

PLAN OF CORRECTION

Name - Provider/Supplier:	
Wi Veterans Home Stordock 700	
Street Address/City/Zip Code:	
N2665 Cty Rd Qq, King, WI 54946	
License/Certification/ID Number (X1):	52A223
Survey Date (X3):	01/27/2014
Survey Event ID Number:	8XZ611

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 constitutes the Wisconsin Veteran's Homes written response to the written allegation of noncompliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.	
F 224	<p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <ul style="list-style-type: none"> ◦ Staff person assigned 1:1 duty has been placed on administrative leave and will remain off pending results of investigation. ◦ Other individual staff has been assigned 1:1 duty for this member. <p><i>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <ul style="list-style-type: none"> ◦ All members requiring 1:1 observation have the potential to be affected. ◦ There are currently no other members in SH requiring 1:1 observation. <p><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</i></p> <ul style="list-style-type: none"> ◦ All direct care staff will be reeducated on policy 105-00-24, 1:1 Monitoring. ◦ All staff performing the duties of the 1:1 will review with RN on that shift the 1:1 care instruction prior to beginning the 1:1 observation. <p><i>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system.</i></p> <ul style="list-style-type: none"> ◦ Nursing supervisors / designee will conduct at least six random checks monthly for three months to ensure compliance with 1:1 policy by staff assigned to 1:1 observation duty. ◦ This plan of correction, including follow up measures and outcomes 	02/28/2014

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F 282	<p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <ul style="list-style-type: none"> • Staff person assigned 1:1 duty has been placed on administrative leave and will remain off pending results of investigation. • Other individual staff has been assigned 1:1 duty for this member. <p><i>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <ul style="list-style-type: none"> • All members requiring 1:1 observation have the potential to be affected. • There are currently no other members in SH requiring 1:1 observation. <p><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</i></p> <ul style="list-style-type: none"> • All direct care staff will be reeducated on policy 105-00-24, 1:1 Monitoring. • All staff performing the duties of the 1:1 will review with RN on that shift the 1:1 care instruction prior to beginning the 1:1 observation. <p><i>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system.</i></p> <ul style="list-style-type: none"> • Nursing supervisors / designee will conduct at least six random checks monthly for three months to ensure compliance with 1:1 policy by staff assigned to 1:1 observation duty. • This plan of correction, including follow up measures and outcomes will be integrated into the quality assurance program. 	02/28/2014

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F 323	<p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <ul style="list-style-type: none"> • Staff person assigned 1:1 duty has been placed on administrative leave and will remain off pending results of investigation. • Other individual staff has been assigned 1:1 duty for this member. <p><i>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <ul style="list-style-type: none"> • All members requiring 1:1 observation have the potential to be affected. • There are currently no other members in SH requiring 1:1 observation. <p><i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</i></p> <ul style="list-style-type: none"> • All direct care staff will be reeducated on policy 105-00-24, 1:1 Monitoring • All staff performing the duties of the 1:1 will review with RN on that shift the 1:1 care instruction prior to beginning the 1:1 observation. <p><i>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system.</i></p> <ul style="list-style-type: none"> • Nursing supervisors / designee will conduct at least six random checks monthly for three months to ensure compliance with 1:1 policy by staff assigned to 1:1 observation duty. • This plan of correction, including follow up measures and outcomes will be integrated into the quality assurance program. 	02/28/2014
<p>The individual signing the first page of the SOD (CMS-2567) is indicating their approval of the plan of correction being submitted on this form.</p>		