

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):	02/07/2013
Survey Event ID Number:	VZOL11

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 Home 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.	3/8/13 approved JM SCP
F-225	Failure to report and adequately investigate verbal abuse and P&P on Abuse	3/7/13
	<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 do not follow their plan of care have the potential to be affected. • Reports of member abuse, neglect, or misappropriation will be reported to the Office of Caregiver Quality within the required time frame and thoroughly investigated. 	
	<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"> • Nursing staff will be re-educated on the Member Abuse, Neglect, Mistreatment, Misappropriation of Property and Injuries of Unknown Origin P&P, # 02-00-20. 	
	<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</i></p>	

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	<p><i>action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system.</i></p> <ul style="list-style-type: none"> • Reports of abuse, neglect, or misappropriation will be discussed at weekly nursing supervisor meetings as a recurring agenda item. This discussion will be utilized as an educational tool. • Nursing supervisors / designee will conduct spot checks of nursing staff regarding the <u>Member Abuse, Neglect, Mistreatment, Misappropriation of Property and Injuries of Unknown Origin</u>, P&P 02-00-20, using a tool developed to test staff knowledge of the policy. Instruction will be provided immediately to staff as necessary using the policy as a guide. • This plan of correction, including follow up measures and outcomes will be integrated into the quality assurance system. 	
	<p><i>Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility.</i></p> <ul style="list-style-type: none"> • March 7, 2013 	
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F-226	Failure to report and adequately investigate verbal abuse and P&P on Abuse	
	<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 do not follow their plan of care have the potential to be affected. • Reports of member abuse, neglect, or misappropriation will be reported to the Office of Caregiver Quality within the required time frame and thoroughly investigated. 	
	<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"> • Nursing staff will be re-educated on the Member Abuse, Neglect, Mistreatment, Misappropriation of Property and Injuries of Unknown Origin P&P, # 02-00-20. 	
	<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>	

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	<ul style="list-style-type: none"> Reports of abuse, neglect, or misappropriation will be discussed at weekly nursing supervisor meetings as a recurring agenda item. This discussion will be utilized as an educational tool. Nursing supervisors / designee will conduct spot checks of nursing staff regarding the <u>Member Abuse, Neglect, Mistreatment, Misappropriation of Property and Injuries of Unknown Origin</u>, P&P 02-00-20, using a tool developed to test staff knowledge of the policy. Instruction will be provided immediately to staff as necessary using the policy as a guide. This plan of correction, including follow up measures and outcomes will be integrated into the quality assurance system. 	
	<p><i>Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility.</i></p> <ul style="list-style-type: none"> March 7, 2013 	

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F278	<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"> • The affected members' MDSs have been corrected and were resubmitted. The two involved MDS Coordinators were counseled and the noted errors discussed. 	
	<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 have the potential to be affected. • Submitted MDSs will be accurate for every member. 	
	<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"> • The MDS Coordinators were reeducated regarding MDS using document titled, <u>Understanding MDS 3.0</u>. 	

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	<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 supervisor/MDS Coordinator/Designee will conduct at least four monthly audits of completed MDSs using the MDS Audit Tool for the next 3 months. Variances will be noted and education provided immediately. • This plan of correction, including follow-up measures and outcomes will be integrated into the quality assurance program. 	
	<p><i>Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility.</i></p> <ul style="list-style-type: none"> • February 26, 2013 	

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F-314	<p>Failure to follow plan of care in the prevention of pressure ulcers and prevention of falls</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 pressure ulcer prevention interventions have the potential to be affected. • All members at risk for the development of pressure ulcers will have their plan of care followed as written. 	
	<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 106-00-03, Member's Care Plan. 	
	<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>	

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	<ul style="list-style-type: none"> Nursing supervisors / designee will conduct at least six random checks monthly for 3 months to ensure compliance with member's plans of care for those members at risk of developing pressure ulcers. Any variances will be noted and staff will be given immediate job instruction. This plan of correction, including follow up measures and outcomes will be integrated into the quality assurance program. 	
	<p><i>Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility.</i></p> <ul style="list-style-type: none"> March 7, 2013 	

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F315	F315 Member with indwelling catheter, no reason listed	
	<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"> • Member's indwelling catheter was removed on 02/11/2013. 	
	<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 with incontinence or current indwelling catheters have the potential to be affected. • Members with indwelling catheters or those who may have an indwelling catheter inserted will have care provided according to the <u>Foley Catheter: Monitoring and Frequency of Change</u> policy, # 121-00-10. 	

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	<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"> • Registered Nurse staff will be re-educated on policy # 121-00-10, Foley Catheter: Monitoring and Frequency of Change, emphasizing assessment of ongoing need for Foley catheter. 	
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	<p><i>Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility.</i></p> <ul style="list-style-type: none"> • March 7, 2013 	

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F-323	Failure to follow plan of care in the prevention of falls	
	<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 staff that was observed not following the member's plans of care have been counseled/ provided job instruction in following the individual member's plan of care for falls prevention. • The care plans for those members identified were reviewed and shared with direct care staff. 	
	<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 fall prevention interventions have the potential to be affected. • All members at risk of falling will have their plan of care followed as written. 	
	<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>	

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	<ul style="list-style-type: none"> All direct care staff will be reeducated on policy 106-00-03, Member's Care Plan. All direct care staff will be reeducated on wearing and use of gait belt. 	
	<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 3 months to ensure compliance with member's plans of care for those members at high risk of falls. This will include checks on gait belt availability and use. Any variances will be noted and staff will be given immediate job instruction. This plan of correction, including follow up measures and outcomes will be integrated into the quality assurance program. 	
	<p><i>Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility.</i></p> <ul style="list-style-type: none"> March 7, 2013 	

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F332	Medication Error Rates: giving insulin too soon	
	<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"> • The LPN who gave the insulin too early was provided job instruction. • The 0500 LPN Routine for the staff giving the members their insulin and sliding scale insulin has been updated with a reminder (BOLDED) that fast acting insulin may only be given 15 minutes before the member's meal. • All medication rooms have the Insulin Recommendations posted for all licensed staff. 	
	<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 diabetes and receive sliding scale insulin have the potential to be affected. • The 0500 LPN Routine was updated and all medication rooms have the Insulin Recommendations posted. 	

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	<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"> • Licensed staff were re-educate on times to give fast acting insulin with Insulin Recommendations posted in all medication rooms. 	
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	<p><i>Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility.</i></p> <ul style="list-style-type: none"> • February 26, 2013 	

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F-425	Labeling of Medications	
	<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"> • The member's whose opened insulin bottles were found to have no date or initials when opened were disposed of and new insulin was ordered. 	
	<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 the diagnosis of diabetes and receiving insulin have the potential to be affected. 	
	<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"> • Licensed staff will be re-educated on policy # 115-00-021, <u>Preparing Medications for Intramuscular, Subcutaneous, and Intradermal Administration</u>, emphasizing section 5.7 related to labeling of medications. 	

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F441	Infection Control Nurse Aide Competency. Staff failure to demonstrate proper hand hygiene.	
	<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 staff was provided job instruction / counseling on hand hygiene. 	
	<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 have the potential to be affected by inappropriate hand hygiene practices. • Staff will demonstrate appropriate hand hygiene technique. 	

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	<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"> • Direct care staff will be reeducated on Policy IC 01-04, Hand Hygiene. • Colorful hand hygiene posters will be displayed throughout the facility as reminders to direct care staff to follow hand hygiene protocol. 	
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F-498	Infection Control Nurse Aide Competency. Staff failure to demonstrate proper hand hygiene and failure to use a gait belt	
	<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 staff was provided job instruction / counseling on hand hygiene and use of gait belt 	
	<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 have the potential to be affected by inappropriate hand hygiene practices and failure to use a gait belt for transfers. • Staff will demonstrate appropriate hand hygiene technique and use of gait belt for those members requiring a gait belt for transfers. 	

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License/Certification/ID Number (X1):	52A223
Survey Date (X3):	02/07/2013
Survey Event ID Number:	VZOL11

	<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"> • Direct care staff will be reeducated on Policy IC 01-04, Hand Hygiene. • Colorful hand hygiene posters will be displayed throughout the facility as reminders to direct care staff to follow hand hygiene protocol. • Direct care staff will be reeducated on policy # 106-00-03, Member's Care Plan. 	
	<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 nursing supervisor/nursing instructor liaison/designee will conduct at least four weekly random Hand Hygiene/Glove Use Observation tools on direct care staff for 3 months. • The building's nursing instructor liaison will conduct monthly direct care staff observations to ensure staff competency in hand hygiene and gait belt use. • All variances will be noted and staff will be given immediate job instruction. • This plan of correction, including follow up measures and outcomes will be integrated into the quality assurance program. 	
	<p><i>Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility.</i></p> <ul style="list-style-type: none"> • March 7, 2013 	

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.