

Otis Woods  
Administrator  
Department of Health Services  
Division of Quality Assurance  
1 West Wilson  
Madison, Wisconsin 53703

February 20, 2014

Dear Mr. Woods,

On Sunday Feb, 2, 2014, the State Surveyors from the Green Bay Office entered my building. I have worked in Long Term Care for years and have never had such a negative experience! The one positive was the Lead, Connie. She was professional, kind, fair and delightful to have in our building. A surveyor you can be proud of. We did not always agree but she was always attentive to our thoughts and made us feel that we had a brain. The rest of the team however did not question, they grilled; did not request, they demanded; they did not express any kindness at all and made an uncomfortable few days unbearable! I was not going to write this because my team is afraid of retaliation but I am too old and have been around to long to just “sit on it”.

If I were surveying your team and evaluating their performance/results they would have received the following:

**F224 – The facility staff have a right to be free from abuse, neglect, and/or misappropriation.** Each staff member has the right to be free from mistreatment, neglect and misappropriation. The State has an obligation to the providers to develop intervention strategies to prevent occurrences.

The survey team did not comply with this as evidenced by:

- \* Surveyor 12345 grilled staff member A in a public corridor reducing her to tears.
- \* Staff member B was interviewed and asked “how is the morale around here?” by surveyor 12346. When staff member B replied “why do you ask”, she was told not to “get so defensive”. (What does morale have to do with the survey process?)
- \* Surveyor 12346 interviewed Staff member C asking her if she “liked her job and her boss” Staff member C replied yes and surveyor 12346 continued to ask questions about what it is like to work at this facility making the staff feel very intimidated and uneasy. (Again, what does this have to do with survey?)

- \* Surveyor 12347 demanded the use of a computer stating, “ if I ask you to make copies, you know which residents we are looking at.” implying cover-up.
- \* Surveyor 12347 stated “you have to provide us with a computer” when she was told we will give her any hard copy she would like. I know computer access makes their job easier but nowhere does it say we “must provide”.
- \* Resident 1 asked Surveyor 12347 to “leave her room”
- \* Resident 2 told surveyor 12346 that she is a “know-it-all”
- \* Resident 3 refused to allow surveyor 12347 to observe cares. I have never had residents so negative about the surveyors. They are usually quite flattered to be “chosen”.

There are several other “comments and/or complaints” I received about the conduct of the survey team but I am sure you get the point.

**F 371 – Sanitary Conditions** – the Facility must adhere to sanitary requirements when preparing, storing, distributing and serving food.....

On 2/3 surveyor # 12346 entered the kitchen, walked around and opened refrigerator and cupboards with no hairnet on (she has very long hair hanging over her shoulder). Surveyor 12346 then went through resident refrigerator moving food without washing her hands or wearing gloves. If DQA publically announces At the Jan 10<sup>th</sup> meeting with providers that, “we look at hair as a pathogen”. Does the survey team know this?

**F323 – Free of accidents/hazards** - The facility must insure that the resident environment remains free of accidents/hazards.

The survey team contradicted the content of the regulation by recommending the following:

On 2/2 surveyor 12348 recommended a sanitizing chemical “be mixed in a 5 gallon bucket, poured into pitchers, and stored in freezer” co-mingling with food! This was observed/heard by Staff A, B, C, I, & V and other surveyors. If a survey team ever enters a building and finds chemicals co-mingled with food I believe the facility would get an IJ but it is OK for a surveyor to “recommend” this practice!

**F441 Infection Control** – The facility must establish an Infection Control Program .....to help prevent the spread of infection.....

The survey team did not comply with this regulation as evidenced by:

- On 2/3 and 2/4 there was frequent movement between “isolated wing” and other parts of the facility without hand washing or requesting PPE as needed. SS- 12345, 12346, and 12347, observed walking in and out of many different resident rooms on isolated wing and then on “open” wing without compliance to recommended hand washing or use of PPE. Recommendations for the Prevention and Control of Viral GE Outbreaks in Wisconsin Long Term Care Facilities

states,... “Limit staff from moving between affected and unaffected areas”. There was no “outbreak” on Astor Terrace until after the survey team moved unprotected between the two units.

- Going through wound cabinet and medical supply cabinet without hand washing or gloves
- Going through medication cart and handling vials, atomizers and pill cards without hand sanitation or wearing gloves.
- Going through the garbage looking for something with no gloves and no hand sanitizing afterward.

On January 10<sup>th</sup>, a meeting was held with DQA and Leading Age Region V. F441 was discussed as it is being cited so frequently. Why are the standards so different for the survey team?

I am sure you understand my frustration of the double standard that exists. So many of the examples are subjective interpretation of an issue but we are not allowed the right to defend. I was a surveyor for a brief time and I will tell you, the training is second to none. It is absolutely wonderful but, perfection died on the cross and to my knowledge, these surveyors can be wrong! **The IDR process is ineffective because the survey notes are taken as Gospel with no change in verbiage or defense of content allowed.** Last year I sent my Plan of Correction in to the Green Bay Office and I was called and told, “You cannot explain or defend your citation in the Plan of Correction nor can you ask for verbiage to be changed, corrected, or removed. **Therefore, I repeat, the Statement of Deficiency is taken and believed verbatim! Even in our legal system you are allowed an opportunity to defend but not in our survey system. The number of citations we receive influences our star rating and the public believes, but does not fully understand, that data.**

I fully expect to have a terrible survey next year because of this document but I am very tired of having to defend a group of wonderful staff because they make one tiny oops! I am really tired of correcting a very minor issue before the survey team even leaves our building and getting a citation anyway; and I resent having the same citation 2 years in a row when our plan of correction was accepted and we are complying with the terms! All that says to me is that 2 different surveyors interpret the code differently and we pay the price!

I believe in regulation and I am proud to be in Long Term Care but the system needs to be looked at very carefully – it stinks! Actually, the regulations are fine it is the unreasonable enforcement that needs correction. The system I believe in is outcome oriented. If something in my building should occur that actually negatively impacts one resident, I will accept my citation with grace. However, the system we have had created for us is punitive even if there is no negative outcome.

Finally, you will notice that all Staff are referred to with letters, all residents with numbers, and surveyors with a series of numbers. This is how we get our SOD but we

also get a key identifying the staff and the residents. I wonder why we do not get a key identifying which surveyor wrote about us.

I am not sure if anyone will pay any attention to this but it makes me feel better to believe in a system that I was once proud of and would like to be again.

Respectfully,

Charlene Everett, RN, NHA, CEO  
Odd Fellow Home  
Green Bay

Cc: Governor Scott Walker  
Juan Flores  
Paul Peshik