

**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 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.	The corrective action plan the facility has taken is to Review and update the current Nursing Policy and Procedures for Medication Administration and Physician orders. Including to clarify physician orders and to include direction on special physician instructions. Resident #11 was not adversely affected. A facility audit of all residents and orders were completed. All orders have been reviewed and are entered correctly. Education provided to all nurses including mandatory in-service training. Education provided to resident #11 regarding inhaler usage and proper technique during administration. Return demonstration observed.	It was identified that resident #11 was affected by the deficient practice and no other residents were affected.	It is the Illinois Veterans Home-Anna's practice to follow physician orders and administer medications to meet professional standards of quality care. The facility's policy and procedure has been revised. Nursing service provided to nursing staff included the following physician's orders (including special manufacturer instructions), administering medications while following proper protocol and cleaning of devices after use when applicable.	As part of the facility's ongoing quality assurance plan, the DON will perform medication administration audits weekly x 4 weeks then monthly for 3 months for compliance; including proper inhaler usage. The DON will give an audit update at the quality assurance meeting. The DON is responsible for continued compliance. Start Date: 08/16/23 End Date: 12/22/23 Compliance: 100%	12/22/23
§ 51.130 (d) Nursing services. The facility management must provide nursing services to ensure that there is direct care nurse staffing of no less than 2.5 hours per patient per 24 hours, 7 days per week in the portion of any building providing nursing home care.	The corrective action the facility has taken for all residents affected: Revision of the VA-10-3567 Part V showing direct care hours of 3.5 with the census of 44. 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.	It was identified that were no residents affected.	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.	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.	8/21/23

<p>§ 51.140 (h) Sanitary conditions. The facility must:</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State, or local authorities;</p> <p>(2) Store, prepare, distribute, and serve food under sanitary conditions; and</p> <p>(3) Dispose of garbage and refuse properly.</p>	<p>The corrective action the facility has taken includes education and in-servicing of staff on glove usage and handwashing. This education has been provided by Dietary manager and Dietitian consultant. Dietary employees completed quiz on Handwashing and Glove Usage for competency.</p>	<p>It was identified that all residents could potentially be affected by the deficient practice.</p>	<p>It is the policy of the Illinois Veterans Home-Anna to prepare, distribute and serve food under sanitary conditions. The Dietary manager will perform audits for Glove usage and Handwashing during meal prep and serving.</p>	<p>As part of the ongoing quality assurance plan the Dietary manager will complete the audits weekly x 4 weeks then monthly x 3 months. The Dietary Manager will submit her audits to the Administrator for review. Any trends note, and follow ups required will be reported at the facility's quality assurance meetings. The Dietary Manager will be responsible for continued compliance.</p> <p>Start Date: 8/22/23 End Date: 12/15/23 Compliance Goal: 100%</p>	12/15/23
<p>§ 51.200 (a) Life safety from fire. (a) Life safety from fire. The facility must meet the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code.</p>	<p>The corrective action the facility has taken is to remove the transfer grill from the lower half of the IT door to prevent transfer of smoke. The door handle for room 103 was replaced with proper fitting hardware that covers the holes also to prevent the transfer of smoke.</p>	<p>It was identified that all residents have the potential to be affected by the deficient practice.</p>	<p>It is the policy of the Illinois Veterans Home-Anna's to meet the applicable provisions for that all doors NFPA, Life Safety Code and NFPA 99 Health Code Facilities that all doors will resist the passage of smoke.</p>	<p>As part of the ongoing facility quality assurance plan inspection of doors will be incorporated into the weekly inspection checklist. Doors will be assessed for the potential of smoke penetrations. The Buildings/Grounds/Maintenance and the Administration will be responsible for compliance.</p>	9/11/23
<p>§ 51.200 (h) (1) Other environmental conditions. The facility management must provide a safe, functional, sanitary, and comfortable environment for the residents, staff and the public. The facility must—</p> <p>(1) Establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply;</p>	<p>The corrective action the facility has taken is to replace the 2 floor tiles, remove the soap dishes to scrub and remove the brown substance that covered the soap dishes. Rust was removed and the dividers were painted in the Men's restroom. On Freedom Hall inside the restroom in the Shower room the hole was patched. The Men's restroom and the Freedom Hall Shower room are the first phase of the Capital Development Board project which started on October 2, 2023. Both projects are going on at the same time. Vendor is estimating a completion date of 12/11/23 for both the men's restroom and the Freedom Hall shower room.</p>	<p>It was identified that all residents have the potential to be affected by the deficient practice.</p>	<p>It is the policy of the Illinois Veterans Home-Anna's to provide a safe and functional environment for the residents, staff and public.</p>	<p>Weekly inspection of the restrooms and shower rooms have been incorporated into the Weekly Inspection Checklist. The first phase of the project is the demolition and remodeling of the Mens restroom by the Administration office and the Freedom Shower Room. This project started on 10/2/23 with work going on in both areas simultaneously. The contractor is estimating a completion date of 12/11/23.</p> <p>Start Date: 10/2/23 End date: 12/11/23</p>	12/22/23
<p>§ 51.210 (b) Disclosure of State agency and individual responsible for oversight of facility. Disclosure of State agency</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</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</p>	<p>The Senior Area Home Administrator will monitor for compliance, when change of administrator occurs.</p>	8/23/23

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: (1) The State agency and individual responsible for oversight of a State home facility; (2) The State home administrator; (3) The director of nursing services (or other individual in charge of nursing services); and (4) The State employee responsible for oversight of the State home if a contractor operates the State home	Geriatrics and Extended Care in the event of change of Administrator.		to include the address and notification as to where it is to be sent.		
§ 51.210 (g) Staff qualifications. (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. (2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws.	The corrective action the facility has taken for all residents affected: Revision of the VA-10-3567 Part V showing direct care hours of 3.5 with the census of 44. 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.	It was identified that were no residents affected.	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.	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.	8/21/23

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