

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525673	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  Dove Healthcare - Spooner		STREET ADDRESS, CITY, STATE, ZIP CODE  510 First St Spooner, WI 54801	
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)		
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>40181</p> <p>Based on record review and interview, the facility did not implement policy and procedures related to screening employees for a prior history of abuse, neglect, exploitation of residents, or misappropriation of resident property for 5 of 8 staff reviewed. This had the potential to affect all residents.</p> <p>Findings include:</p> <p>Facility policy and procedure entitled, Abuse Prohibition, last revised 11/28/16, stated in part, .Once an offer of employment has been made, the facility will submit a request to obtain a criminal history from the Department of Justice (DOJ). An electronic search will be conducted by the Department of Health and Family Services (DHFS) to check on the prospective employee's status in the following areas: the Nurse Aide Directory, Caregiver Finding of Abuse or Neglect of a client; or Misappropriation of a Client's Property, Denials or Revocations of Operating Licenses for Adult Programs, and any Rehabilitation Review Findings. In addition the Department of Regulation and Licensing (DRL) will also conduct an electronic search as to the status of Professional Credential(s), License(s), or Certificate(s) .Background Information Disclosure forms must be completed, and background checks shall be repeated every four years for employees who have access to residents . The policy and procedure also stated in part, .If a prospective employee is not a resident of Wisconsin, or at any time within the last 3 years preceding the date of the search that person has not been a resident of Wisconsin, the facility will make a good faith effort to obtain information from the state the person resided in, search information that is equivalent to the criminal history information specified in par. (a) 1.A or HFS 12.21 .</p> <p>On 05/22/24, Surveyor reviewed the caregiver background check information for eight staff members and found the following information.</p> <p>Dietary Aide (DA) G was hired on 07/27/22 and completed a Background Information Disclosure (BID) on 07/15/22. The Department of Justice (DOJ) Response and Integrated Background Information System (IBIS) Letter were both dated 10/06/24. On 05/22/24 at 4:50 PM, Surveyor interviewed Human Resources (HR) N and asked why the Caregiver Background Check was not completed for DA G until over two months after date of hire. HR N stated that employee was hired before HR N started working in this position and HR N did not know the reason for the delay.</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
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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Housekeeper (HK) H was hired on 12/12/22 and completed a BID on 11/18/22. The BID identified HK H resided in Minnesota. The DOJ Response and IBIS Letter were both from the state of Wisconsin. On 05/22/24 at 4:50 PM, Surveyor interviewed HR N and asked if a Minnesota background check was completed for HK H prior to starting employment. HR N reviewed HK H's personnel file and did not locate a Minnesota or Federal background check. HR N stated this employee was hired before HR N started working in this position and HR N was unsure why there was no Minnesota background check completed.</p> <p>Environmental Services Director (ESD) I was hired on 08/02/22 and completed a Background Information Disclosure (BID) on 07/21/22. The Department of Justice (DOJ) Response and Integrated Background Information System (IBIS) Letter were both dated 08/16/22. This was 14 days after ESD I began employment. On 05/22/24 at 4:50 PM, Surveyor interviewed HR N and asked why the Caregiver Background Check was not completed for ESD I until 14 days after date of hire. HR N stated that employee was hired before HR N started working in this position and HR N did not know the reason for the delay.</p> <p>Certified Nursing Assistant (CNA) J was hired on 08/05/19. The BID was completed on 05/18/24. The DOJ Response and the IBIS Letter were both dated 05/22/24, which was greater than four years since the date of hire. On 05/22/24 at 4:50 PM, Surveyor interviewed HR N and asked if CNA J had a caregiver background check completed at time of hire. HR N showed Surveyor CNA J's personnel file and confirmed a caregiver background check was done at time of hire in 2019. Surveyor asked if the current caregiver background check, dated 05/22/24, was overdue. HR N confirmed CNA J's caregiver background check was overdue and should have been done last August.</p> <p>CNA K was hired on 06/21/21. The BID was completed on 06/04/21. The DOJ Response and IBIS Letter were both dated 07/02/21, which was 11 days after CNA K began employment. On 05/22/24 at 4:50 PM, Surveyor interviewed HR N and asked why the caregiver background check was not completed until 11 days after CNA K started employment. HR N stated that employee was hired before HR N started working in this position and HR N did not know the reason for the delay.</p> <p>On 05/22/24 at 5:10 PM, Surveyor interviewed Nursing Home Administrator (NHA) A, who stated when HR N was hired last fall they identified the caregiver background checks were out of compliance and they have been working on getting them into 100% compliance since that time.</p>