

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

PRINTED: 03/11/2013
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 03/06/2013
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: 22947 A standard Recertification Survey for Life Safety Code compliance was conducted by the Wisconsin Division of Quality Assurance on 3/06/2013. The WI Veterans Home, Stordock 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 WI Veterans Home, Stordock is a 5-story structure with basement, built in 1970, with Type I(332) construction. All portions of the facility are sprinkled and corridors are smoke detected. The facility has an emergency generator that provides power to the emergency loads. The facility contains 12 patient care wings and 23 smoke compartments. WI Veterans Home, Stordock is licensed for 200 beds, with a census of 192 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. (6) federal deficiencies of the Life Safety Code were cited.	K 000		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1	K 012		

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 012	Continued From page 1 This STANDARD is not met as evidenced by: Surveyor: 22947 Based on observation and interview, the facility did not provide and maintain the required building construction type with sealed floor penetrations. This deficiency occurred in 3 of the 23 smoke compartments and has the potential to affect an undetermined number of staff with access to the communications rooms. FINDINGS INCLUDE: 1. On 3/06/2013 at 2:06 pm surveyor #22947 observed in the 3A smoke compartment on the 3rd floor in the comm. room 375, that there were penetration(s) through the floor/ceiling that were not fire stopped according to an approved method. The deficiency included 2 - 4" conduits through the ceiling that were not sealed. Penetrations adversely affected the ability of the building to compartmentalize fires to a single floor. This observed situation is not compliant with NFPA 101 (2000 edition), 19.1.6 and 8.2.3.2.4.2. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Adjutant) and staff B (Dir. Of Facilities). 2. On 3/06/2013 at 2:40 pm surveyor #22947 observed in the 2A smoke compartment on the 2nd floor in the comm. room 275, that there were penetration(s) through the floor/ceiling that were not fire stopped according to an approved method. The deficiency included 1-4" conduit though the ceiling that was not sealed.	K 012			

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K 012	Continued From page 2 Penetrations adversely affected the ability of the building to compartmentalize fires to a single floor. This observed situation is not compliant with NFPA 101 (2000 edition), 19.1.6 and 8.2.3.2.4.2. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Adjutant) and staff B (Dir. Of Facilities). 3. On 3/06/2013 at 3:30 pm surveyor #22947 observed in the basement center smoke compartment on the basement floor in the comm. room 025, that there were penetration(s) through the floor/ceiling that were not fire stopped according to an approved method. The deficiency included 3-4" conduits through the ceiling that were not sealed. Penetrations adversely affected the ability of the building to compartmentalize fires to a single floor. This observed situation was not compliant with NFPA 101 (2000 edition), 19.1.6 and 8.2.3.2.4.2. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Adjutant) and staff B (Dir. Of Facilities).	K 012		
K 020 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1. This STANDARD is not met as evidenced by:	K 020		

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K 020	Continued From page 3 Surveyor: 22947 Based on observation and interview, the facility did not provide enclosures around multi-floor vertical openings with doors having positive-latching hardware. This deficiency occurred in 5 of the 23 smoke compartments and has the potential to affect 60 of the 200 residents that the facility is licensed to serve, as well as an undetermined number of staff and visitors. FINDINGS INCLUDE: On 3/06/2013 at 3:03 pm surveyor #22947 observed in the 1A smoke compartment on the 1st floor in the stair A door, that the door in the vertical opening would not positively self-latch when released. When pressure was applied to the door, without turning the latch, the latch would not hold the door in the latched position. This observed situation is not compliant with NFPA 101 (2000 edition), 19.3.1.1, and 8.2.5.4, and 8.2.3.2. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Adjutant) and staff B (Dir. Of Facilities).	K 020			
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 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	K 029			

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K 029	Continued From page 4 permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Surveyor: 22947 Based on observation and interview, the facility did not enclose hazardous rooms with doors having positive-latching hardware. This deficiency occurred in 1 of the 23 smoke compartments and has the potential to affect 25 of the 200 residents that the facility is licensed to serve, as well as an undetermined number of staff and visitors. FINDINGS INCLUDE: On 3/06/2013 at 3:45 pm surveyor #22947 observed in the basement center smoke compartment on the basement floor in the member laundry room, that the door would not positively self-latch when released. When pressure was applied to the door, without turning the latch, the latch would not hold the door in the latched position. This observed situation is not compliant with NFPA 101 (2000 edition), 19.3.2.1. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Adjutant) and staff B (Dir. Of Facilities).	K 029			
K 056 SS=E	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	K 056			

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K 056	<p>Continued From page 5</p> <p>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 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: 22947 Based on observation and interview, the facility did not provide a sprinkler system that complies with NFPA 13 (1999 edition) requirements, by having sprinklers located the appropriate distance apart. This deficiency occurred in 1 of the 23 smoke compartments and has the potential to affect 5 of the 200 residents that the facility is licensed to serve, as well as an undetermined number of staff and visitors.</p> <p>FINDINGS INCLUDE: On 3/06/2013 at 12:42 pm surveyor #22947 observed in the 5A smoke compartment on the 5th floor in room 575, that a sprinkler was located 4'10" from another sprinkler head. Sprinklers cannot be closer to each other than the minimum required separation distance of 6' or closer to a wall than 4". This observed situation is not compliant with NFPA 13 (1999 edition), 5-6.3. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Adjutant) and staff B (Dir. Of Facilities).</p>	K 056		

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K 056	Continued From page 6	K 056			
K 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 22947 Based on observation and interview, the facility did not maintain the sprinkler system in a reliable operating condition that included a complete inspection program as required by NFPA 25. The sprinkler system did not have sprinklers free of paint. This deficiency occurred in 1 of the 23 smoke compartments and has the potential to affect 25 of the 200 residents that the facility is licensed to serve, as well as an undetermined number of staff and visitors.</p> <p>FINDINGS INCLUDE: On 3/06/2013 at 4:01 pm surveyor #22947 observed in the basement center smoke compartment on the basement floor in the corridor in front of the B wing doors, that a sprinkler had paint on the head. This observed situation is not compliant with NFPA 25 (1998 edition), 2-2.1.1. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Adjutant) and staff B (Dir. Of Facilities).</p>	K 062			

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K 075 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 22947 Based on observation and interview, the facility did not provide and maintain linen/trash collection receptacles in compliance with the codes by having properly sized storage containers for soiled/trash. This deficiency occurred in 2 of the 23 smoke compartments and has the potential to affect 45 of the 200 residents that the facility is licensed to serve, as well as an undetermined number of staff and visitors.</p> <p>FINDINGS INCLUDE: 1. On 3/06/2013 at 2:22 pm surveyor #22947 observed in the 3 center smoke compartment on the 3rd floor A wing corridor alcove, that mobile collection receptacles exceeded the 32 gallon maximum size when located outside of a hazardous area. This observed situation is not compliant with NFPA 101 (2000 edition), 19.7.5.5. The condition was confirmed at the time of</p>	K 075		

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K 075	<p>Continued From page 8</p> <p>discovery by a concurrent observation and interview with staff A (Adjutant) and staff B (Dir. Of Facilities).</p> <p>2. On 3/06/2013 at 2:25 pm surveyor #22947 observed in the 3 center smoke compartment on the 3rd floor in spa room 330, that mobile collection receptacles exceeded the 32 gallon maximum size when located outside of a hazardous area. This observed situation is not compliant with NFPA 101 (2000 edition), 19.7.5.5. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Adjutant) and staff B (Dir. Of Facilities).</p> <p>3. On 3/06/2013 at 2:47 pm surveyor #22947 observed in the 2A smoke compartment on the 2nd floor in tub room 201, that mobile collection receptacles exceeded the 32 gallon maximum size when located outside of a hazardous area. This observed situation is not compliant with NFPA 101 (2000 edition), 19.7.5.5. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Adjutant) and staff B (Dir. Of Facilities).</p> <p>4. On 3/06/2013 at 2:53 pm surveyor #22947 observed in the 2A smoke compartment on the 2nd floor in the corridor across from housekeeping room 288, that mobile collection receptacles exceeded the 32 gallon maximum size when located outside of a hazardous area. This observed situation is not compliant with NFPA 101 (2000 edition), 19.7.5.5. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Adjutant) and staff B (Dir. Of Facilities).</p>	K 075			

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