

**State Veterans' Homes (SVH) Corrective Action Plan  
(Illinois Veterans Home - Anna 7/20-7/21/23)**

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 )
<p><b>§ 51.100 (c) Resident Council.</b></p> <p>The facility management must establish a council of residents that meet at least quarterly. The facility management must document any concerns submitted to the management of the facility by the council.</p>	<p>The corrective action the facility has taken for all residents affected by this practice include: The facility has implemented a Town hall Meeting policy and procedure. This will allow DOM residents to communicate quality of care or life concerns. They will be able to plan meaningful activities that are important to them and choose resident choice meals. The Activity staff will assist with the Town Hall meeting, any concerns will be in writing and submitted to the supervisor. The supervisor will then complete the form providing resolutions and return to the Activity staff member prior to the next meeting. A copy of the minutes will be posted on the bulletin board. During the August 29<sup>th</sup> Town Hall meeting, the DOM residents did not want to meet monthly but agreed to do quarterly meetings and chose the day and time for the meetings. The residents feel they are such a small group and feel comfortable with reporting problems or suggestions to Admin at any time. They are appreciative of the involvement of the Activity department as no one wants to be designated as being in charge of the Town Hall meetings.</p>	<p>It was identified that all seven residents have the potential to be affected by the deficient practice.</p>	<p>It is the Illinois Veterans Home-Anna's policy to provide a quarterly Town Hall meeting for the residents in the DOM. The Activity Department will assist the DOM residents with the meeting at their request. It will be posted on the Activity calendar for the month it is being held. Minutes will be posted on the bulletin board. The first Town Hall meeting was August 29, 2023. During this meeting they voiced they did not want to meet monthly but agreed to do a quarterly meeting. The residents chose to have the quarterly meeting on the third Friday of the month after lunch. They state they are a small group and no one wants to be in charge of the meetings. The DOM residents agreed to have the next meeting on November 17<sup>th</sup> at 1:30. A copy of the 2024 Town Hall meeting schedule will be provided.</p>	<p>As part of the facility's ongoing quality assurance plan the Adjutant will give a quarterly report at the QA meeting with date the meeting was held and when the next scheduled meeting is to ensure compliance.</p>	<p>8/29/23</p>

<p><b>§ 51.180 (e) (1) Storage of drugs and biologicals.</b></p> <p>(1) In accordance with State and Federal laws, the facility management must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p>	<p>The corrective action the facility has taken for all residents affected by this practice include: The facility will install a locking mechanism on the kitchen cabinet for adequate storage space. Key(s) will be given to the resident(s). Additional key will be given to nursing department in case of emergencies. All residents in the DOM have been educated on the policy for the locking mechanism and storage of medications.</p>	<p>It was identified that all seven residents have the potential to be affected by the deficient practice.</p>	<p>It is the Illinois Veterans Home-Anna's practice to provide proper storage of drugs and biologicals. The facility's policy has been revised. Locking mechanisms have been installed on the kitchen cabinets in all 6 of the DOM apartments. The resident will receive the keys and the third key will be stored in the skilled nursing medication room. If a nurse is needed to access the resident's locked cabinet, nursing will sign out the key, using proper form to include date, time, apartment number and nurse initials. When the key is returned the nurse will sign the key in with the date/time returned and initials.</p>	<p>As part of the facility's ongoing quality assurance plan, the DON will perform weekly checks x 4 weeks then monthly x 3 months for compliance. The DON will check the cabinet to make sure it is locked and also that medications are stored in the cabinet and that the resident has the key. Education will be provided or reinforced. The DON will give an update at the Quality Assurance meeting to monitor compliance. The DON will be responsible for continued compliance.</p> <p>Start Date: 9/8/23 End Date: 12/22/23 Goal: 100% compliance</p>	<p>12/22/23</p>
<p><b>§ 51.210 (b) Disclosure of State agency and individual responsible for oversight of facility.</b></p> <p>Disclosure of State agency and individual responsible for oversight of facility. The State must give written notice to the Office of Geriatrics and Extended Care, VA Headquarters, 810 Vermont Avenue, NW, Washington, DC 20420, at the time of the change, if any of the following change:</p> <p>(1) The State agency and individual responsible for oversight of a State home facility;</p> <p>(2) The State home administrator;</p> <p>(3) The director of nursing services (or other individual in charge of nursing services); and</p> <p>(4) The State employee responsible for oversight of the State home if a contractor operates the</p>	<p>The corrective action the facility has taken for all residents affected by this practice include: The facility has updated the Administrator policy to include notification of the office for Geriatrics and Extended Care in the event of change of Administrator.</p>	<p>It was identified that all residents have the potential to be affected by the deficient practice.</p>	<p>It is the Illinois Veterans Home-Anna's policy to provide notification to the Office for Geriatrics and Extended Care, VA Headquarters when there is a change of administrator. The policy has been updated to include the address and notification as to where it is to be sent.</p>	<p>The Senior Area Home Administrator will monitor for compliance, when change of administrator occurs.</p>	<p>8/23/23</p>

State home					
<p><b>§ 51.210 (g) Staff qualifications.</b></p> <p>(1) The facility management must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements.</p> <p>(2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws.</p>	<p>The corrective action the facility has taken for all residents affected: Revision of the VA-10-3567 Part V showing direct care hours of 1.5 with the census of 7. Weeks used are listed on the staffing pattern worksheet. The facility has an understanding on the figures that are required in the box for surveyors to input on their spreadsheet.</p>	<p>It was identified that were no residents affected.</p>	<p>It is the policy of the Illinois Veterans Home-Anna to complete the VA 10-3567 accurately and in a timely manner so the survey team can verify the accuracy of the form. On the day of survey, the correct hours of care were 3.5 however, there was confusion between surveyor and staff member completing the 3567. Clarification has been made and the correct completion of the VA 10-3567.</p>	<p>The DON and ADON have a thorough understanding of the Staffing Pattern Four Week Average Form and will be able to complete in a timely manner during our next survey process.</p>	<p>8/21/23</p>
<p><b>§ 51.300 (b) Work.</b></p> <p>The resident must participate, based on his or her ability, in some measure, however slight, in work assignments that support the maintenance and operation of the State home. The State Home management must create a written policy to implement the work requirement. The resident is encouraged to participate in vocational and employment services, which are essential to meeting the psychosocial needs of the resident. The resident must perform work for the facility after the State home has accomplished the following:</p> <p>(1) The facility has documented the resident's need or desire to work in the comprehensive care plan;</p>	<p>The corrective action the facility has taken for all residents affected by the practice include; Implementing a Domiciliary Work Task Program Policy, creating a new document for the residents to sign indicating work/task to be accomplished that supports the maintenance and operation of the Veteran's Home. The resident's service plan will be updated to indicate the task.</p>	<p>It was identified that all residents had declined to participate in a work program.</p>	<p>It is the policy of the Illinois Veterans Home-Anna the resident must participate, based on his or her ability, in some measure, however slight, in work assignments that support the maintenance and operation of the State Home.</p>	<p>As part of the facility's ongoing quality assurance plan Social Service designee will submit copies of signed work task form to the Adjutant for review. Any trends will be followed up on and reported at the Quality Assurance meeting. The Social Services designee and Adjutant will be responsible for compliance.</p>	<p>9/06/23</p>

(2) The comprehensive care plan described in § 51.310 specifies the nature of the work performed and whether the work is unpaid or paid; (3) Compensation for work for which the facility would pay a prevailing wage if done by non-residents is paid at or above prevailing wages for similar work in the area where the facility is located; and (4) The facility consulted with and the resident agrees to the work arrangement described in the comprehensive care plan.					
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- This Corrective Action Plan is to be electronically submitted to the Pod-specific National SVH Program Manager for Quality and Oversight