from October 2023 to the present.</p> <p>A monthly pharmacy review, dated 12/29/23, indicated the pharmacist made a recommendation to complete a dose reduction for sertraline (an antidepressant medication). The facility was unable to provide a physician's response to the recommendation. In addition, R17's medical record indicated a dose reduction for sertraline was not completed until 3/1/24.</p> <p>A monthly pharmacy review, dated 1/24/24, indicated the pharmacist made a recommendation to discontinue lovastatin due to no appropriate diagnosis. The facility was unable to provide a physician's response to the recommendation.</p> <p>A monthly pharmacy review, dated 6/17/24, indicated the pharmacist made a recommendation to see the Consultant Pharmacy Report. The facility was unable to provide the Consultant Pharmacy Report and was unsure what recommendation was made by the pharmacist on 6/17/24.</p> <p>A monthly pharmacy review, dated 7/29/24, indicated the pharmacist made a recommendation to decrease pantoprazole to every other day for two weeks and then discontinue the medication due to the risk of side effects. A Nurse Practitioner (NP) responded, Agree 8/2/24, monitor for symptoms. R17's medical record indicated R17 still received pantoprazole twice daily as of 9/10/24.</p> <p>On 9/11/24 at 10:14 AM, Surveyor interviewed NHA-A regarding R17's pharmacy recommendations. NHA-A was unable to provide proof of follow-up R17's recommendations. NHA-A verified R17 still received pantoprazole despite the pharmacy recommendation and NP's response to discontinue the medication.</p> <p>48794</p> <p>4. Between 9/9/24 and 9/11/24, Surveyor reviewed R11's medical record. R11 was admitted to the facility on [DATE] and had diagnoses including Parkinson's disease without dyskinesia, schizoaffective disorder, bipolar disorder, insomnia, anxiety disorder, and epilepsy.</p> <p>R11's medical record indicated R11 was prescribed the following medications:</p> <ul style="list-style-type: none"> <li>~ Prochlorperazine 10 mg (an antipsychotic medication) as needed for nausea</li> <li>~ Seroquel (an antipsychotic medication) for schizoaffective disorder</li> <li>~ Cariprazine 3 mg (an antipsychotic medication) for schizoaffective disorder</li> <li>~ Abilify 15 mg (an antipsychotic medication) for schizoaffective disorder</li> <li>~ Lorazepam 0.5 mg (an antianxiety medication) as needed for anxiety related to bipolar disorder</li> </ul> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|---|---|
| <p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>~ Sertraline 50 mg for bipolar disorder</p> <p>Surveyor requested R11's pharmacy medication reviews from February 2024 to the present. The facility was only able to provide pharmacy recommendation reviews for February 2024 and June 2024.</p> <p>On 9/11/24 at 10:02 AM, Surveyor interviewed [NAME] President of Success (VPS)-C who acknowledged the facility did not have a process in place for pharmacy reviews, physician reviews of pharmacy recommendations, gradual dose reductions, or behavior management. VPS-C indicated R11 should have had monthly pharmacy reviews for the 7 months R11 resided in the facility.</p> |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43361</p> <p>Based on staff interview and record review, the facility did not monitor for adverse reactions of a high-risk medication for 1 resident (R) (R20) of 5 residents reviewed for unnecessary medications.</p> <p>R20 was prescribed lamotrigine (an anticonvulsant medication). The facility did not monitor for adverse reactions or side effects of the high-risk medication.</p> <p>Findings include:</p> <p>Per medlineplus.gov, potential side effects for lamotrigine include: loss of balance or coordination, double vision, blurred vision, uncontrollable movements of the eyes, difficulty thinking or concentrating, difficulty speaking, headache, drowsiness, dizziness, diarrhea, constipation, loss of appetite, weight loss, nausea, vomiting, and uncontrollable shaking of a part of the body. Some side effects can be serious such as swelling of the face, throat, tongue, lips, and eyes, difficulty swallowing or breathing, hoarseness, seizures, stiff neck, sensitivity to light, unusual bleeding or bruising, rash, swollen lymph nodes, yellowing of the skin or eyes, painful or bloody urination, trouble walking, racing heartbeat, skipped or slow heartbeat, or shortness of breath.</p> <p>On 9/10/24, Surveyor reviewed R20's medical record. R20 was admitted to the facility on [DATE] and had a diagnosis of bipolar disorder.</p> <p>R20's medical record indicated R20 was prescribed 100 milligrams of lamotrigine once daily for bipolar disorder. R20's medical record did not indicate R20 was monitored for adverse reactions of side effects of lamotrigine.</p> <p>On 9/10/24, Surveyor requested to see monitoring for R20's lamotrigine.</p> <p>On 9/11/24 at 8:49 AM, Surveyor noted monitoring for adverse reactions/side effects of lamotrigine was added to R20's plan of care.</p> <p>On 9/11/24 at 12:34 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who confirmed there was no prior monitoring in place for R20's anticonvulsant medication. NHA-A indicated the facility was not aware adverse reaction/side effect monitoring should be completed for anticonvulsant medication if the medication was prescribed for off-label use.</p> |  |  |

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48794</p> <p>Based on staff interview and record review, the facility did not ensure 2 residents (R) (R11 and R24) of 5 sampled residents were monitored for adverse consequences of an antipsychotic medication.</p> <p>R11 was prescribed aripiprazole (an antipsychotic medication) for schizoaffective disorder. The facility did not complete an Abnormal Involuntary Movement Scale (AIMS) (a rating scale that helps identify and monitor side effects of antipsychotic medications) when R11 admitted to the facility on antipsychotic medication.</p> <p>R24 was prescribed lithium carbonate (an antipsychotic medication) for bipolar disorder. The facility did not complete an AIMS or implement monitoring for adverse reactions to the antipsychotic medication.</p> <p>Findings include:</p> <p>The facility's Psychotropic Medications policy, dated 10/24/22, indicates: Residents should not receive psychotropic drugs unless the medication is necessary to treat specific conditions as diagnosed and documented in the clinical record and the medication is beneficial to the resident as demonstrated by monitoring and documentation of the resident's response to the medication .8. Residents who receive an antipsychotic medication will have an AIMS test performed on admission, at least every 6 months, when the antipsychotic medication is changed, and as necessary .12. The effects of psychotropic medications on a resident's physical, mental, and psychosocial well-being will be evaluated on an ongoing basis, such as .b. During the pharmacist's monthly medication regimen review .d. In accordance with nurse assessments and medication monitoring parameters consistent with clinical standards of practice, manufacturer's specifications, and the resident's comprehensive care plan.</p> <p>1. On 9/10/24, Surveyor reviewed R11's medical record. R11 was admitted to the facility on [DATE] and had diagnoses including Parkinson's disease without dyskinesia, schizoaffective disorder, bipolar disorder, insomnia, anxiety disorder, and epilepsy. R11's Minimum Data Set (MDS) assessment, dated 8/27/24, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R11 had intact cognition. R11 had an activated Power of Attorney for Healthcare (POAHC).</p> <p>R11's medical record contained physician orders for the following antipsychotic medications:</p> <ul style="list-style-type: none"> <li>~ Prochlorperazine maleate oral tablet 10 mg (milligrams) as needed for nausea</li> <li>~ Quetiapine fumarate oral tablet 25 mg daily for schizoaffective disorder</li> <li>~ Quetiapine fumarate oral tablet 100 gm give 1.5 tablet by mouth once daily for schizoaffective disorder</li> <li>~ Quetiapine fumarate oral tablet 300 mg give 150 mg by mouth once daily for schizoaffective disorder</li> </ul> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>~ Cariprazine HCl (hydrochloride) oral capsule 3 mg give 3 daily for schizoaffective disorder and bipolar disorder</p> <p>~ Aripiprazole oral tablet 15 mg daily for schizoaffective disorder</p> <p>R11's quetiapine order had an original start date of 2/8/24. R11's aripiprazole order had an original start date of 5/31/24. R11's medical record contained an AIMS completed on 6/24/24. R11's medical record did not indicate an AIMS was completed upon R11's admission to the facility, when changes were made to R11's antipsychotic medication, or when R11 was prescribed an additional antipsychotic medication.</p> <p>On 9/11/24 at 1:10 PM, Surveyor interviewed [NAME] President of Success (VPS)-C who confirmed an AIMS was not completed upon R11's admission to the facility or with changes or additions to R11's antipsychotic medication. VSP-C stated the facility identified concerns with their process and confirmed corrections had not yet been implemented.</p> <p>2. On 9/10/24, Surveyor reviewed R24's medical record. R24 was admitted to the facility on [DATE] and had diagnoses including dementia, Parkinson's disease, neuroleptic induced parkinsonism, adverse effect of antipsychotic medication, metabolic encephalopathy, and bipolar disorder. R24's MDS assessment, dated 8/15/24, had a BIMS score of 7 out of 15 which indicated R24 had severe cognitive impairment. R24 had an activated POAHC.</p> <p>R24's medical record contained a physician order for lithium carbonate 600 mg daily for bipolar disorder with a start date of 2/7/24. R24's medical record did not contain an AIMS or adverse side effect monitoring for antipsychotic medication.</p> <p>On 9/11/24 at 9:25 AM, Surveyor interviewed VPS-C who confirmed the facility did not complete an AIMS for R24 or implement adverse side effect monitoring for antipsychotic medication which should have been initiated upon admission.</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38793</p> <p>Based on observation, staff interview, and record review, the facility did not ensure it was free of a medication error rate of 5% or greater. During medication administration observations, 3 errors occurred during 25 opportunities which resulted in a 12% medication error rate that affected 1 resident (R) (R14) of 4 residents observed during medication administration.</p> <p>On 9/9/24, R14 was administered three medications in the wrong form per the manufacturer's instructions.</p> <p>Findings include:</p> <p>The facility's Medication Administration policy, revised January 2024, indicates: If it is safe to do so, medication tablets may be crushed or capsules emptied using the following guidelines and with a specific order from the prescriber: Long acting, extended release, or enteric coated dosage forms should generally not be crushed; an alternative should be sought.</p> <p>On 9/9/24, Surveyor reviewed R14's medical record. R14 was admitted to the facility on [DATE] with diagnoses including cancer, hypertension, chronic kidney disease, dementia, and asthma. R14's most recent Minimum Data Set (MDS) assessment, dated 8/20/24, stated R14's Brief Interview for Mental Status (BIMS) score was 13 out of 15 which indicated R14 had intact cognition.</p> <p>On 9/9/24 at 9:04 AM, Surveyor observed Licensed Practical Nurse (LPN)-F prepare and administer R14's AM medication.</p> <p>On 9/9/24 at 9:07 AM, Surveyor observed LPN-F crush all of R14's medications, including a 600 mg (milligram) guaifenesin extended release (ER) tablet, a 20 mEq (milliequivalents) potassium chloride extended release tablet, and a 20 mg omeprazole delayed release (DR) capsule.</p> <p>On 9/9/24 at 9:08 AM, Surveyor observed a bubble pack that contained R14's potassium chloride ER. The bubble pack contained a sticker that stated Do Not Crush/Chew.</p> <p>On 9/9/24 at 9:09 AM, Surveyor interviewed LPN-F who verified LPN-F crushed all of R14's medications and mixed them in applesauce. LPN-F was not aware of any of R14's medications that could not be crushed.</p> <p>On 9/9/24 at 9:43 AM, Surveyor observed the manufacturer's package that contained R14's omeprazole DR. The manufacturer's instructions indicated not to crush or chew the medication.</p> <p>On 9/9/24 at 9:51 AM, Surveyor observed the manufacturer's instructions for guaifenesin ER which stated not to crush or chew the medication.</p> <p>Surveyor noted a physician order for R14, dated 2/22/24, that stated, May crush all medications permissible by manufacturer.</p> <p>(continued on next page)</p> |  |  |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                   |
|--|---|
| <p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 9/9/24 at 11:13 AM, Surveyor interviewed Director of Nursing (DON)-B who verified extended and delayed release medications should not be crushed.</p> |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>525664   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>09/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hamilton Health Services   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1 Hamilton Dr<br>Two Rivers, WI 54241 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48794</p> <p>Based on staff interview and record review, the facility did not ensure 1 resident (R) (R13) of 5 sampled residents was offered a pneumococcal vaccine.</p> <p>R13's medical record did not contain documentation that R13 was offered a pneumococcal vaccine.</p> <p>Findings include:</p> <p>The facility's Pneumococcal Vaccine (Series) policy, dated 1/11/24, indicates: It is the policy of the facility to offer residents immunization against pneumococcal disease in accordance with current Centers for Disease Control and Prevention (CDC) guidelines and recommendations .1. Each resident will be assessed for pneumococcal immunization upon admission. Self-report of immunization shall be accepted. Any additional efforts to obtain information shall be documented including efforts to determine date of immunization or type of vaccine received .2. Each resident will be offered a pneumococcal immunization unless it is medically contraindicated, or the resident has already been immunized .4. The resident/representative retains the right to refuse the immunization. Refusals should be documented in the medical record along with what education was provided and a risk versus benefit discussion.</p> <p>The CDC publication found at <a href="https://www.cdc.gov/vaccines/vpd/pneumo/hcp/who-when-to-vaccinate.html">https://www.cdc.gov/vaccines/vpd/pneumo/hcp/who-when-to-vaccinate.html</a> titled Pneumococcal Vaccination: Summary of Who and When to Vaccinate indicates: The CDC recommends pneumococcal vaccination for adults 19 through [AGE] years old who have certain chronic medical conditions or other risk factors .chronic lung disease, including chronic obstructive pulmonary disease, emphysema, and asthma .</p> <p>On 9/9/24, Surveyor reviewed R13's medical record. R13 was admitted to the facility on [DATE] and had diagnoses including dementia, diabetes mellitus, and chronic obstructive pulmonary disease (COPD). R13's Minimum Data Set (MDS) assessment, dated 7/31/24, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R13 had intact cognition.</p> <p>R13's medical record did not indicate a pneumococcal vaccination was offered or declined by R13 or R13's representative.</p> <p>On 9/11/24 at 1:04 PM, Surveyor interviewed [NAME] President of Success (VPS)-C who confirmed R13's medical record did not contain documentation that a pneumococcal immunization was offered or refused. VPS-C stated R13 should have been offered the immunization.</p> |  |  |