

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

PRINTED: 02/09/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 52A223	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2015
NAME OF PROVIDER OR SUPPLIER WI VETERANS HM STORDOCK 700			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
K 000	INITIAL COMMENTS Surveyor: 28040 A standard Recertification Survey for Life Safety Code compliance was conducted by the Wisconsin Division of Quality Assurance on January 22, 2015. The Wisconsin Veterans Home - Stordock Hall was found to be NOT in substantial compliance with the following applicable regulations for long term care facility participation in Medicare-Medicaid: 42 CFR Subpart 483.70 - Physical Environment was NOT MET 42 CFR Subpart 483.70(a) - Safety from Fire was NOT MET NFPA 101- Life Safety Code was NOT MET The Wisconsin Veterans Home - Stordock Hall was a 5-story structure built in 1970, with Type I (332) construction. The building was fully sprinkled and had a corridor smoke detection system. The facility had an emergency diesel-powered generator that provided power to the emergency loads. The facility contained 12 patient care wings and 23 smoke compartments. Wisconsin Veterans Home - Stordock Hall was licensed for 200 beds, with a census of 197 residents at the time of the survey. The facility was surveyed under the 2000 Life Safety Code, Chapter 19 for an existing health care occupancy. Two federal deficiencies of the Life Safety Code were cited.	K 000		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

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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K 147 K 147 SS=E	Continued From page 2 NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Surveyor: 28040 Based on observation and interview, the facility did not provide and maintain an electrical installation compliant with NFPA 70, National Electrical Code with closed electrical raceways. This deficiency had the potential to affect 14 of the 200 residents that the facility was licensed to serve, as well as an undetermined number of staff and visitors. FINDINGS INCLUDE: On 1/22/15 at 12:08 pm the surveyor observed in the A-Wing smoke compartment on the 2nd floor in the Corridor adjacent to resident room 225, above the drop ceiling, that a 4" x 4" electrical box did not have a cover so the raceway system was not enclosed. This observed situation was not compliant with NFPA 70 (1999 edition), 517-12. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff BGS (Building & Grounds Supervisor), staff DE (Director of Engineering) and staff STS (Security & Transportation Supervisor).	K 147 K 147			