PLAN OF CORRECTION

The individual signing the first page of the CMS-2567, *Statement of Deficiencies (SOD),* is indicating their approval of the plan of correction being submitted on this form.

Name - Provider/Supplier:	
Wi Veterans Home-Boland Hall	
Street Address/City/Zip Code:	
21425 E Spring St, Union Grove, WI 53182	
License/Certification/ID Number (X1):	**525688**
Survey Date (X3):	**03/26/2025**
Survey Event ID Number:	**1RCY11**

ID Prefix Tag (X4)	Provider's Plan of Correction (Each corrective action must be cross-referenced to the appropriate deficiency.)	Completion Date (X5)
	This Plan of Correction does not constitute an admission or agreement by the provider of accuracy of the facts alleged or conclusions set forth in the Statement of deficiencies. The Plan of Correction is prepared and or executed solely because it is required by the provision of state and federal law.	
F580 Notify of Changes	**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?** One member was affected by this deficient practice. Members POA was notified of therapy starting, untimely. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All members have the potential to be affected by this deficient practice. An audit of members on therapies was performed and no other members were identified as affected. **What measures will be put into place or what systemic changes will be made to ensure that deficient practice does not occur?** This notification of therapy services was missed by the therapy company. Reeducation of contractual expectations was reviewed with the therapy company. **How does the facility plan to monitor its performance to make sure that solutions are sustained?** Audits will be done weekly to ensure that all members on therapy services have been appropriately notified. Audits will be shared in QAPI for 90 days.	**4.16.2025**

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F585 **Grievances**	**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?** No members were harmed by this deficient practice. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All members have the potential to be affected by this deficient practice. An audit of all grievances was performed and one additional grievance was found to be resolved, however outside the expected timeframe. All members of the IDT team were reeducated about timely follow up on grievances, specifically member care related grievances. **What measures will be put into place or what systemic changes will be made to ensure that deficient practice does not occur?** Education was reviewed with IDT team. The current policy on grievances was reviewed and updated with process flows and related time/date/signor of person leading the follow up. **How does the facility plan to monitor its performance to make sure that solutions are sustained?** Administrator and or designee will conduct a grievance audit that will track all new grievances making sure they are completed within a 5-business day period, member care related within 12 hours. Grievance audit will consist of tracking the following: Time to complete, properly investigated, and adequate resolution for grievance. This audit will be done for daily for 90 days and reviewed at QAPI to ensure future compliance.	**4.16.2025**

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F609 Reporting of Alleged Violations	**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?** Several members were found to be affected by these deficient untimely reporting practices. The facility has taken these actions: The administrator of record at the time of these occurrences, no longer works for the facility. DON and ADON's have received UW misconduct training. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All members have the potential to be affected by this deficient practice, no similar findings were identified by review of this deficient practice. **What measures will be put into place or what systemic changes will be made to ensure that deficient practice does not occur?** All members of the IDT team and Charge nurses will be retrained in the reporting misconduct process and related timelines. **How does the facility plan to monitor its performance to make sure that solutions are sustained?** The IDT will review all grievances and adverse events daily at standup, auditing weekly for 4 weeks for timeliness per reporting requirements and facility policy. This audit will be done for 4 weeks and then reviewed at QAPI to ensure future compliance.	**4.16.2025**

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F610 Investigate, correct, and prevent alleged violations	**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?** Several members were found to be affected by these deficient untimely reporting practices. The facility has taken these actions: The administrator of record at the time of these occurrences, no longer works for the facility. DON and ADON's have received UW misconduct training. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All members have the potential to be affected by this deficient practice, no similar findings were identified by review of this deficient practice. **What measures will be put into place or what systemic changes will be made to ensure that deficient practice does not occur?** All members of the IDT team and Charge nurses will be retrained in the reporting misconduct process and related timelines, for the audit period DQA's misconduct reporting worksheet will be utilized to further ensure timely reporting, and through investigations. **How does the facility plan to monitor its performance to make sure that solutions are sustained?** Administrator or designee will update and maintain the grievance/self-report log to ensure that the facility responds and investigates allegations of misconduct. Any incidents meeting the DQA criteria will be submitted timely to DQA and concluded within 5 days. All reports will be reviewed at QAPI to identify trends.	**4.18.2025**

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F689 Free from accidents, hazards	**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?** Two members were affected by this deficient practice. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All members have the potential to be affected by this deficient practice. **What measures will be put into place or what systemic changes will be made to ensure that deficient practice does not occur?** DON reviewed every member's elopement assemessment and determined that no other members have been identified to have a similar potential outcome. Education on member rounding will be done with all nursing staff (current and new hires). Education on elopement policy will also be reiewed will all staff on hire. All direct care staff were inserviced on the facilities rounding policy, which requires that each member, regardless of their independence, is checked on for safety at least every Q2 hours while on grounds. Any member leaving the building is requried to sign out and provide location of where they are going. **How does the facility plan to monitor its performance to make sure that solutions are sustained?** DON, ADON's, and or designee will audit documented member rounding weekly, for 30 days. Followed by every two weeks for another 30 days. All Audits will be reviewed during the facilities QAPI meetings and continuation will be based on findings.	**3.14.2025**

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F730 **Nurse Aide Perform Review**	**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?** No members were affected by this deficient practice. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All members have the potential to be affected by this deficient practice. This care attendants evaluation was completed on 4.16.2025.. **What measures will be put into place or what systemic changes will be made to ensure that deficient practice does not occur?** The state of Wisconsin requires that all staff receive an annual performance evaluation. HR sets a date for compliance by each supervisor. Prior to that date, the supervisor will confirm that this evaluation has taken place, or the aide will be removed from the schedule unit the review is completed. **How does the facility plan to monitor its performance to make sure that solutions are sustained?** Direct care staff review data will be shared at monthly QAPI to ensure that compliance is sustained. Ongoing.	**4.16.2025**

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F745 Provision of Medically Related Social Services	**What corrective action will be accomplished for those residents found to have been affected by the deficient practice?** One member was affected by this deficient practice. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** All members expressing a desire for alternative placement have the potential to be affected by this deficient practice. **What measures will be put into place or what systemic changes will be made to ensure that deficient practice does not occur?** All members (and their representatives) expressing a desire for alternative placement will receive an IDT discharge planning care conference quarterly to include realistic discharge planning consistent with the members needs, desires and functional abilities. **How does the facility plan to monitor its performance to make sure that solutions are sustained?** Action plans and related documentation for discharge planning will be reviewed at the next QAPI meeting. If community placement of a member has been determined not feasible, the records will show who made that determination and the rational for the decision.	**5.15.2025**