

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER FORT ATKINSON CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 430 WILCOX ST FORT ATKINSON, WI 53538	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility did not ensure their abuse policy was implemented for 2 of 5 employees reviewed for 4 year Caregiver background checks. *Certified Nursing Assistants (CNA). CNA-D was named in a self-report submitted to the State Agency, the facility was unable to provide evidence that all required documents for background checks were completed for CNA-D. *The facility was unable to provide evidence that all required documents for background checks were completed for CNA-E. This deficient practice has the potential to affect 51 residents residing in the facility at the time of the survey. Findings Include: The Wisconsin Caregiver Background Law states background checks must be done on all employees at the time of hire and every 4 years thereafter. A complete caregiver background check includes: - Completed Background Information Disclosure (BID) - A response from the Department of Justice (DOJ) and - A Response to Caregiver Background Check, commonly referred to as the Integrated Background Information System (IBIS). Surveyor reviewed the facility's Abuse/Neglect/Exploitation policy and procedure implemented 10/1/19 and noted the following about screening of employees; Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of Resident property. 1. Background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. 2. Screenings may be conducted by the facility itself, third-party agency or academic institution. 3. The facility will maintain documentation of proof that the screening occurred. Surveyor also reviewed the facility's policy and procedure on Background Investigations dated 10/1/19 which states; Policy Explanation and Compliance Guidelines: 1. The Human Resource department will conduct all applicable background investigation(s) on each individual making application for employment with this company and on any current employee if such background investigation is appropriate for position for which the individual has applied. 2. For all applicants applying for a position as a certified nursing aide, the human resources department will contact the nurse aide registry of the state in which then individual is certified and/or previously employed to verify that the applicant's certification is in good standing. 3. Persons applying for employment and current employees will be informed of this policy. The company will not conduct a background investigation without an applicant's or employee's advance consent. Applicants or employees who do not consent to a background investigation will, however, not be considered for positions that the company has determined to require the completion of a background investigation. 4. If the background investigation(s) disclose any material misrepresentation or omissions by the applicant or employee on the application form or reveal information indicating that the individual may not be appropriate for hire, the company will investigate the matter further. Upon completion of such investigation, if the company determines that the applicant's or employee's background makes him/her unsuitable for the position he/she is seeking, the applicant will not be employed, or, if already employed, will be terminated. On 3/5/20 at 1:59 PM, Surveyor reviewed the employee files to screen for Caregiver background checks of 5 CNAs, 2 of whom were suspended pending an investigation of abuse or neglect. Surveyor noted the following: CNA-D was hired 1/5/16, -No BID, DOJ, or IBIS was available. CNA-D had been suspended pending an investigation that was self-reported to State Agency 3/2/20. CNA-E was hired 11/10/80, BID-10/28/14, DOJ-10/29/14, IBIS-10/29/14. Surveyor noted that CNA-D and CNA-E Caregiver background checks were out of compliance with background checks being conducted every 4 years. Surveyor noted there was no current Human Resource employee employed at the facility to interview. On 3/5/20 at 3:15 PM, Administrator (NHA-A) shared that the previous owner of the facility ran a report called Human Resource Pro File Report through a contracted company back in 1/17 on every employee. The report covered a Criminal National Database Search consisting of OIG/GSA, Skip Trace, and Sex and Abuse Registry. However, the current within 4 year Caregiver background check documents required through the State agency was not located for CNA-C, CNA-D, CNA-E, and CNA-G. Surveyor shared the concern about the BID, DOJ, and IBIS documents not being current for CNA-D and CNA-E. Surveyor noted that NHA-A provided CNA-D's BID which was dated 3/5/20, the date of the survey. The facility provided additional information to Surveyor on 3/11/20 which was reviewed for CNA-C and CNA-G. This information was not provided during the survey process. CNA-C and CNA-G are in compliance however Surveyor noted the facility did not have the 4 year background checks completed for CNAs D and E.		
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.