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April 7, 2016

Senator Robert Cowles
Co-Chair Joint Legislative Audit Committee
P.O. Box 7882
Madison, WI 53707-7882

Representative Samantha Kerkman
Co-Chair Joint Legislative Audit Committee
P.O. Box 8952
Madison, WI. 53708-8952

Dear Senator Cowles and Representative Kerkman,

This letter is in response to your letter dated March 28, 2016 in which you asked five questions surrounding the Department's November 6, 2015, response to Senator Julie Lassa's request. The attached document describes the exceptional quality of care delivered to our Veterans at the Wisconsin Veterans Home at King.

The King campus is comprised of four distinct licensed skilled nursing facilities, home to up to 721 veterans, spouses, and Gold Star parents.

The federal government objectively reviews 187 quality-of-care metrics on a monthly basis and rates all 15,661 nursing homes across the country on a Five-Star Rating scale. The Veterans Homes at King is performing at Five-Stars, the highest rating possible. This rating is attained by only 15% of all nursing homes nationally. Across the country the average rating is 2.5 Stars, while the average for Wisconsin's 386 nursing homes is 3.5 Stars.

The attached document is intended to provide a detailed response to your questions. If you have further questions, I would be happy to meet with you to discuss any issues further.

Sincerely,
DEPARTMENT OF VETERANS AFFAIRS

A handwritten signature in black ink, appearing to read "John A. Scocos", is written over a horizontal line.

JOHN A. SCOCOS
Secretary

cc: Senator Jerry Petrowski, Committee on Transportation and Veterans Affairs Chair
Representative Ken Skowronski, Committee on Veterans and Military Affairs Chair
Joe Chrisman, State Auditor

Wisconsin Veterans Home at King

The Wisconsin Veterans Home at King (WVH-King) is a high performing and top-rated nursing facility located near Waupaca, Wisconsin, that serves the needs of military veterans. Being a facility focused on veterans and their spouses, WVH-King, along with the state's other two Veterans Homes, is a highly regulated entity. The regulations that govern all nursing homes in Wisconsin are strict and uniformly enforced by two organizations: the State of Wisconsin Department of Health Services (DHS) and the Centers for Medicare and Medicaid Services (CMS). State Veterans Homes are additionally regulated by a third organization, the United States Department of Veterans Affairs (USDVA).

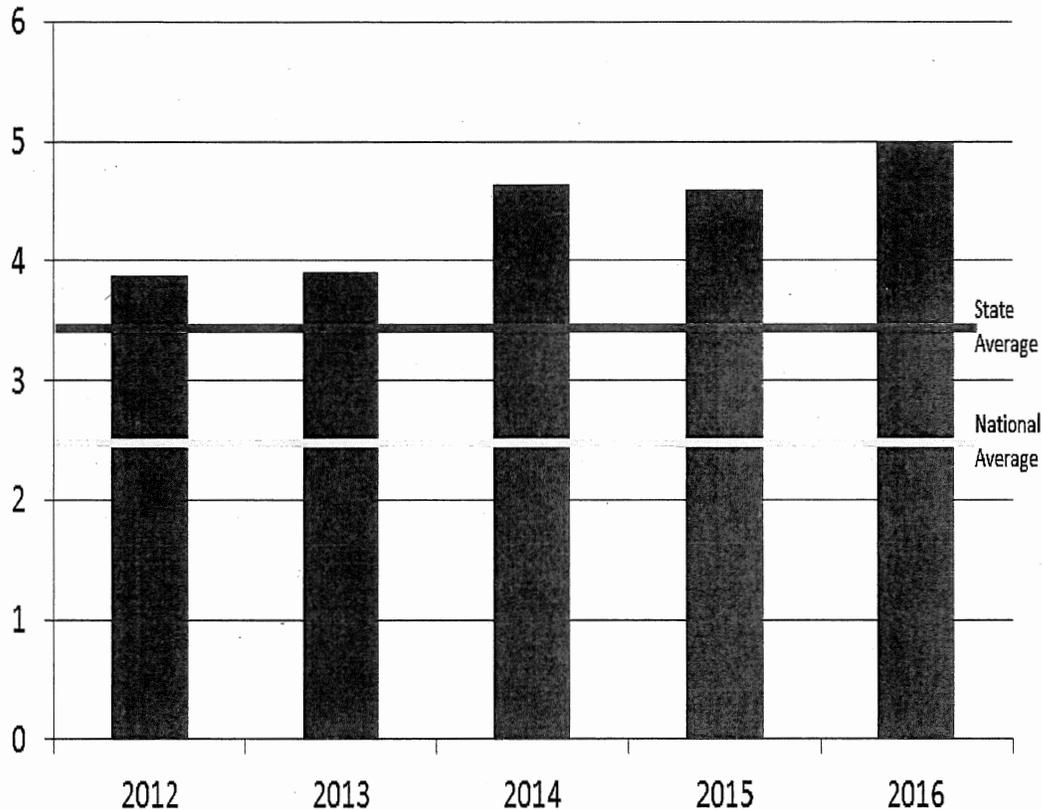
These three regulatory organizations conduct their assessments and inspections separately from each other, but approval from each is required to remain in operation.

Wisconsin Veterans Homes are more regulated than a typical nursing home, yet consistently and historically receive high ratings from overseers. WVH-King has received ratings that place it in the top 15% of nursing homes nationwide since 2014. The federal government's CMS implemented a Five-Star Rating system in 2008 in order to objectively evaluate the quality of care delivered to patients living in the 15,661 licensed nursing homes across the country. This Star rating assigned to each individual nursing home is based on three factors: quality of care delivered using 11 individual healthcare metrics, direct care staffing levels, and the results of annual healthcare inspections conducted by each state's department of health. The rating descriptors are as follows:

- 5 Stars=Excellent (achieved only by the top 15% nursing homes across the country)
- 4 Stars=Above Average
- 3 Stars=Average
- 2 Stars=Below Average
- 1 Star=Poor

Currently, the national average Star rating for the 15,661 nursing homes across the entire country is 2.5 Stars; the average Star rating for all 386 licensed nursing homes in the State of Wisconsin is currently at 3.5 Stars; and the current Star ratings for all three buildings rated at the Wisconsin Veterans Home at King is Five-Stars the highest rating achievable!

CMS Five Star Overall Quality Rating – WVH-King



The regulating organizations that confirm State Veterans Home compliance are government entities whose authority is unquestioned, both legally and professionally.

Although highly regulated, there is still a need for those who reside at the home and their advocates to have a channel to individually address any concerns they may have. To address any of these possible concerns, there are multiple avenues of approach for veterans and their families.

The state of Wisconsin Board of Aging and Long Term Care services (BOALTC) has a statewide "Ombudsman program" that operates under the oversight of the state of Wisconsin Department of Health Services (DHS). The Ombudsman program is statewide consumer advocacy program with a 24/7 hotline number where consumers (e.g. members, family, staff, visitors, volunteers) can call to file an anonymous complaint via telephone or "in person" when the Ombudsman is visiting one of our Veterans Homes. The assigned Ombudsman investigates the concern or complaint and works closely with the state DHS to determine if a complaint visit needs to be conducted by the Ombudsman or the state DHS survey inspection team. In addition:

- The Wisconsin Department of Safety and Professional Services oversees the Wisconsin State Veterans Homes in regards to OSHA and professional licensure compliance.
- DHS operates the Office of Care Giver Quality that oversees and investigates allegations of abuse, neglect or misappropriation of member property.
- The federal Office of Civil Rights (OCR) oversees the homes for compliance with HIPAA regulations.
- The County Health Department where the Veterans Home resides investigates infectious outbreaks, provides guidance and oversight.

- Veteran service organizations are also highly involved on Veteran Home campuses and provide a veteran advocacy service on veterans' issues.

Quality of Care

Medicare-certified skilled nursing facilities are the most highly regulated provider facilities in the health care industry. The Centers for Medicare and Medicaid Services (CMS) set high standards using accepted indicators of quality of care. Quality of care is measured by using structure, process, or outcome indicators. Like all nursing homes, we use a standardized and mandatory resident assessment system, called the Minimum Data Set (MDS), and conduct resident assessment, resident care conferences, and self-auditing to ensure quality service that emphasize both health and social realms of care.

Nursing homes undergo numerous different types of surveys, described in the chart below.

Agency	Type	Standards	Frequency
DHS	Standard recertification	187 health care standards	Annual
USDVA	Standard recertification	187 health care standards	Annual
DHS	Life safety code	82 engineering standards	Annual
USDVA	Life safety code	82 engineering standards	Annual
DHS	Abbreviated standard survey	Specific to complaint or situation	Complaint driven
DHS	Extended survey	Based on annual surveyor's need to gather more data	Situational

Stordock Hall Comparison

Question 1 "Most deficiencies (37) were found at Stordock. How does this facility differ from the other three skilled nursing facilities within the Wisconsin Veterans Home at King? For example, is the population at Stordock different from other facilities: What specific actions have been taken, and when, to improve the quality of care provided to residents of Stordock?"

Stordock Hall cares for 200 members on four nursing care units with 50 members per unit. Stordock Hall 2 is an all-male unit with a mixed population of both male and female throughout the rest of the building. Other than an all-male floor, Stordock Hall has no differing demographics from the other general nursing care units on the King campus.

Nursing home	Population
Stordock Hall	200
Olson Hall	200
MacArthur Hall	116
Ainsworth Hall	205

Your letter mentions 58 surveys conducted over a 37-month period, which reflects surveys for the four separately licensed care buildings on the Wisconsin Veterans Home campus. Twelve of these surveys were annual recertification surveys. The remaining 46 surveys result in an average three to four surveys per year per licensed building, numbers that are atypical.

During the time period cited (January 1, 2013-January 31, 2016), Stordock Hall's annual recertification surveys resulted in a total of 23 deficiencies, averaging approximately 7.6 deficiencies per year, below the state average of eight per year.

Similarly, Stordock Hall's LSC deficiencies have been consistently below the state average of 12 per year. The tables below break down the citations on campus.

The breakdown of citations across the campus for the requested time period includes the following:

Health Deficiencies	2013	2014	2015	Total
Stordock Hall	10	8	5	23
Ainsworth Hall	7	3	2	12
Olson Hall	0	1	2	3
McArthur Hall	6	4	0	10
Total	23	16	9	48

LSC Deficiencies	2013	2014	2015	Total
Stordock Hall	6	6	2	14
Ainsworth Hall	1	2	3	6
Olson Hall	5	3	1	9
McArthur Hall	4	3	1	8
Total	16	14	7	37

Corrective Action

As with any nursing home that receives deficiencies during surveys, Stordock Hall prepared a Plan of Correction (POC) to reduce deficiencies. Plans of correction written to meet established state and federal law for each year in the time frame identified were approved and accepted by the Division of Quality Assurance (DQA). The decrease in the number of recertification survey health deficiencies from 2013 to 2015 are evidence that specific plan of correction actions taken were effective.

For the 2013 survey, measures were put into place to: 1) re-educate and train staff, 2) revise policy and written routine, and 3) conduct audits to ensure compliance.

- Re-education and training of MDS Coordinators completed by February 26, 2013.
- Re-education and training of nursing staff regarding policy was completed by March 7, 2013.
- Routines updated and education posted for licensed nursing staff completed by February 26, 2013.
- Identified staff provided job instruction and counseling completed by March 7, 2013.
- Audits were conducted to ensure sustainable compliance with corrective actions.

For the 2014 surveys, measures were put into place to: 1) re-educate and train direct care staff, 2) revise policy and procedures, implement observation tool, implement electronic signature for licensed staff, and revise staff call-in slip, and 3) develop audit tools and complete compliance audits. These measures were completed by 5/2/2014.

For the 2015, surveys measures were put into place to: 1) educate and re-educate and train staff, 2) develop infection tracking line list, update policy and procedure, update morning IDT stand-up agenda, and 3) develop and conduct compliance audits. These measures and actions were completed by 2/26/15 and 4/1/15.

The Wisconsin Veterans Home at King has a robust Quality Assurance Performance Improvement (QAPI) program. Quality outcomes are a major focus of the program. King's QAPI is strong, and the program involves all stakeholders, services, and uses standardized tools and models to meet and exceed the CMS guidelines for skilled nursing homes related to quality.

The care provision at King is rated above standards as evidenced by the Five-Star Rating of each of the care buildings. Three out of the four nursing care buildings on campus have a Five Star Rating from CMS. Stordock Hall's last Star rating was 4 and due to recent Medicare certification process, its current Star rating is pending.

The CMS produces a monthly report (CASPER Report) of all facility-level quality measures that are used in determining the Star ratings. The CASPER Reports for King are consistently good to excellent. Any Quality Measure that flags at a certain percentile (75% or higher) is addressed in Nursing Quality Assurance Committee meetings, held monthly. Action steps and improvement plans are developed and initiated to address any area that flags as a potential problem. It should be noted that Stordock Hall had one Quality Measure flag in the last report period of 9/1/2015 to 2/29/2016. This is not an easy level of quality to obtain for any facility and comes through due diligence to ensure care services are a top priority.

Another aspect of the QAPI program at King is performance improvement projects. All service areas are charged with evaluating their services, service delivery and conducting performance improvement projects to ensure high quality service delivery. Members, families, staff, management, and other stakeholders are instrumental in participating in performance improvement projects.

Another indicator of the high quality care for members at King is the low re-hospitalization rate. Re-hospitalization is a major focus of CMS. At King, we have achieved and maintained a re-hospitalization rate that is well below the CMS guidelines of 20%. King's 2015 re-hospitalization rate was 11.7%.

Pressure ulcers are a major concern in nursing homes and can indicate substandard care provision. Pressure ulcer rates reported in nursing homes can be greater than 20%. On the average, all four licensed nursing homes at King have less than 3% of their residents that have a pressure ulcer which is indicative of a high quality of care as benchmarked against the other nursing homes across the state and nation. February's averaged rate across campus was 2%.

Medication Provision

Question 2 "Although the overall number of deficiencies decreased during this time period, the number of deficiencies associated with medication provision did not decrease in 2013 and 2015 (4 year). What specific actions have been taken, and when, to ensure the accurate provision of medication to residents?"

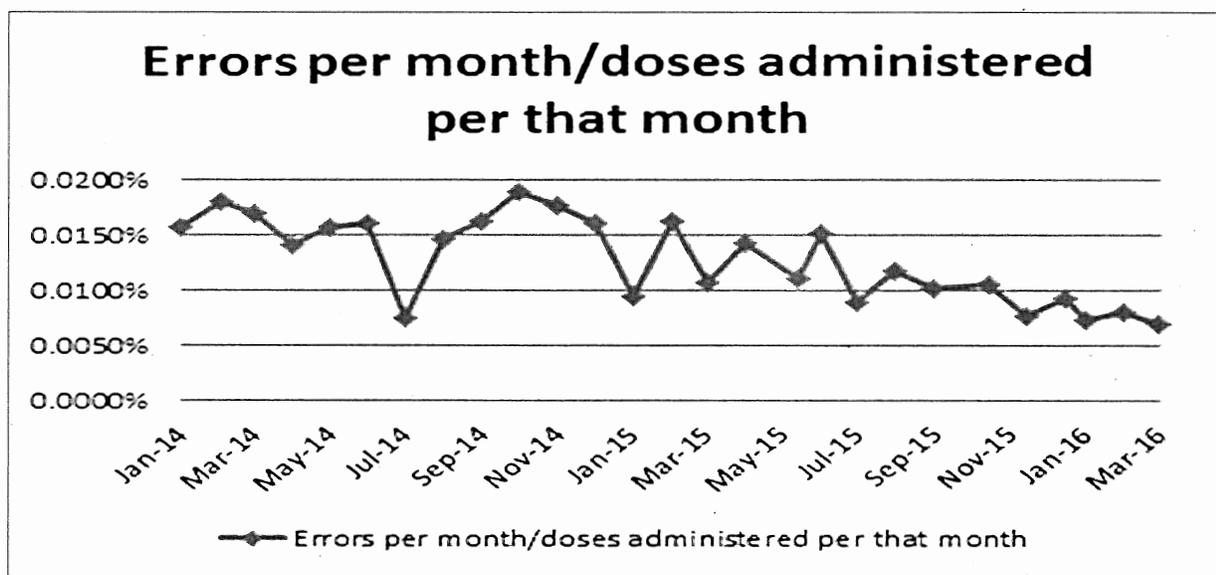
Any instances of inaccurate medication administration provision are discovered through regular audits by pharmacy services and addressed through additional training of involved staff.

Medication provision is observed during all standard recertification surveys and may result in cited deficiencies based on observation. Deficiencies identified by DQA include two residents being placed on antibiotics prior to a urine culture being completed (the urine culture identifies if a microbe is present in the urine and what type of microbe is in the urine). It has been industry practice historically by medical providers to initiate an antibiotic when a resident exhibits signs or symptoms of a possible urinary tract infection to prevent further spread of the infection or systemic spread of the infection. Medical providers and nursing homes are adjusting to new antibiotic stewardship criteria that does not support initiating an antibiotic pre-emptively to the urine culture results. Licensed nursing staff and medical providers were re-educated on antibiotic stewardship, licensed nursing staff were educated on antibiotic use and documentation related to a known or suspected infection and nursing supervisors review antibiotic use by residents at least weekly to ensure criteria is met. These actions were completed on 2/26/2015.

Certain medications require “date opened” documentation on the medication label. The medication is then discarded after the manufacturer’s recommendation to discard once opened. A 2013 cited deficiency under Pharmaceutical Services was given for one of three medication rooms reviewed with noted absent “date opened” documentation. This was cited as a minor citation where no resident harm occurred. Licensed staff were re-educated on policy and procedures relating to labeling of medications. Nursing supervisors and designees conducted follow up audits to ensure adherence to labeling. The Pharmacy conducts a monthly medication room audit. These corrective actions were completed by March 7, 2013.

A cited 2013 deficiency noted insulin was administered by licensed staff inconsistent with the manufacturer’s recommendation and facility policy. This was a minor citation and no resident harm occurred. Identified licensed staff was provided job instruction, the Licensed Practical Nurse (LPN) routine for staff giving insulin was updated and all medication rooms have recommended insulin administration data posted for easy LPN reference. This plan of correction was accepted by DQA and all corrective actions were completed by February 26, 2013.

The graph below outlines the most current data from Pharmacy Services:



Also of note is that all medication provision error data is tracked through pharmacy services and reviewed at least quarterly at QAPI. Metrics are evaluated for possible trending and necessary steps taken to address issues whether through policy and procedure change, performance improvement projects or through re-education of processes.

Response to Allegations of Abuse

Question 3 “During this time period, four deficiencies related to inadequate handling of abuse allegations were identified. What specific actions have been taken, and when, to ensure that resident abuse does not occur? Have policies and procedures changed for identifying, reporting, and investigating resident abuse? Is so, please provide these policies and identify the changes. If not, please explain why not.”

The caregiver law under Chapter DHS 13, Wisconsin Administrative Code, requires entities covered under Wisconsin Statutes Chapters 50, 51, and 146 to report allegations of caregiver abuse, neglect, or misappropriation. The Wisconsin Veterans Homes, like all nursing homes, are subject to these laws and take this responsibility seriously, self-reporting any suspicion or allegation of abuse, neglect, or misappropriation.

Under the law, staff are required to report abuse, neglect, or misappropriation of funds to the DCQ within 24 hours. A detailed summary is submitted within five days. One citation in your letter concerned filing reports outside of these time periods. Three citations concerned senior nursing staff who determined the incidents did not rise to the reporting requirement level.

Staff were re-educated on policies regarding reporting requirements. The pertinent policies are attached for your reference.

Reports of abuse, neglect or misappropriate are tracked and data evaluated, trends noted, and corrective actions implemented. This data is integrated into the QAPI program at King.

Education and training is provided to all new employees upon hire and to all employees at least annually thereafter. New employee orientation education and training and annual all-staff training include the following (this does not include ad hoc training annual education provided to staff throughout the year):

- Preventing, Recognizing, and Reporting Resident Abuse/Elder Justice Act
- Reporting of Suspected Crimes Federal Elder Justice Act
- ALZ Tips for Communicating with Individuals Who Have Alzheimer's Disease
- Customer Service
- Residents' Rights
- Medication Diversion Awareness and Prevention
- Dementia Care in Nursing Homes

Infection Control and Outbreaks:

Question 4 "DHS identified an instance in which infection control procedures were not followed during a Norovirus outbreak at Stordock. In addition, a deficiency related to sanitization of dining areas was identified throughout Ainsworth. How many infectious disease outbreaks occurred within the Wisconsin Veterans Home at King during 2015? How were residents affected by any such outbreaks? What specific actions have been taken, and when, to ensure the risk of infectious disease is as small as possible?"

In relation to the deficiency received at Stordock Hall, measures were taken to remedy the noted deficiency related to staff call-ins for illness. These measures include the following: 1) re-education: all nursing staff were re-educated on proper hand washing technique and hand hygiene processes, and all staff were re-educated on the revised employee call-in slip that include questions to identify a Norovirus outbreak. Additionally, nursing supervisors were educated on the notification checklist for possible outbreak, and the nurse schedulers were provided a line list of nursing staff for each nursing care building for staff that call-in with infectious symptoms to be monitored by nursing supervisors: and 2), nursing supervisors conducted hand washing and hand hygiene audits with skill demonstration returns.

Notably, the Wisconsin Veterans Home at King hired an Infection Preventionist in November 2014. The Infection Preventionist works closely with the facility's Medical Director, Employee Health Nurse, and local and state public health authorities in monitoring, reporting, preventing, and controlling infectious outbreaks. This position is responsible for tracking infectious related metrics, evaluating and analyzing data, conducting infection prevention audits, and education provision. Staff Development and nursing supervisors conduct on-going hand washing and hand hygiene monitoring to assist in preventing outbreaks. Signage is posted in all buildings discouraging visitors who may have an infection.

There are 18 defined member care units to mitigate the spread of infectious outbreaks. Residents on a unit under restriction are asked to remain on the unit so as not to spread infection to others outside the unit. This is considered enhanced precautions and is mandated by regulation. Meals and activities and therapies are provided on the unit.

In 2015, there were a total of 25 gastrointestinal outbreaks throughout the campus, averaging approximately 1.38 outbreaks per floor for 2015. There were 23 respiratory outbreaks throughout campus in 2015, averaging approximately 1.27 outbreaks per floor. January, February, and March had the largest number of outbreaks. The first quarter of the year is typically a time of year for respiratory and cold-like illnesses in the community. In the last quarter of 2015, there were six total respiratory and gastrointestinal outbreaks throughout the campus.

Toilet Care Assistance

Question 5 "The quality of toilet care assistance provided to residents was an identified deficiency throughout the time period. What specific actions have been taken, and when, to ensure that residents receive appropriate toilet assistance?"

In addition to the audits conducted by nursing supervisors in hand washing and hand hygiene, the Bureau of Staff Development conducts certified nursing assistant (CNA) skills checks. Skills checks cover the common areas of skills that are performed by CNA staff and include areas related to infection control, which is the deficiency cited related to toilet care. Nursing staff receives at least annual education and training in infection control principles and practices, this includes peri care skills. The Wisconsin Veterans Home at King has policies developed that cover these principles, policies and practices.

Conclusion

The Wisconsin Veterans Homes are under the same regulatory oversight as all skilled nursing homes in the state. Unlike other nursing homes in the state, the Veterans Homes undergo an additional level of regulatory oversight by the Federal Veterans Administration. Public record is indicative of the high quality care rendered to residents of the Homes. Please refer to <http://projects.propublica.org/nursing-homes/> for information related to nursing homes across the country and in Wisconsin. We believe we compare favorably to other large homes in the region.

Overall, the Wisconsin Veterans Home at King uses modern practices in its nursing homes that benefit all residents. The homes are audited more than private nursing homes due to funding by the federal government. The results in comparison to other systems are comparable. Our nursing homes exceed standards nationally.

We have seen overall improvement at the Veterans Home at King since a 2014 management re-structuring that enabled senior nursing staff to focus on the provision of direct resident care leading to higher quality outcomes.

The Department of Veterans Affairs pledges to identify issues, investigate them and provide resolutions for the betterment of all residents in the nursing homes.