

State Veterans' Homes (SVH) Corrective Action Plan
(Clyde W. Coper Texas State Veterans Home, Bonham, May 23-26, 2023)

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)
1. § 51.190 (b) Preventing spread of infection. (1) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility management must isolate the resident. (2) The facility management must prohibit employees with a communicable disease or infected skin lesions from engaging in any contact with residents or their environment that would transmit the disease. (3) The facility management must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.	Resident #31 was assessed by the Director of Nursing on 5/24/2023 and displayed no signs or symptoms of infection.	Residents who require blood glucose monitoring have the potential to be affected by this alleged deficient practice	An in-service regarding effective glucometer cleaning has been provided to staff by the Quality Assurance RN on 5/25/2023 Glucometer competency will be assessed for new hires and newly contracted nurses. Glucometer competencies will be completed with nurses by Staff Development by 11/1/2023.	Effective disinfecting of glucometers will be monitored by DON/Designee daily x 3 weeks, weekly x 3 weeks, then monthly x 3 months. Results of these observations will be provided to DON to review. DON will report during Facility QAPI program regarding progress to ensure continued compliance.	11/1/2023

<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 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. (2) Agreements pertaining to services furnished by outside resources must specify in writing that the facility management assumes responsibility for— (i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and (ii) The timeliness of the services. (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</p>	<p>Residents affected are: # 9, #13, #14. These residents have been screened and added to case load of Speech Therapist as needed on 7/7/23 7/14/23.</p> <p>No residents have been affected by SVH not having an active sharing agreement for mental health.</p>	<p>Residents residing in the facility needing services of Speech Therapist and Mental Health professional have the potential to be affected.</p>	<p>The facility has hired a part time Licensed Speech Language Pathologist 6/13/2023 to provide services to residents requiring this level of care.</p> <p>The facility is in process of obtaining final signatures for VA Sharing agreement.</p>	<p>Admission, Readmission and Quarterly screens will be completed to identify speech therapy needs by therapists. Screen will also be completed when a concern is identified related to swallowing, speech, or cognition. As needed these residents will be added to Speech Therapy services.</p> <p>The DOR will meet weekly with the SLP to discuss and plan services for residents in need of SLP services.</p> <p>The DOR and SLP will meet weekly x 12 weeks and whenever a need arises for SLP services.</p> <p>Services provided by Speech therapy will be monitored and discussed by Director of Rehab during the monthly QAPI meeting to ensure continued compliance.</p> <p>Administrator will report on process of sharing agreement during facility QAPI meeting to ensure continued compliance.</p>	<p>11/1/2023</p>
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needed services and will notify the veteran or the authorized representative of the veteran.					
<p>§ 51.160 (a) Provision of services If specialized rehabilitative services such as but not limited to physical therapy, speech therapy, occupational therapy, and mental health services for mental illness are required in the resident's comprehensive plan of care, facility management must— (1) Provide the required services; or (2) Obtain the required services from an outside resource, in accordance with §51.210(h) of this part, from a provider of specialized rehabilitative services</p>	<p>Residents affected are: # 9, #13, #14. These residents have been screened on 7/7/23 and 7/14/23 and added to case load of Speech Therapist as needed.</p>	<p>Residents residing in the facility needing services of Speech Therapist professionals have the potential to be affected.</p>	<p>The facility has hired a part time Licensed Speech Language Pathologist 6/13/2023 to provide services to residents requiring this level of care. Admission, Readmission and Quarterly screens will be completed to identify speech therapy needs by therapists. Screen will also be completed when a concern is identified related to swallowing, speech, or cognition. As needed these residents will be added to Speech Therapy services.</p>	<p>The DOR will meet weekly with the SLP to discuss and plan services for residents in need of SLP services. The DOR and SLP will meet weekly x 12weeks and whenever a need arises for SLP services.</p> <p>Administrator will communicate with officials weekly until signed and executed sharing agreement is received.</p> <p>Services provided by Speech therapy will be monitored and discussed by Director of Rehab during the monthly QAPI meeting to ensure continued compliance.</p>	11/1/2023
<p>§ 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.</p>	<p>Facility administration met with the facility physical therapy to determine most appropriate interventions for safety for the identified resident, Resident #9. Resident# 9's care plan was updated on 5/25/23 by MDS nurse. Floor staff have been educated on this updated care plan.</p>	<p>Residents residing in the facility at risk for falls have the potential to be affected by this alleged deficient practice.</p>	<p>An in-service has been provided to staff regarding updating care plans and providing care plan information to staff by Director of Nursing on 5/25/2023.</p>	<p>Fall care plans will be reviewed and updated with IDT following fall and education on interventions will be provided to floor staff after the meeting.</p> <p>Fall care plans will be monitored weekly during facility fall committee meetings by DON/designee</p>	11/1/2023

				<p>to ensure care plan updates are entered and remain appropriate. This action will continue weekly x 3 weeks, then monthly x 3 months</p> <p>A sample of Residents with fall care plans will be observed to assure that interventions are in place by Quality Nurse. This action will continue weekly x 3 weeks, then monthly x 3 months</p> <p>Results of this monitoring/observations will be reviewed by DON/designee.</p> <p>DON will present information regarding fall care plans at facility QAPI meeting to ensure continued 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