

State Veterans' Homes (SVH) Corrective Action Plan
Bill Nichols State Veterans Home February 13-16, 2024

Important: Attestation by the SVH leadership, including the SVH nurse leader, of actions to assure timely completion of goals and establishment of oversight to assure continued improvement in areas identified for correction. The Corrective Action Plan (CAP) should include input from all levels of staff and affected resident(s), as is applicable and appropriate, impacted by the issue identified. This CAP is intended to become a source towards Quality Assessment and Assurance.

State the Issue Identify the Regulation and Findings	Address how corrective action will be accomplished for those residents found to be affected by the deficient practice (Actions should align with Quality Assessment and Assurance fundamentals)	Address how the SVH will identify other residents having the potential to be affected by the same deficient practice	Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur	How does the SVH plan to monitor its performance to make sure that solutions are sustained (Actions should align with Quality Assessment and Assurance)	Proposed Completion Date (i.e. when corrective action will be fully implemented and sustained)
§ 51.110(e)(3) Comprehensive care plans. The services provided or arranged by the facility must— (i) Meet professional standards of quality; and (ii) Be provided by qualified persons in accordance with each resident's written plan of care.	On 2-15-2024 Director of Nursing verified all interventions on Resident Identified #2 care plan were in place.	On 2-15-2024 Wound Care Nurse conducted observation audits of all veterans with pressure injuries to ensure all interventions on care plan were in place.	On 2-15-2024 Staff Development Coordinator conducted in-service education with nursing staff re: importance of following care plan and ensure all interventions are followed on veterans with pressure injury.	Wound Care Nurse or Nurse Designee to conduct observation audits on veterans with pressure injuries to ensure all care plan interventions are followed. Observation audits to be conducted weekly times four weeks with a target of 100% compliance. Director of Nursing to review audits and report to QA monthly.	04-30-2024
§ 51.120 (d) Pressure sores Based on the comprehensive assessment of a resident, the facility management must ensure that— (1) A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were	On 2-15-2024 Wound Care Nurse verified Resident Identified #2 was positioned on side with positioning device and heel suspension boots were in place. On 11-2-23 facility identified weekly body audits for resident identified #2 were not completed for past two weeks and initiated quality assurance performance improvement plan. There have been no further concerns regarding body audits.	On 2-16-2024 Nurse Designee conducted observation audit of all veterans with pressure injury to ensure positioning devices and proper positioning was being followed.	On 2-15-2024 Staff Development Coordinator conducted in-service education with nursing staff re: turning and repositioning and positioning devices.	Wound Care Nurse or Nurse Designee to conduct observation audits on veterans with pressure injuries to ensure repositioning and positioning devices are in place. Observation audits to be conducted weekly times 4 weeks with a target of 100% compliance. Director of Nursing to review audits and report to QA monthly.	04-30-2024

unavoidable; and (2) A resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.					
<p>§ 51.190 (a) Infection Control Program</p> <p>The facility management must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection control program. The facility management must establish an infection control program under which it—</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p>	<p>On 2-16-24 Infection Preventionist conducted in-service education on COVID- 19 PPE requirements and Donning (putting on) and Doffing (taking off) PPE with all staff. All isolation carts were stocked with appropriate PPE.</p> <p>On 1-17-24 1st veteran tested positive, following facility policy veterans were tested on 1-18-24 (day 1 per facility policy and CMS guidelines), 1-20-24 (day 3 per facility policy and CMS guidelines), and 1-22-24 (day 5 per facility policy and CMS guidelines). Facility continued to test veterans weekly (on every Monday) per facility policy and CMS guidelines on 1-29- 24, 2-5-24, 2-12-24, 2-19-24, 2-26-24, and 3-4-24. The last veteran positive was on 2- 15-24, requiring testing for two weeks (facility policy and CMS guidelines) resulting in facility testing through 3-4-24. On 2-13-24 Infection Preventionist provided surveyor with COVID-19 log that included date(s) of veteran(s) positive(s) through dates of isolation (10 days). Facility will continue to maintain COVID-19 log during outbreak.</p> <p>On 2-14-24 Infection Preventionist provided surveyor with antibiotic log that included laboratory and radiology reports. Facility will continue to maintain antibiotic log with laboratory and radiology reports</p>	<p>On 2-16-24 Infection Preventionist conducted audit of all isolation carts to ensure PPE were available. On 2-16-24 Infection Preventionist conducted observation of staff to ensure proper Donning (putting on) and Doffing (taking off) of PPE was followed for care provided to COVID-19 veterans. Facility will continue to monitor veterans for signs and symptoms of COVID-19 and test as indicated, days 1, 3, 5 and then weekly during an outbreak per facility policy and CMS guidelines.</p> <p>Facility will continue to maintain COVID-19 log to include dates of veteran positive through dates of isolation, per facility policy. Facility will continue to maintain antibiotic log with laboratory and radiology reports, per facility poli</p>	<p>On 2-16-24 Infection Preventionist conducted in-service education on COVID-19 PPE requirements and Donning (putting on) and Doffing (taking off) PPE with all staff. On 3-14-24 UAB Strike force provided staff education and observed staff return demonstration on Infection Control Practices to include donning (putting on) and doffing (taking off) PPE.</p>	<p>Infection Preventionist or Nurse Designee will conduct audits to ensure PPE available on all isolation carts weekly for four weeks with a target of 100% compliance.</p> <p>Infection Preventionist or Nurse Designee will conduct direct observations audits on staff donning (putting on) and doffing (taking off) PPE per policy when providing care to COVID-19 positive veterans weekly for four weeks, with a target of 100% compliance.</p>	04-30-2024

- This Corrective Action Plan is to be electronically submitted to the Pod-specific National SVH Program Manager for Quality and Oversight