

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525718	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2015
NAME OF PROVIDER OR SUPPLIER WI VETERANS HM OLSON 600			STREET ADDRESS, CITY, STATE, ZIP CODE N2665 CTY RD QQ KING, WI 54946	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Surveyor: 30571 This was a recertification survey conducted at Wisconsin Veterans Home - Olson Hall from 10/27/15 to 11/02/15. # of federal citations issued: 2 The most serious citations were F431 and F441 cited at a scope/severity level of D (potential for harm/isolated). Census: 191 Sample size: 29 Supplemental sample size: 0 Survey coordinator: #30571	F 000		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature	F 431		

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.

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F 431	<p>Continued From page 1</p> <p>controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 27892</p> <p>Based on observation, staff interviews and record review, the facility did not ensure 5 stock supply medications in 2 of 4 medication rooms were labeled appropriately to include expiration dates.</p> <p>The 5th floor medication room contained 2 bottles of acetaminophen and 1 bottle of docusate sodium that can be used for any member that requested them. The stock bottles are filled by pharmacy and the pharmacy's label did not include an expiration date.</p> <p>The 4th floor medication room contained 2 bottles of acetaminophen that can be used for any member that requested them. The stock bottles are filled by pharmacy and the pharmacy's label did not include an expiration date.</p> <p>Findings include:</p>	F 431		

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F 431	<p>Continued From page 2</p> <p>According to the facility's "Medication Storage on Nursing Units" policy and procedure dated March 2012, medications that were not in their original containers were to be stored in containers labeled by pharmacy "with appropriate lot number and expiration date."</p> <p>1. On 11/2/15 at 10:30 a.m., surveyor #27892 observed the 5th floor medication room with LPN (Licensed Practical Nurse)-B. The medication cart had 1 opened stock bottle of acetaminophen that was approximately 3/4 full and was used for any members who requested the medication. The acetaminophen was packaged and labeled by the pharmacy on 9/14/15. The pharmacy's label indicated the bottle had 500 tablets of 325 mg (milligram) acetaminophen when it was delivered to the facility. LPN-B verified the label on the stock bottle of acetaminophen did not include an expiration date.</p> <p>In addition, the storage cabinet in the 5th floor medication room contained one unopened stock bottle of 500 tablets of acetaminophen 325 mg. The acetaminophen was packaged and labeled by the pharmacy on 10/19/15 and did not have an expiration date. An unopened stock bottle of 250 docusate sodium 100 mg capsules was packaged and labeled by the pharmacy on 10/8/15 and did not have an expiration date. LPN-B verified the unopened bottle of acetaminophen and unopened bottle of docusate sodium did not include an expiration date and that there was no way for staff to know if the medications had expired. LPN-B then called the pharmacy regarding the labels of the stock medications that did not include expiration dates. LPN-B stated the pharmacy staff commented all medications expire 1 year from the packaged</p>	F 431			

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F 431	Continued From page 3 date. 2. On 11/2/15 at 11:00 a.m., surveyor #27892 observed the 4th floor medication room. The medication room contained one unopened stock bottle of 250 tablets of acetaminophen 325 mg without an expiration date. The stock bottle had a pharmacy's label that indicated the medication was filled on 10/30/15. In addition, the medication room contained an additional unopened bottle of acetaminophen 325 mg, 100 tablets for stock supply without an expiration date. The pharmacy also packaged and labeled this medication. The pharmacy's packaged date was 12/4/14. LPN-E verified the pharmacy's labels did not include an expiration date and commented it could be assumed the expiration date was one year from the packaged date. On 11/2/15 at 11:05 a.m., LPN-C commented to surveyor #27892 during an interview, that if a medication did not have an expiration date, staff were to call the pharmacy to determine the expiration date. LPN-C was not aware of a system where the packaged date could be used to determine the expiration date. On 11/2/15 at 2:00 p.m., surveyor #27892 interviewed NHA (Nursing Home Administrator)-D regarding pharmacy's labels. NHA-D indicated the pharmacy labels should include the expiration dates for medications.	F 431			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an	F 441			

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F 441	<p>Continued From page 4</p> <p>Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 32768</p>	F 441			

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F 441	<p>Continued From page 5</p> <p>Based on observations and staff interview, the facility did not establish and maintain an infection control program designed to prevent the development and transmission of disease and infection for 2 (Resident #16, #2) of 3 sampled members.</p> <p>LPN (Licensed Practical Nurse)-A contaminated the dressing prior to placing the dressing around member #16's peg tube site. LPN-A removed a sterile dressing from it's package and placed it on top of the medication cart and then the bedside table without using a clean field.</p> <p>LPN-A contaminated a dressing prior to placing the dressing on member #2's open wound. LPN-A removed the dressing from it's package and touched both sides of the dressing and then placed the dressing on top of the medication cart without using a clean field. LPN-A had touched multiple surfaces with her bare hands prior to touching both sides of the dressing.</p> <p>Findings include:</p> <p>The facility's policy for wound prevention and treatment program indicates: XV. Clean aseptic technique shall be used with all wound care following standard precautions unless otherwise specified by Physician order.</p> <p>1. On 10/28/15 at 8:10 a.m., surveyor observed LPN-A complete a wound dressing change on member #16. LPN-A sanitized hands, applied clean gloves, removed the soiled dressing from around the member's peg tube site and discarded the dressing into the garbage. LPN-A then sanitized hands, applied clean gloves, opened a</p>	F 441		

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F 441	<p>Continued From page 6</p> <p>sterile dressing package and placed the sterile dressing on top of the med cart without a barrier to maintain the dressings sterility. LPN-A then removed the same dressing from the contaminated field and placed it on top of the member's bedside table without a barrier to maintain the dressings sterility. LPN-A cleansed the peg site area and applied the contaminated dressing to the member's peg site area.</p> <p>On 10/28/15 at 8:25 a.m., surveyor #32768 interviewed LPN-A regarding the observation as noted above. LPN-A verified taking the sterile dressing out of the package and placing it on top of the medication cart and the member's bedside table without maintaining a sterile field.</p> <p>2. On 10/28/15 at 8:30 a.m., surveyor #32768 observed LPN-A complete a dressing change on member #2. LPN-A in preparation of the wound dressing change, with bare hands removed the dressing, tape, santyl and applicators from the medication cart while touching the soiled drawers. LPN-A then removed the 2 X 2 (2 inch by 2 inch) gauze from it's package and touched both sides of gauze with her bare hands. LPN-A applied tape to one side of the 2 x 2 gauze and placed the untaped side of the dressing on the medication cart without a sterile field.</p> <p>LPN-A applied gloves without sanitizing or washing hands and then removed the soiled dressing from the member's coccyx area, discarding the dressing in the garbage. LPN-A removed her gloves, sanitized hands and applied clean gloves. LPN-A applied skin prep to the wound bed area and then used an applicator to apply the santyl to the member's wound. LPN-A then took the contaminated dressing from the</p>	F 441			

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F 441	Continued From page 7 medication cart and applied it to the open wound on member #2's coccyx. On 10/28/15 at 8:45 a.m., surveyor #32768 interviewed LPN-A regarding the observation of the dressing change as noted above. LPN-A verified the observation as stated and commented she thought she had turned the gauze face up when she placed it on the medication cart. LPN-A stated "well it's not a sterile procedure."	F 441			