## State Veterans' Homes (SVH) Corrective Action Plan (Illinois Veterans Home - Anna 7/18-7/20/23)

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	Address how corrective action will be	Address how the SVH will	Address what measures will be put into	How does the SVH plan to	Proposed
Identify the Regulation and	accomplished for those residents	identify other residents having	place or systemic changes made to ensure	monitor its performance to make	Completion
Findings	found to be affected by the deficient	the potential to be affected by the	that the deficient practice will not recur	sure that solutions are sustained	Date (i.e. when
i mangs	practice	same deficient practice		(Actions should align with Quality	corrective
	(Actions should align with Quality Assessment and Assurance fundamentals)			Assessment and Assurance)	action will be
	Assessment and Assurance fundamentals)				fully implemented
					and sustained )
					· · · ·
§ 51.110 (e) (3)	The corrective action plan the facility	It was identified that resident #11	It is the Illinois Veterans Home-Anna's	As part of the facility's ongoing	12/22/23
			practice to follow physician orders and	quality assurance plan, the DON	
The services provided or	current Nursing Policy and Procedures	and no other residents were affected.	administer medications to meet professional	will perform medication	
	for Medication Administration and		standards of quality care. The facility's policy		
	Physician orders. Including to clarify		and procedure has been revised. Nursing in-		
	physician orders and to include direction		service provided to nursing staff included the		
	on special physician instructions.		following physician's orders (including special		
	Resident #11 was not adversely		manufacturer instructions), administering		
each resident's written plan of	affected. A facility audit of all residents		medications while following proper protocol		
care.	and orders were completed. All orders		and cleaning of devices after use when	responsible for continued	
	have been reviewed and are entered		applicable.	compliance.	
	correctly. Education provided to all			Start Date: 08/16/23	
	nurses including mandatory in-service			End Date: 12/22/23	
	training. Education provided to resident			Compliance: 100%	
	#11 regarding inhaler usage and proper				
	technique during administration. Return				
	demonstration observed.				
§ 51.130 (d) Nursing	The corrective action the facility has	It was identified that were no	It is the policy of the Illinois Veterans Home-		8/21/23
services.	taken for all residents affected:		Anna to complete the VA 10-3567 accurately		
The facility management must	Revision of the VA-10-3567 Part V		and in a timely manner so the survey team		
	showing direct care hours of 3.5 with the		can verify the accuracy of the form. On the		
	census of 44. Weeks used are listed on		day of survey, the correct hours of care were		
	the staffing pattern worksheet. The		3.5 however, there was confusion between		
	facility has an understanding on the		surveyor and staff member completing the		
	figures that are required in the box for		3567. Clarification has been made and the		
	surveyors to input on their spreadsheet.		correct completion of the VA 10-3567.		
providing nursing home care.					

§ 51.140 (h) Sanitary	The corrective action the facility has	It was identified that all residents	It is the policy of the Illinois Veterans Home-	As part of the ongoing quality	12/15/23
		could potentially be affected by the	Anna to prepare, distribute and serve food		
The facility must:	servicing of staff on glove usage and		under sanitary conditions. The Dietary	manager will complete the audits	
	handwashing. This education has been		manager will perform audits for Glove usage		
	provided by Dietary manager and			months. The Dietary Manager will	
	Dietitian consultant. Dietary employees			submit her audits to the	
	completed quiz on Handwashing and			Administrator for review. Any	
	Glove Usage for competency.			trends note, and follow ups	
and serve food under sanitary				required will be reported at the	
conditions; and				facility's quality assurance	
(3) Dispose of garbage and				meetings. The Dietary Manager	
refuse properly.				will be responsible for continued	
refuse property.				compliance.	
				Start Date: 8/22/23	
				End Date: 12/15/23	
				Compliance Goal: 100%	
§ 51,200 (a) Life safety from	The corrective action the facility has	It was identified that all residents	It is the policy of the Illinois Veterans Home-		9/11/23
			Anna's to meet the applicable provisions for		
	the lower half of the IT door to prevent		that all doors NFPA, Life Safety Code and		
	transfer of smoke. The door handle for		NFPA 99 Health Code Facilities that all doors		
facility must meet the	room 103 was replaced with proper		will resist the passage of smoke.	Doors will be assessed for the	
applicable provisions of NEPA	fitting hardware that covers the holes			potential of smoke penetrations.	
Tor, End baloty bodd and	also to prevent the transfer of smoke.			The	
				Buildings/Grounds/Maintenance	
Facilities Code.				and the Administration will be	
				responsible for compliance.	
§ 51.200 (h) (1) Other	The corrective action the facility has	It was identified that all residents		Weekly inspection of the restrooms	12/22/23
environmental conditions.				and shower rooms have been	
	remove the soap dishes to scrub and			incorporated into the Weekly	
, .	remove the brown substance that			Inspection Checklist. The first	
	covered the soap dishes. Rust was			phase of the project is the	
	removed and the dividers were painted			demolition and remodeling of the	
	in the Men's restroom. On Freedom			Mens restroom by the	
	Hall inside the restroom in the Shower			Administration office and the	
	room the hole was patched. The Men's			Freedom Shower Room. This	
ensure that water is available	restroom and the Freedom Hall Shower			project started on 10/2/23 with	
to essential areas when there	room are the first phase of the Capital			work going on in both areas	
is a loss of normal water	Development Board project which			simultaneously. The contractor is	
	started on October 2, 2023. Both			estimating a completion date of	
	projects are going on at the same time.			12/11/23.	
	Vendor is estimating a completion date			Start Date: 10/2/23	
	of 12/11/23 for both the men's restroom			End date: 12/11/23	
	and the Freedom Hall shower room.				
	The corrective action the facility has	It was identified that all residents	It is the Illinois Veterans Home-Anna's policy		8/23/23
				Administrator will monitor for	
				compliance, when change of	
	updated the Administrator policy to			administrator occurs.	
Disclosure of State agency	include notification of the office for		administrator. The policy has been updated		

oversight of facility. The Statewort of change of Administrator.       where it is to be sent.         Office of Geriatrics and Extended Care, VA       Headquarters, 810 Vermont         Verue, NV, Washington, DC       20420, at the time of the following change:       If the state agency and individual responsible for oversight of State home facility.         (2) The State agency and individual in correstive science), and the facility of the following services (or other individual in correstive science), and the facility has take home fa contractor of nursing services.       It is the policy of the fillinois Veterans Home The DON and ADON have a facility has take home fa contractor on persents the State home for all residents affected.       It is the policy of the lilinois Veterans Home The DON and ADON have a facility has take home for all residents affected.       Resident the destination of all residents affected.         (1) The State home for a contractor operates the State home for all residents affected.       It is the policy of the lilinois Veterans Home The DON and ADON have a facility has take home for all residents affected.       Route the facility has take home for all residents affected.         (1) The State home for all residents affected.       It is the policy of the lilinois Veterans Home The DON and ADON have a facility has an understanding of the policy on a fully has an understanding of the day of survey, the consultant basis census of 4. Weeks used an listed on taken for all residents affected.       Anna to complete the VA 10-3667 accurately thorough understanding of the day of survey, the consultant basis census of 4. Weeks used an listed on the provisions of a survey into coveresting the accuracy of the form.       Si bo	and individual responsible for Geriatrics and Extended Care in the	to include the address and notification as to	
must give written notice to the Office of Gentatrics and Extended Care, VA Headquaters, 810 Vermont Avenue, NW, Washington, DC 20420, at the time of the change, if any of the following change:       (1) The State agency and individual responsible for oversight of a State home facility;         (1) The State agency and individual responsible for oversight of a State home facility;       (2) The State home facility;         (2) The director of nursing services; (or oversight of the State home facility;       (3) The director of nursing services; (or oversight of the State home facility;       (4) The State employee responsible for oversight of the State home if a contractor operates the State home facility;       (1) The facility has taken for all residents alfected: the VA-10-3567 Part V must employ on a full-time, showing direct care hours of 3.5 with the part-time or consultant basis; consult at basis; consult at basis; consult at basis; consult at basis; consult at basis; dual time provisons of facility has to carry out the provisons of the basis of for correct hours of care were complete in a timely manner during 3.5 however, there was confusion betweenour next survey process. survey or and staff must be survey ons to input on their spreadsheet. ticonsed, certified, or registered in a coordance with			
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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

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