# *State Veterans' Homes (SVH) Corrective Action Plan*
# *Illinois Veterans Home-Anna 7/18/24-/7/19/24*

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**<br><br>**Identify the Regulation and Findings** | **Address how corrective action will be accomplished for those residents found to be affected by the deficient practice**<br>(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**<br>(Actions should align with Quality Assessment and Assurance) | **Proposed Completion Date** (i.e. when corrective action will be fully implemented and sustained ) |
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| **Section 51.70 (n) Self-Administration of Drugs**<br><br>An individual resident may self-administer drugs if the interdisciplinary team, as defines by 51.110(d)(2)(ii) of this part, has determined that this practice is safe. | 1.Each affected resident's electronic health record will be reviewed for deficient Medication Self Administration Safety Screens.<br>2. Deficient Medication Self Administration Safety Screens will be completed by nursing staff.<br>3.After assessment, electronic health record will be updated with current Medication Self Administration Safety Screen.<br>4.The physician will approve/disapprove of self-administration of medications based on UDA evaluation findings. | 1.Audit to be performed by Director of Nursing to review Medication Self Administration Safety Screens on all residents who could be potentially affected by this deficient practice.<br>2.If Medication Self Administration Safety Screen is in non-compliance with acceptable guidelines, nursing staff to assess and complete.<br>3.After assessment, electronic health record will be updated with current Medication Self Administration Safety Screen.<br>4.The physician will approve/disapprove of self-administration of medications based on UDA evaluation findings. | 1.All residents will be reviewed upon admission and the Medication Self Administration Safety Screen will be completed on each new resident.<br>2.Domiciliary residents will have the Medication Self Administration Safety Screen completely bi-annually and as needed.<br>3.Nursing staff will complete this assessment bi-annually and as needed. Resident UDA dates are based upon their admission date.<br>4.Nursing staff will continue to have a nursing monthly summary assignment that includes their assigned residents and required dates of all needed User Defined Assessments.<br>5.After assessment completed, electronic health record will be updated with most current Medication Self Administration Safety Screen.<br>6.The Health Information Administrator will complete monthly audits of all resident UDA's. The Health Information | 1.As part of the facility's ongoing quality assurance plan, the Director of Nursing and Health Information Administrator will be responsible for continued compliance.<br>2.UDA audits will be performed monthly x3 months and will continue to be reviewed monthly on a regular basis by the Health Information Administrator and monitored by the Director of Nursing.<br>3.The physician will approve/disapprove of self-administration of medications based on UDA evaluation findings.<br>4. Medication Self Administration Safety Screens in non-compliance with acceptable guidelines will be reviewed at the weekly clinical meeting with the interdisciplinary team and during Quality Assessment Performance Improvement meetings; either quarterly or as needed. 5.Recommendations for resident care will be provided and reviewed with the interdisciplinary team.<br>Start Date: 07/18/24<br>End Date: 10/31/24<br>Compliance:100% | October 31, 2024. |

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| | | | Administrator will notify the Director of Nursing of any deficiencies.<br>7.Any outstanding UDA's will be completed after deficiency is noted.<br>8.The physician will approve/disapprove of self-administration of medications based on UDA evaluation findings. | | |



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