

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

PRINTED: 04/08/2014
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 - BUILDING # 700 B. WING _____	(X3) DATE SURVEY COMPLETED 03/31/2014
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 March 31, 2014. The Wisconsin Veterans Home - Stordock Hall 700 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 700 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. The Wisconsin Veterans Home - Stordock Hall 700 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. Six (6) federal deficiencies of the Life Safety Code were cited.	K 000		
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only	K 017		

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 017	<p>Continued From page 1</p> <p>required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 28040 Based on observation and interview, the facility did not provide and maintain wall construction to protect the corridor from non-corridor spaces with adequate smoke detection in spaces that are open to the corridor. This deficiency had the potential to affect 50 of the 200 residents that the facility was licensed to serve, as well as an undetermined number of staff and visitors.</p> <p>FINDINGS INCLUDE: On 3/31/14 at 1:11 pm surveyor #28040 observed in the C-Wing smoke compartment on the 1st floor in the 123 and 127 Dining Room Area, that the area was not separated from the exit egress corridor by wall construction and did not satisfy all of the requirements for an exception for spaces that were open to the corridor. The space did not have adequate smoke detection, nor was it fully observable from a 24-hour</p>	K 017			

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K 017	Continued From page 2 occupied location as an alternative. Four (4) smoke detectors were located in the central area of the room, but the far corners of the room were up to 28' horizontally from the smoke detectors. This observed situation was not compliant with NFPA 101 (2000 edition), 19.3.6.1 . The condition was confirmed at the time of discovery by a concurrent observation and interview with staff DE (Director of Engineering) and staff STS (Security & Transportation Supervisor).	K 017			
K 018 SS=E	<hr/> NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by:	K 018			

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K 018	Continued From page 3 Surveyor: 28040 Based on observation and interview, the facility did not provide corridor separation doors with louver-free corridor doors. This deficiency had the potential to affect 6 of the 200 residents that the facility was licensed to serve, as well as an undetermined number of staff and visitors. FINDINGS INCLUDE: On 3/31/14 at 1:26 pm surveyor #28040 observed in the Central smoke compartment on the 1st floor in the 136 Housekeeping Room, that the door had a 12" x 19.5" size louver which did not resist the passage of smoke between the corridor and room. The previous room use was a sink closet, it was now used as a storage room for combustible paper, plastic and cardboard cleaning supplies. This observed situation was not compliant with NFPA 101 (2000 edition), 19.3.6.4. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff DE (Director of Engineering) and staff STS (Security & Transportation Supervisor).	K 018			
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems.	K 025			

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K 025	Continued From page 4 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Surveyor: 28040 Based on observation and interview, the facility did not provide and maintain the fire-rating and smoke tightness of smoke barrier walls with sealed wall penetrations. This deficiency had the potential to affect 18 of the 200 residents that the facility was licensed to serve, as well as an undetermined number of staff and visitors. FINDINGS INCLUDE: On 3/31/14 at 12:35 pm surveyor #28040 observed in the Central and C-Wing smoke compartments on the 4th floor in the 487 Report Room, that penetration(s) were not sealed according to an approved method. The deficiency included 2" and 3" diameter fiberglass insulated black iron piping. This observed situation was not compliant with NFPA 101 (2000 edition), 19.3.7.3. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff DE (Director of Engineering) and staff STS (Security & Transportation Supervisor).	K 025			
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system	K 029			

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K 029	<p>Continued From page 5</p> <p>option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Surveyor: 28040 Based on observation and interview, the facility did not enclose hazardous rooms with a smoke-tight seal at the meeting edges of double doors. This deficiency had the potential to affect 6 of the 200 residents that the facility was licensed to serve, as well as an undetermined number of staff and visitors.</p> <p>FINDINGS INCLUDE: On 3/31/14 at 1:22 pm surveyor #28040 observed in the Central smoke compartment on the 1st floor in the Shredder Room, that the room had double doors with a gap at their meeting edges that was not sealed with an astragal to resist the passage of smoke. A gap up to 3/8" in width was observed between the leading edges of the doors. The room was considered hazardous because it exceeded 50 sq ft and contained a quantity of stored combustible materials considered hazardous. The room was sprinkled in lieu of enclosed with rated construction so the enclosure was required to resist the passage of smoke. This observed situation was not compliant with NFPA 101 (2000 edition), 19.3.2.1 and 8.4.1. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff DE (Director of Engineering)</p>	K 029		

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K 029	Continued From page 6 and staff STS (Security & Transportation Supervisor).	K 029			
K 051 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by: Surveyor: 28040 Based on observation and interview, the facility did not provide a fire alarm system that was installed according to NFPA 72 with smoke</p>	K 051			

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K 051	Continued From page 7 detectors installed per listing requirements. This deficiency had the potential to affect 6 of the 200 residents that the facility was licensed to serve, as well as an undetermined number of staff and visitors. FINDINGS INCLUDE: On 3/31/14 at 1:36 pm surveyor #28040 observed in the C-Wing smoke compartment on the Basement floor in the Corridor, that a smoke detector was installed near an adjacent air register that would prevent operation of the detector. The facility had no manufacturer's documentation to confirm that the detector was installed per its recommendations. A ceiling-mounted smoke detector was located 10" edge-to-edge from a 2' x 2' sized air diffuser. This observed situation was not compliant with NFPA 101 (2000 edition), 19.3.4 and 9.6 and NFPA 72 (1999 edition), 2-3.5.1. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff DE (Director of Engineering) and staff STS (Security & Transportation Supervisor).	K 051			
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler	K 056			

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K 056	<p>Continued From page 8</p> <p>systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 28040 Based on observation and interview, the facility did not provide a sprinkler system that was installed according to NFPA 13 as required by the Life Safety Code, section 9.7.1.1. The Wisconsin Department of Health Services and Centers for Medicare Services have not identified any exceptions to permit non-compliance with NFPA 13 in an existing healthcare facility. The AHJ considers any non-compliance a distinct hazard to life in existing facilities, since patients are incapable of self-preservation and rely on a highly reliable sprinkler system to defend in place. This is consistent with NFPA 13 (1999 edition) 1-3, which notes that while NFPA 13 is not normally applied to existing facilities, the AHJ can apply it in cases where the AHJ feels there is a distinct hazard to life or property. The facility did not provide a sprinkler system with unobstructed water distribution. This deficiency had the potential to affect 2 of the 200 residents that the facility was licensed to serve, as well as an undetermined number of staff and visitors.</p> <p>FINDINGS INCLUDE: On 3/31/14 at 12:39 pm surveyor #28040 observed in the Central smoke compartment on the 4th floor in the 487 Report Room, that the discharge of sprinkler water was prevented from developing a full spray pattern and reaching an unprotected area on the other side of an</p>	K 056			

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K 056	Continued From page 9 obstructing item. The obstruction included a ceiling-mounted light fixture measuring 10" x 4' in size. A pendant sprinkler head was located 6-3/4" horizontally from the center of the head to the edge of the light fixture, with the light projected 3-1/4" vertically off the ceiling and 1-1/2" lower than the adjacent sprinkler head deflector. This observed situation was not compliant with NFPA 13 (1999 edition), 5-6.5. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff DE (Director of Engineering) and staff STS (Security & Transportation Supervisor).	K 056			