

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):	01/27/2015
Survey Event ID Number:	984M11

ID Prefix Tag (X4)	Provider's Plan of Correction (Each corrective action must be cross-referenced to the appropriate deficiency.)	Completion Date (X5)
	<p>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.</p>	
F 314	<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"> • Identified member's was assessed by RN, care plan and personalized member care (PMC) updated, heel boots changed to wear at all times when in bed. <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 who have been identified as high risk for skin issues have the potential to be affected. • All members who have orders for heel boots have been assessed by the RN and their care plan and PMC have been updated. • All staff will receive re-education on Proper Positioning and Pressure points and reminders to off-loading pressure to heels when member is in bed. <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 staff will receive re-education on the Proper Positioning and Pressure points and reminders will be posted on the nursing units for staff on off-loading pressure to heels when member is in bed. • Nursing supervisors or designee will monitor nursing staff to ensure they are following member's individualized plan of care. <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> <p>Nursing Supervisors or designees will conduct random monthly audits to ensure adherence to member's individualized plan of care for off-loading pressure to</p>	02/26/2015

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	heels when member is in bed for a three month period, then quarterly thereafter, with results reported to Nursing Quality Improvement Committee.	
F 315	<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"> • Identified member was assessed by the RN, care plan and personalized member care (PMC) updated. Member was educated on the risk for infection and did agree to call for staff assistance to have leg bag changed to bed drainage bag when she lies down in bed. <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 who have indwelling catheters and use a leg bag when up during the day have the potential to be affected. • Policy 121-00-31 Use of Urinary Drainage Leg Bag will be updated. <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 staff will be re-educated on updated policy, 121-00-31 Use of Urinary Drainage Leg Bag. • Nursing Supervisors or designees will monitor members with indwelling catheters that use a leg bag to ensure staff is changing leg bag to bed drainage bag when members are in bed. <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 or designees will do random audits for a three-month period and then quarterly thereafter, on members with indwelling catheters to ensure that staff is changing leg bag to a bed drainage bag when the member is in bed, with results reported to Nursing Quality Improvement Committee. 	02/26/2015
F 329	<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"> • Both members identified #15 and # 31 had completed the full course of antibiotics for Urinary Tract Infection (UTI). • All RN staff will be re-educated on use of the Loeb Criteria, antibiotic use and 	

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	<p style="text-align: center;">documentation on a known or suspected infection.</p> <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 with known or suspected infection have the potential to be affected. • All members started on an antibiotic will be discussed during the morning AM stand-up meeting. • All members who have culture and sensitivity (C&S) pending will be monitored and followed-up on to ensure C&S is returned within 48-72 hours and RN will notify MD of results. • All RN staff will be re-educated on use of the Loeb Criteria, antibiotic use and documentation on a known or suspected infection. <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 members started on an antibiotic will be discussed during the morning AM stand-up meeting. • All members who have C&S pending will be monitored and followed-up on to ensure C&S is returned within 48-72 hours and RN will notify MD of results. • All RN staff will be re-educated on use of the Loeb Criteria, antibiotic use and documentation on a known or suspected infection. • Nursing Supervisors will review antibiotic use at least weekly to ensure criteria is being met. <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 or designees will conduct random audits weekly on members receiving antibiotic to ensure criteria is being met for a three month period then quarterly thereafter with results reported to Nursing Quality Improvement Committee. 	
F 441	<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"> • All RN staff will be re-educated on use of the Loeb Criteria, antibiotic use and documentation on a known or suspected infection. 	

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	<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 with known or suspected infection have the potential to be affected. • All members started on an antibiotic will be discussed during the morning AM stand-up meeting. • All members who have a culture and sensitivity (C&S) pending will be monitored and followed-up on to ensure C&S is returned within 48-72 hours and RN will notify MD of results. • All RN staff will be re-educated on use of the Loeb Criteria, antibiotic use and documentation on a known or suspected infection. • IC-01-08 policy on Infection Tracking and Surveillance will be updated. • New infection line list has been developed. • New infection tracking has been implemented. <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 RN staff including Nursing Supervisors will be re-educated on updated policy, IC-01-08 Infection Tracking and Surveillance. • New infection line list has been developed. • New infection tracking has been implemented. • Nursing Supervisors will review antibiotic use at least weekly to ensure criteria is being met. <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 or designees will conduct random audits weekly on members receiving antibiotic to ensure criteria is being met for a three month period then quarterly thereafter with results reported to Nursing Quality Improvement Committee. • Nursing Supervisors or designees will conduct random audits biweekly to ensure proper tracking and surveillance is being met for a three month period then quarterly thereafter with results reported to Nursing Quality Improvement Committee. 	
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The individual signing the first page of the SOD (CMS-2567) is indicating their approval of the plan of

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correction being submitted on this form.