

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):	03/31/2014
Survey Event ID Number:	PQUH21

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>	
K 017	<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"> o No members were directly affected. o Engineering/Physical Plant, Fire/Safety and Administration have received educational materials to better identify smoke detector placement. <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"> o Members, staff and visitors would have the potential to be affected. o A work order has been issued to staff and a purchase order was issued to a vendor for the supplies/equipment and for installation of devices to insure that smoke detector placement is corrected. <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"> o A work order has been issued to staff and a purchase order was issued to a vendor for the supplies/equipment and for installation of devices to insure that smoke detector placement is corrected. o Engineering/Physical Plant, Fire/Safety and Administration will conduct annual "mock" surveys to ensure that fire detector placement is addressed. o Fire Safety personnel will be aware of smoke detector placement issues when performing building inspections. <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"> o Engineering/Physical Plant, Fire/Safety and Administration will conduct annual 	04/18/2014

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	<p>"mock" surveys to ensure fire penetrations do not become a future concern.</p> <ul style="list-style-type: none"> o Fire Safety personnel will be aware of smoke detector placement issues when performing building inspections. 	
K 018	<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"> o No members were directly affected. <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"> o Members, staff and visitors have the potential to be affected. o A work order has been issued to staff for the supplies/equipment and installation of devices to assure door and door hardware issues are fixed. <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"> o A work order has been issued to staff for the supplies/equipment and installation of devices to assure door and door hardware issues are fixed. o Engineering/Physical Plant, Fire/Safety and Administration have received educational materials to better identify and correct door concerns. o Engineering/Physical Plant, Fire/Safety and Administration will conduct annual "mock" surveys to ensure that door and door hardware issues do not become a future concern. <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"> o Engineering/Physical Plant, Fire/Safety and Administration will conduct annual "mock" surveys to ensure door issues do not become a future concern 	04/18/2014
K 025	<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"> o No members were directly affected. <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"> o Members and staff have the potential to be affected. o A work order was issued to staff for the supplies/equipment and for the 	04/18/2014

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	<p style="text-align: center;">installation of devices to assure penetrations are fixed with UL fire material.</p> <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"> ○ Resources have been issued to staff for the supplies/equipment and installation of devices to assure penetration(s) are addressed with UL approved fire stop. ○ Engineering/Physical Plant and Fire Safety have received educational materials to better identify penetration issues. ○ Fire Proofing Specialist was hired. ○ Policy/procedure drafted to ensure wall, ceiling and floor penetrations are properly sealed. <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"> ○ The Fire Proofing Specialist will conduct building inspections and address fire penetration issues. ○ Engineering/Physical Plant and Fire/Safety will conduct annual mock survey to ensure smoke and fire wall/ceiling penetration(s) are addressed. ○ Fire Safety personnel will also conduct semi-annual building inspections looking for penetration issues. 	
K 029	<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"> ○ No members were directly affected. <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"> ○ Members and staff have the potential to be affected. ○ A work order has been issued to staff for the supplies/equipment and installation of devices to assure door hardware issues are fixed. <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"> ○ A work order has been issued to staff for the supplies/equipment and installation of devices to assure door and door hardware issues are fixed. ○ Engineering/Physical Plant, Fire/Safety and Administration have received 	04/18/2014

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	<p>educational materials to better identify and correct door concerns.</p> <ul style="list-style-type: none"> o Engineering/Physical Plant, Fire/Safety and Administration will conduct annual "mock" surveys to ensure that door hardware issues do not become a future concern. <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"> o Engineering/Physical Plant, Fire/Safety and Administration will conduct annual "mock" surveys to ensure door issues do not become a future concern. 	
K 051	<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"> o No members were directly affected. <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"> o Members and staff have the potential to be affected. o A work order was issued to staff for the supplies/equipment and for installation of devices to assure smoke detectors are installed more than 36" from HVAC diffusers. <p><i>What measures will be put into place or what systemic changes will be made to ensure at the deficient practice does not recur:</i></p> <p>A work order was issued to staff for the supplies/equipment and for installation of devices to assure smoke detectors are installed more than 36" from HVAC diffusers.</p> <ul style="list-style-type: none"> o Engineering/Physical Plant, Fire/Safety and Administration have received educational materials to better identify appropriate smoke detector placement. o Fire/Safety will be aware of this smoke detector clearance issue when performing building inspections. <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"> o Engineering/Physical Plant, Fire/Safety and Administration will conduct annual 	04/18/2014

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	<p>"mock" surveys to ensure smoke detector placement is addressed.</p> <ul style="list-style-type: none"> o Fire/Safety will be aware of this smoke detector clearance issue when performing building inspections 	
K 056	<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"> o No members were directly affected. <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"> o Members and staff have the potential to be affected. o A work order was issued to staff for the supplies/equipment to assure the light fixture is moved and the spacing of the remaining sprinklers is in compliance. <p><i>What measures will be put into place or what systemic changes will be made to ensure at the deficient practice does not recur:</i></p> <ul style="list-style-type: none"> o A work order was issued to staff for the supplies/equipment and for installation of devices to assure smoke detectors are installed more than 36" from HVAC diffusers. o Engineering/Physical Plant, Fire/Safety and Administration have received educational materials to better identify sprinkler placement. <p>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:</p> <ul style="list-style-type: none"> o Engineering/Physical Plant, Fire/Safety and Administration will conduct annual "mock" surveys to ensure fire sprinkler placement does not become a future concern. o Fire/Safety will be aware of fire sprinkler spacing and obstructions when performing building inspections. 	04/18/2014

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.