

**State Veterans' Homes (SVH) Corrective Action Plan  
Clyde W. Cosper TSVH June 11<sup>th</sup> thru June 14<sup>th</sup> 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 <small>(Actions should align with Quality Assessment and Assurance fundamentals)</small>	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 <small>(Actions should align with Quality Assessment and Assurance)</small>	Proposed Completion Date (i.e. when corrective action will be fully implemented and sustained )
<p>§ 51.70 (f) (1) – (2) Grievances. A resident has the right to— (1) Voice grievances without discrimination or reprisal. Residents may voice grievances with respect to treatment received and not received; and (2) Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents Rating – Not Met Scope and Severity – E Residents Affected –Many</p>	<p>Resident # 22 was interviewed by this administrator on 6.13.24 and displayed no signs of distress due to this alleged deficient practice.</p>	<p>Residents involved in the grievance resolution process have the potential to be affected. Grievances received between May 1, 2024-June 14, 2024, will be reviewed by the administration by 9/5/2024 to ensure concerns were resolved. Any unresolved concerns identified will be taken care of by the appropriate department.</p>	<p>This administrator started an In-service on the grievance process and resolution on June 15, 2024, to administrative staff members.  Morning meeting sheets amended with grievances action on August 8, 2024, by the facility administrator.</p>	<p>Monitoring for appropriate grievance resolutions will be monitored daily Monday through Friday x 4 weeks and monthly x 2 Oct and Nov. Beginning on Aug 9<sup>th</sup>, 2024, administrator will report on the status of the monitoring during the facility QA meeting ensuring continued compliance.  Beginning in July 2024 through November 2024, an additional food committee meeting has been added to the calendar. Any concerns identified in food committee meetings will be followed up by the appropriate discipline. The Administrator or designee will review committee minutes to ensure concerns were resolved. Compliance goal will be set at 100%</p>	<p>12/1/2024</p>

<p>§ 51.120 (j) Nutrition. Based on a resident's comprehensive assessment, the facility management must ensure that a resident—</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when a nutritional deficiency is identified</p> <p>Rating – Not Met Scope and Severity – D Residents Affected – Few</p>	<p>Resident #4 was assessed by the Director of Nursing on June 14, 2024 and displayed no signs of distress. He had noted to have no weight loss at the time of this assessment.</p>	<p>Residents who require assistance with meals or who require nutritional supplements have the potential to be affected.</p> <p>A nutritional supplement audit was completed by the Veterans Land Board quality RN on June 20, 2024, and again by facility contract dietitian on August 7, 2024.</p> <p>Any concerns identified were resolved by DON, Dietician and or designee.</p>	<p>An in-service was provided to staff by the Staff Development RN beginning on June 28, 2024, regarding meal assistance/nutrition.</p> <p>A nutritional supplement audit was completed by the Veterans Land Board quality RN on June 20, 2024 and again by facility contract dietitian on August 7, 2024.</p>	<p>Nutritional supplement implementation will be monitored by the DON/Designees weekly x 4 (beginning 8/9/2024) weeks, then monthly x 2 months. (Oct and Nov) The results of this monitoring will be provided to the DON to review.</p> <p>Beginning August 9, 2024, nursing administration will review nutritional supplement orders to ensure they are placed on the appropriate administration record.</p> <p>Beginning August 28, 2024, nursing leadership will monitor those who need assistance during meals to ensure appropriate assistance is being provided.</p> <p>The DON will report during the facility QAPI program regarding progress to ensure continued compliance.</p> <p>Compliance goals will be 90% in the monitoring period</p>	12/1/ 2024
<p>§ 51.120 (n) Medication Errors. The facility management must ensure that—</p> <p>(1) Medication errors are identified and reviewed on a timely basis; and</p> <p>(2) strategies for preventing medication errors and adverse reactions are</p>	<p>Resident #19 was assessed by the Director of Nursing on June 12, 2024. He was noted to have no distress during this assessment.</p> <p>On June 12<sup>th</sup> Staff were instructed of proper nasal spray instillation and providing this</p>	<p>Residents who receive nasal sprays have to the potential to be affected by this alleged deficiency.</p> <p>An audit of residents receiving nasal sprays was not completed. The facility chose to educate any staff who has</p>	<p>An inservice was provided by the staff development RN regarding nasal spray administration guidelines beginning on June 12, 2024.</p> <p>An inservice was provided by nursing</p>	<p>Nasal spray administration will be monitored for correct instillation per doctors' orders by Director of Nursing/Designee (beginning July 29, 2024) weekly x 4 weeks, then monthly x 2 months (SEPT-OCT) The results of these observations will be provided to the DON to</p>	12/1/2024

<p>implemented.  Rating – Not Met  Scope and Severity – D  Residents Affected – Few</p>	<p>medication to the resident going forward.</p>	<p>the potential to administer a nasal spray to ensure the proper procedure was in place for each resident. The follow-up observations will encompass each resident who receives nasal spray to ensure appropriate technique is being followed.</p>	<p>administration on 7/21/2024 regarding the five rights of medication administration.   Medication competencies were completed by nursing administrative staff on licensed staff beginning on July 28, 2024.   Medication competencies will be completed annually on licensed staff beginning July 2024 by Nursing administrative staff.</p>	<p>review.   The DON will report during the facility QAPI program regarding progress to ensure continued compliance.   Compliance goal of this monitoring is 100%</p>	
<p>§ 51.140 (d) Food.  Each resident receives and the facility provides—  (1) Food prepared by methods that conserve nutritive value, flavor, and appearance;  (2) Food that is palatable, attractive, and at the proper temperature;  (3) Food prepared in a form designed to meet individual needs; and  (4) Substitutes offered of similar nutritive value to residents.   Rating – Not Met  Scope and Severity – E  Residents Affected – Some</p>	<p>Veteran #22 was offered a new plate of food on 6.14.24 by dietary staff.   The facility continues to use a system of maintaining food temperatures which includes steam table, heated plates, insulated covers and bottoms for plates, and insulated hall carts for transport.   Warming box cited in the deficiency narrative is not used in the meal/ tray delivery service.</p>	<p>Residents who are provided meals in the facility have the potential of being affected.</p>	<p>In-service provided by this administrator 6.15.24 on temperature of food being served to Dietary staff members and Dietary director, beginning on 6.15.24</p>	<p>Implementation and monitoring of food temperature will be monitored by the Administrator/ Designees to ensure proper temperature when plating food and that it is palatable when served. Weekly x 4 weeks (beginning 6.16.24) then monthly x 2 months (July and Nov) The results of this monitoring will be provided to the Dietary Manager to review. Any concerns identified will be addressed by the administrator, dietary manager or designee.   Beginning in July 2024 through November 2024 , an additional food committee meeting has been added to the calendar. Any concerns identified in food committee meetings will be followed up by the appropriate discipline.</p>	<p>12/1/2024</p>

				<p>The ADM/ designee will review food committee concerns for resolution then will report during the facility QAPI program regarding progress to ensure continued compliance.</p> <p>Goal of 95% compliance.</p>	
<p>§ 51.180 (d) Labeling of drugs and biologicals. Drugs and biologicals used in the facility management must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. Rating – Not Met Scope and Severity – D Residents Affected – Few</p>	<p>No residents were assessed affected by this alleged deficient practice. Expired heparin was removed from the medication room on June 13, 2024, for destruction.</p>	<p>Residents who require IV heparin have the potential to be affected by this alleged deficient practice.</p>	<p>An Inservice was provided to licensed staff regarding expired medications was provided by the Staff Development RN beginning on June 17, 2024.</p>	<p>Medication storage in medication rooms will be monitored to ensure expired medications are not being stored beginning June 18<sup>th</sup>, 2024, then weekly x 4 weeks and monthly x 2 months (Aug and Sept). The results of these observations will be provided to the DON to review.</p> <p>The DON will report during the facility QAPI program regarding progress to ensure continued compliance.</p> <p>Compliance goal for this monitoring is 100%</p>	12/1/2024
<p>§ 51.210 (h) Use of outside resources. (1) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility management</p>	<p>There was the potential for 39 residents to be affected by this alleged deficient practice. Residents who required mental health services have not had a disruption in those services.</p>	<p>Residents residing in the facility needing services from Mental Health professionals have the potential to be affected.</p>	<p>The facility is in process of obtaining final signatures for VA Sharing agreement.  An email was sent to the VA June 14, 2024,</p>	<p>Administrator will follow up with Veterans land board onsite representative monthly (Beginning July 2024) on the progress of the VA sharing agreement during facility QAPI meeting to ensure</p>	12/1/2024

<p>must have that service furnished to residents by a person or agency outside the facility under a written agreement described in paragraph (h)(2) of this section.</p> <p>(2) Agreements pertaining to services furnished by outside resources must specify in writing that the facility management assumes responsibility for—</p> <p>(i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and</p> <p>(ii) The timeliness of the services.</p> <p>(3) If a veteran requires health care that the State home is not required to provide under this part, the State home may assist the veteran in obtaining that care from sources outside the State home, including the Veterans Health Administration. If VA is contacted about providing such care, VA will determine the best option for obtaining the needed services and will notify the veteran or the authorized representative of the veteran.</p> <p>Rating – Not Met Scope and Severity – F Residents Affected – Many</p>	<p>The administrator or designee will contact the VA of jurisdiction beginning September 5, 2024, to inquire about the potential to pay for mental health services pending the execution of a sharing agreement.</p> <p>Beginning 9/5/2024, the facility will review current residents who see the VA for mental health services to see who can be transitioned to the community provider.</p> <p>If the sharing agreement is denied, residents who are currently seeing the VA will continue to see the VA for mental health services if payment options are established by the veteran's home or they will be transitioned to Deer Oaks Psychiatric Services.</p>		<p>by Veterans Land Board on site representative requesting the status of the sharing agreement.</p>	<p>compliance mental health. Goal of 100% compliance.</p>	
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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