

## 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):	03/06/2013
Survey Event ID Number:	VZOL21

ID Prefix Tag (X4)	Provider's Plan of Correction (Each corrective action must be cross-referenced to the appropriate deficiency.)	Completion Date (X5)
K 012	<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"> <li>o <b>No members were directly affected.</b></li> </ul> <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"> <li>o <b>Members and staff have the potential to be affected.</b></li> <li>o <b>A work order was issued for the supplies/equipment and for installation of devices, to assure penetrations are fixed with approved UL fire material.</b></li> </ul> <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"> <li>o <b>Resources have been issued to staff for the supplies/equipment and installation of devices to assure penetration(s) are addressed with a UL approved fire stop.</b></li> <li>o <b>Engineering /Physical Plant and Fire Safety have received education materials to better identify penetration issues.</b></li> <li>o <b>Fire Proofing Specialist was hired.</b></li> <li>o <b>Policy/Procedure drafted to ensure wall, ceiling, floor penetrations are properly sealed.</b></li> </ul> <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"> <li>o <b>Engineering/Physical Plant and Fire/Safety will conduct quarterly building inspections and an annual "mock" survey to ensure smoke and fire wall/ceiling penetration(s) are addressed.</b></li> <li>o <b>Fire Safety personnel will also conduct semi-annual building inspections looking for penetration issues.</b></li> </ul>	03/29/13
K 020	<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"> <li>o <b>No members were directly affected.</b></li> </ul>	03/14/13

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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"> <li>o <b>Members, staff and visitors have the potential to be affected.</b></li> </ul> <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"> <li>o <b>A work order has been issued to staff for the supplies/equipment and installation of devices to assure door hardware issues are fixed.</b></li> <li>o <b>Engineering/Physical Plant and Fire/Safety have received educational materials to better identify and correct door hardware concerns.</b></li> <li>o <b>Engineering/Physical Plant, and Fire/Safety will conduct monthly inspections to ensure door hardware is working properly.</b></li> </ul> <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"> <li>o <b>Engineering/Physical Plant and Fire/Safety will conduct annual "mock" surveys to ensure door issues do not become a future concern.</b></li> </ul>	
<b>K 029</b>	<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"> <li>o <b>No members were directly affected.</b></li> </ul> <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"> <li>o <b>Members and staff have the potential to be affected.</b></li> <li>o <b>A work order has been issued to staff for the supplies/equipment and installation of devices to assure door hardware issues are fixed.</b></li> </ul> <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"> <li>o <b>A work order has been issued to staff for the supplies/equipment and installation of devices to assure door hardware issues are fixed.</b></li> <li>o <b>Engineering/Physical Plant and Fire/Safety have received educational materials to better identify and correct door concerns.</b></li> <li>o <b>Engineering/Physical Plant and Fire/Safety will conduct monthly inspections to ensure door hardware is working properly.</b></li> </ul> <p><i>How the facility plans to monitor its performance to make sure that solutions are</i></p>	<b>03/14/13</b>

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	<p><i>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"> <li>o <b>Engineering/Physical Plant and Fire/Safety will conduct annual "mock" surveys to ensure door issues do not become a future concern.</b></li> </ul>	
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<b>K 056</b>	<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"> <li>o <b>No members were directly affected.</b></li> </ul> <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"> <li>o <b>Members, staff and visitors have the potential to be affected.</b></li> <li>o <b>A work order has been issued to a vendor for the supplies/equipment to assure the fire sprinkler is removed and spacing of remaining sprinklers is in compliance.</b></li> <li>o <b>The entire building will be inspected to determine whether any similar code violation exists.</b></li> </ul> <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"> <li>o <b>Engineering/Physical Plant and Fire/Safety have received educational materials to better identify sprinkler placement.</b></li> </ul> <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"> <li>o <b>Engineering/Physical Plant and Fire/Safety will conduct annual "mock" surveys to ensure that fire sprinkler placement does not become a future concern.</b></li> </ul>	03/29/13
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<b>K 062</b>	<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"> <li>o <b>No members were directly affected.</b></li> </ul>	03/29/13
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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"> <li>○ <b>Members and staff have the potential to be affected.</b></li> <li>○ <b>A work order has been issued to staff for the supplies/equipment to assure paint is removed from the fire sprinkler.</b></li> </ul> <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"> <li>○ <b>Members and staff have the potential to be affected.</b></li> <li>○ <b>Engineering/Physical Plant, and Fire/Safety have received educational materials to better identify fire sprinkler concerns.</b></li> <li>○ <b>Policy/Procedure drafted to ensure inspection following all painting in proximity to sprinklers.</b></li> </ul> <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"> <li>○ <b>Engineering/Physical Plant and Fire/Safety will conduct annual "mock" surveys to ensure that fire sprinkler issues do not become a future concern.</b></li> </ul>	
<b>K 075</b>	<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"> <li>○ <b>The mobile soiled linen receptacles containing any soiled linens were emptied of soiled linen or moved to a room protected as a hazardous area when not in use.</b></li> <li>○ <b>No members were directly affected.</b></li> </ul> <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"> <li>○ <b>All of the nursing home members have the capacity to be affected by this deficient practice.</b></li> <li>○ <b>Staff will either empty the carts of soiled linen or store mobile soiled linen carts when not in use per Life Safety Code Standards.</b></li> </ul> <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"> <li>○ <b>Nursing staff will be educated on the Life Safety Code Standards related</b></li> </ul>	<b>03/18/13</b>

