State Veterans' Homes (SVH) Corrective Action Plan
Illinois Department of Veterans' Affairs, Chicago Veterans Home
Survey Date: June 25, 26, 27, 2024

State the Issue	Address how corrective action will be accomplished for those residents found to be affected by the deficient practice	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	Proposed Completion Date
§ 51.43(a) (1)-(2) Drugs and medicines for certain veterans (a) In addition to the per diem payments under §51.40 of this part, the Secretary will furnish drugs and medicines to a State home as may be ordered by prescription of a duly licensed physician as specific therapy in the treatment of illness or injury for a veteran receiving nursing home care in a State home if— (1) The veteran: (i) Has a singular or combined rating of less than 50 percent based on one or more service-connected disabilities and needs the drugs and medicines for a service-connected disability; and (ii) Needs nursing home care for reasons that do not include care for a VA adjudicated service-connected disability; or (2) The veteran: (i) Has a singular or combined rating of 50 or 60 percent based on one or more service-connected disabilities and needs the drugs and medicines; and	The facility will identify the veterans who are eligible for obtaining medications from the VAMC of jurisdiction by reviewing the eligibility status of all veterans.	It was identified that veterans that have a singular or combined rating of less than 50 percent based on one or more service-connected disabilities and needs the drugs and medicines for a service-connected disability have the potential for this deficient practice. Veterans with a singular or combined rating of 50 or 60 percent based on one or more service-connected disabilities and needs the drugs and medicines have the potential for this deficient practice.	The facility will create a spread sheet to identify the disability rating of all veterans and their eligibility for receiving medications from the VAMC of jurisdiction. The tracker will be updated monthly. All Nursing staff will be educated to review the eligibility tracker prior to requesting medications from the VAMC of jurisdiction.	The Fiscal department will complete a monthly audit to ensure that a completed 10-0460 is submitted and medication eligibility is validated for each veteran who is eligible to receive medication from the VAMC of jurisdiction. Monthly audits will begin 1/1/2025 and will be ongoing for 6 months through 6/30/2025 with a compliance goal of 100%. Results will be reported at the quarterly QAPI meetings, and the Fiscal department is responsible for ongoing compliance.	6/30/2025

(ii) Needs nursing home care for reasons that do not include care for a VA adjudicated service-connected disability. **Rating – Not Met** **Scope and Severity – C** **Residents Affected – Many**					
§ 51.43(b) Drugs and medicines for certain veterans VA will also furnish drugs and medicines to a State home for a veteran receiving nursing home, domiciliary, or adult day health care in a State home pursuant to 38 U.S.C. 1712(d), as implemented by §17.96 of this chapter, subject to the limitation in §51.41(c)(2). **Rating – Not Met** **Scope and Severity – C** **Residents Affected – Many**	The facility will identify the veterans who are eligible for obtaining medications from the VAMC of jurisdiction by reviewing the eligibility status of all veterans based on being in receipt of Aide & Attendance, Housebound status, or catastrophic disability.	It was identified that ineligible veterans have the potential for this deficient practice. .	The facility will create a spread sheet to identify the disability rating of all veterans and their eligibility for receiving medications from the VAMC of jurisdiction. The tracker will be updated monthly. All Nursing staff will be educated to review the eligibility tracker prior to requesting medications from the VAMC of jurisdiction.	The Fiscal department will complete a monthly audit to ensure that a completed 10-0460 is submitted and medication eligibility is validated for each veteran who is eligible to receive medication from the VAMC of jurisdiction. Monthly audits will begin 1/1/2025 and will be ongoing for 6 months through 6/30/2025 with a compliance goal of 100%. Results will be reported at the quarterly QAPI meetings, and the Fiscal department is responsible for ongoing compliance.	6/30/2025
§ 51.43(d) Drugs and medicines for certain veterans VA may furnish a drug or medicine under this section and under §17.96 of this chapter by having the drug or medicine delivered to the State home in which the veteran resides by mail or other means and packaged in a form that is mutually acceptable to the State home and to VA set forth in a written agreement. **Rating – Not Met**	The facility currently has a contract with a pharmacy to provide medications for all residents and will continue to obtain medications for ineligible residents through that contract. Facility will obtain medications for eligible Veterans from the VAMC of jurisdiction.	It was identified that Veterans who are ineligible for receiving medications from the VAMC of jurisdiction will have the potential for this deficient practice. .	The facility will create a spread sheet to identify the disability rating of all veterans and their eligibility for receiving medications from the VAMC of jurisdiction. The tracker will be updated monthly. All Nursing staff will be educated to review the eligibility tracker prior to requesting medications from the VAMC of jurisdiction.	The Fiscal department will complete a monthly audit to ensure that a completed 10-0460 is submitted and medication eligibility is validated for each veteran who is eligible to receive medication from the VAMC of jurisdiction. Monthly audits will begin 1/1/2025 and will be ongoing for 6 months through 6/30/2025 with a compliance goal of 100%. Results will be reported at the quarterly QAPI meetings, and the Fiscal department is responsible for ongoing	6/30/2025

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Scope and Severity – C **Residents Affected – Many**				compliance.	
§ 51.43(e) Drugs and medicines for certain veterans As a condition for receiving drugs or medicine under this section or under §17.96 of this chapter, the State must submit to the VA medical center of jurisdiction a completed VA Form 10-0460 with the corresponding prescription(s) for each eligible veteran. **Rating – Not Met** **Scope and Severity – C** **Residents Affected – Many**	The facility will submit a completed 10-0460 for each veteran eligible to receive medication from the VAMC of jurisdiction.	It was identified that all Veterans eligible of receiving medication from the VAMC of jurisdiction have the potential for this deficient practice.	At admission, all Veterans and their prescribed medications will be reviewed for eligibility and a 10-0460 will be completed for medications requested from the pharmacy of the VAMC of jurisdiction.	The Fiscal department will complete a monthly audit to ensure that a completed 10-0460 is submitted for each eligible veteran who receives medication from the VAMC of jurisdiction. Monthly audits will begin 1/1/2025 and will be ongoing for 6 months until 6/30/2025 Results will be reported at the quarterly QAPI meetings, and the Fiscal department is responsible for ongoing compliance.	6/30/2025
§ 54.140 (c) **Menus and nutritional adequacy**	The corrective action plan the facility has taken is to review the current menus for nutritional adequacy for resident meals including all diets offered. Prepared foods and trays will be audited for nutritional adequacy by the Dietary and Clinical staff.	It was identified that all residents could potentially be affected by the deficient practice.	It is the Illinois Veterans Home-Chicago's practice to review all menus and meals served to ensure that all meals meet the nutritional needs of the dietary allowances of the Food and Nutrition Board of National Research Council. All menus and meals served in a pureed form will ensure that nutritional guidelines have been met via dietary recommendations as put forth by the Registered Dietician. Meals will be audited at the time of preparation by the Dietary Manager.	As part of the ongoing quality assurance plan the RD and/or Dietary manager will complete an audits weekly x 4 weeks beginning July 1, 2024, then monthly x 3 months beginning October 1, 2024. The RD and/or Dietary Manager will submit their audit to the Administrator for review. Any trends noted, and follow ups required will be reported at the facility's quality assurance meetings. The RD and/or Dietary Manger will be responsible for continued compliance. The goal for compliance is 100%.	1/31/2025

§ 51.140 (h) **Sanitary Conditions**	The facility will procure food from sources approved or considered satisfactory by Federal, State or local authorities. The Dietary team's corrective action includes storing, preparing, distributing and serving food under sanitary conditions and disposing of expired, outdated and visibly inappropriate items accordingly. The Dietary team will also be responsible for dating, labeling and reviewing labels and packaging for product expiration, expired food will be logged and discarded by the expiration date. The dietary team will follow proper hand hygiene and glove usage. The dietary team will be responsible for monitoring all food temperatures, refrigerator logs, freezer logs, and food/beverages for temperatures and logging daily. All refrigerators will be cleaned weekly or as needed.	It was identified that all residents could potentially be affected by the deficient practice.	It is the Illinois Veterans Home-Chicago's practice to follow prepare, distribute and serve food under sanitary conditions. The Dietary Manager/RD/Designee will perform audits for glove usage. Hand hygiene will be performed before, during and after food service. The refrigerators/ freezers units will be audited daily and logged accordingly. Expired food will be logged and discarded by the expiration date. Food temperatures will be documented and logged during meal preparation and serving. Beverages are now covered prior to transport to resident units. Refrigeration cleaning will be completed and documented every Friday.	As part of the ongoing quality assurance plan, the Dietary Manager will complete the audits weekly x 4 weeks beginning July 1, 2024, then monthly x 3 months beginning October 1, 2024. The Dietary Manager will submit the audits to the Administrator for review. Any trends noted and follow up required will be reported at the facility's quality assurance meetings. The Dietary Manager will be responsible for continued compliance. The goal for compliance is 100%.	1/31/2025
§ 51.190 (a) Infection control program. The facility management must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection control program. The facility management must establish an infection control program under which it— (1) Investigates, controls, and prevents infections in the facility;	The corrective action plan the facility has taken is to review and in-service the current Nursing Policy and Procedures for the Infection Control Program. Including to return demonstrations for Donning & Doffing PPE correctly and Hand Hygiene Audits.	It was identified that all residents have the potential to be affected by the deficient practice.	It is the Illinois Veterans Home-Chicago practice to follow professional standards of quality care. The facility's policy and procedure has been reviewed. A nursing in-service was provided to nursing and dietary staff, and included following proper protocol of donning and doffing PPE, including gowns, masks, shields and gloves, disposal of PPE and hand hygiene following the use of PPE.	As part of the facility's ongoing quality assurance plan, the DON will perform PPE & Hand Hygiene audits weekly x 4 weeks. – Monthly audits for 3 months for compliance. The DON will give an audit update at the quality assurance meeting. The DON is responsible for continued compliance. The goal for compliance is 100%.	Audits have been completed as of August 8, 2024. Audits will begin September 8, 2024 and will be completed by November 30, 2024.

(2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.					
§ 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 **Item 1** Semi-annual visual inspections of the smoke detectors as required by table 14.3.1 of NFPA 72, National Fire Alarm and Signaling Code Semiannual testing of the alarm system battery charger, load voltage, or discharge test for the back-up batteries, as required by table 14.4.5 of NFPA 72, National Fire Alarm and Signaling Code.	The corrective action plans the facility has taken was to create a log and schedule for semiannual visual inspection of the buildings smoke detectors listing locations and corresponding number along with a mark of pass/fail. As of 07/26/24 semi -annual has been completed. The corrective action plans the facility has taken is to create a log and schedule for semiannual testing of the alarm system battery charger, load voltage or discharge test for the backup batteries. As of 08/23/2024 semi - annual battery testing has been completed.	It was identified that all residents have the potential to be affected by the deficient practice. It was identified that all residents have the potential to be affected by the deficient	All engineering staff will be re-educated on applicable provisions for semi-annual visual inspections of the smoke detectors as required by table 14.3.1 of NFPA 72, National Fire Alarm and Signaling Code. Asst Chief has created a monthly tracking log to monitor upcoming needed inspections for semiannual smoke head inspection. All engineering staff will be re-educated on applicable provisions for semi-annual testing of the alarm system battery charger, load voltage, or discharge test for the back-up batteries per table 14.4.5 of NFPA 72, National Fire Alarm and Signaling Code. Asst Chief has created a monthly tracking log to monitor upcoming needed inspections for semiannual testing of the alarm system battery backup. Consulting this log will be added as a part of the daily rounds for Engineering staff.	The Assistant Chief Engineer or designee within engineering staff will audit the semiannual visual smoke head inspection report monthly beginning 07/10/2024 and ending 01/31/2025 with a goal of 100% compliance of semi-annual visual smoke inspections. Audit results will be reported to QAPI The Assistant Chief Engineer or designee within engineering staff will audit the semiannual testing of the alarm system battery charger, load voltage charger, or discharge test report monthly beginning 07/10/2024 and ending 02/24/2025 with a goal of 100% compliance of semi-annual alarm system battery testing inspections. Audit results will be reported to QAPI	01/31/2025 02/24/2025
§ 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 **Item 2**			All engineering staff will be re-educated on applicable provisions for semi-annual testing and maintenance of the kitchen suppression system as required by chapter 11.2.1 of NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations Asst Chief has created a monthly tracking log to monitor upcoming needed inspections for semiannual testing of the alarm system battery backup. Consulting this log will	The Assistant Chief Engineer or designee within engineering staff will audit the semiannual testing of the ANSUL system report monthly beginning 07/10/2024 and ending 02/25/2025 with a goal of 100% compliance of semi-annual alarm system battery testing inspections. Audit results will be reported to QAPI	02/25/2025

Semi-annual testing and maintenance of kitchen suppression system on a semi-annual basis as required by chapter 11.2.1 of NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations	The corrective action plans the facility has taken is place P.O. for immediate inspection of 17 ANSUL systems while awaiting approval of a life safety contract. A monthly chart has been created documenting last inspection and month of upcoming due inspections. Consulting this log will be added to as a part of the daily rounds.	It was identified that all residents have the potential to be affected by the deficient practice	be added as a part of the daily rounds for Engineering staff.		
§ 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 **Item 3** Semi-annual kitchen hood system exhaust inspection, cleaning and maintenance as required by chapter 11.4, 11.5, and 11.6 of NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations	The corrective action plans the facility has taken is to place an RFQ for bid on establishing a contract for the service of semiannual kitchen hood cleaning and inspection.	It was identified that all residents could potentially be affected by the deficient practice.	All engineering staff will be re-educated on applicable provisions for semi-annual kitchen hood system as required by chapter 11.4, 11.5, and 11.6 of NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Asst Chief has created a monthly tracking log to monitor upcoming needed inspections for semiannual kitchen hood cleaning and inspection. Consulting this log will be added as a part of the daily rounds for Engineering staff.	The Assistant Chief Engineer or designee within engineering staff will audit the semiannual kitchen hood system exhaust inspection report monthly beginning 07/10/2024 and ending 03/31/2025 with a goal of 100% compliance of semi-annual alarm system battery testing inspections. Audit results will be reported to QAPI	03/31/2025
§ 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. **Item 4** The cooking line appliances were not provided with an approved method that would ensure the appliances were returned to an	The corrective action plans the facility has taken was to install the required chocks on the wheels of the identified rolling cooking equipment.	It was identified that all residents could potentially be affected by the deficient practice.	All engineering staff will be re-educated on applicable provisions as required by section 12.1.2.3.1 of NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Asst Chief has created a weekly tracking log to monitor location of chocked cooking line equipment. Consulting this log will be added as a part of the daily rounds for Engineering staff.	The Assistant Chief Engineer or designee within engineering staff will audit the rounds cooking equipment location inspection report monthly beginning 07/10/2024 and ending 01/31/2025 with a goal of 100% compliance of chocked equipment being in chocks. Audit results will be reported to QAPI.	01/31/2025

approved design location after they had been moved for maintenance and cleaning, as required by section 12.1.2.3.1 of NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations.					
§ 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. **Item 5** No recorded monthly test of the firefighter's emergency recall operation as required by sections 9.4.3.2 and 9.4.6.2 of NFPA 101, Life Safety Code.	The corrective action plans the facility has taken is the fire recall logs have been located and test have been being completed by monthly Otis Elevator. Staff immediately implement monthly checking of Otis log to make sure they had come to facility	It was identified that all residents could potentially be affected by the deficient practice.	All engineering staff will be re-educated on applicable provisions for monthly firefighter's emergency recall operation as required by sections 9.4.3.2 and 9.4.6.2 of NFPA 101, Life Safety Code. Asst Chief has created a monthly tracking log for monitoring Otis elevator contractor testing as well as reminder to inspect the elevators monthly.	The Assistant Chief Engineer or designee within engineering staff will audit the monthly elevator inspection report monthly beginning 07/10/2024 and ending 02/28/2025 with a goal of 100% compliance of elevator testing inspections. Audit results will be reported to QAPI**.**	**02/28/2025**
§ 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 **Item 6** Missing Fire 4th Qtr. 2023 drill reports as required by section 19.7.1.6 of NFPA 101, Life Safety Code.	As part of the ongoing facility quality assurance plan quarterly drills have been being conducted and logged in the separate binder to meet compliance with code requirements. Engineering staff will be responsible for continued compliance. A monthly chart has been created documenting dates and shifts and months of upcoming due quarterly drills. Consulting this log by Engineers will be added as a part of the daily building rounds.	It was identified that all residents have the potential to be affected by the deficient practice.	All engineering staff will be re-educated on applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code. Asst Chief has created a monthly tracking log for schedule and need for fire drills.	The Assistant Chief Engineer or designee within engineering staff will audit the quarterly fire drill report monthly for upcoming and needed drills and scheduling beginning 07/10/2024 and ending 01/31/2025 with a goal of 100% compliance of fire drill testing inspections.	**01/31/2025**
51.200 (b) Emergency power. (1) An emergency electrical power system must be provided to supply power adequate for illumination of	The corrective action plans the facility has taken was to have Lion Heart Power come out and test batteries on generator and issue report. As well as to schedule them to test for	It was identified that all residents have the potential to be affected by the deficient practice.	All engineering staff will be re-educated on applicable provisions as required by section 8.3.7.1 NFPA110 Standard for Emergency and Standby Power Systems. Chief engineer has created a monthly chart documenting	The Assistant Chief Engineer or designee within engineering staff will audit the monthly generator battery conductance test report beginning 07/10/2024 and ending 02/28/2025 with a goal of 100% compliance of battery conductance	**02/28/2025**

all exit signs and lighting for the means of Electrical Systems Based on records review, observation, and interview, the facility failed to properly inspect and test all components of the emergency generator as required by the code. The deficient practice affected 24 of 24 smoke compartments, staff, and all Department of Veterans Affairs State Veterans Home Survey Report June 15, 2022 Page 21 of 22 egress, fire alarm and medical gas alarms, emergency communication systems, and generator task illumination. (2) The system must be the appropriate type essential electrical system in accordance with the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code. (3) When electrical life support devices are used, an emergency electrical power system must also be provided for devices in accordance with NFPA 99, Health Care Facilities Code. (4) The source of power must be an on-site emergency standby generator of sufficient size to serve the connected load or other approved sources in accordance with NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code. No Documentation of monthly	August and September. A meter and printer order has been placed to begin monthly testing in house by engineers. As part of the ongoing facility quality assurance plan monthly conductance testing of the generator batteries will be conducted and logged by the engineering department as part of the ongoing monthly load/transfer test. The Engineering staff will be responsible for continued compliance.		last inspection and month of upcoming due inspections. Consulting this log will be added as a part of the daily building rounds performed by Engineering.	testing inspections.	

specific gravity testing or conductance testing for the lead-acid batteries as required by section 8.3.7.1 NFPA110 Standard for Emergency and Standby Power Systems					
51.210 (c) (7) Required Information. Annual State Fire Marshall's report. No documentation to indicate that the facility has had an inspection by the State Fire Marshall or had obtained an inspection report from the State Fire Marshal as required by section 51.210(7)	The corrective action plans the facility has taken is the facility will request the State Fire Marshall to come out and perform the annual State Fire Marshall Fire Inspection. As part of the ongoing facility quality assurance plan a monthly chart has been created documenting last inspection and time of upcoming due inspections. Consulting this log will be added as a part of the daily Engineers building rounds.	It was identified that all residents have the potential to be affected by the deficient practice	All engineering staff will be re-educated on applicable provisions as required by section 51.210(7). Annual State Fire Marshall Inspection. Asst Chief has created a monthly tracking log for schedule and need for Annual State Fire Marshall inspection.	This chart will be audited on a semi-annual, and annual basis by the Assistant Chief Engineer as part of maintaining ongoing compliance with needed inspections. The Assistant Chief Engineer or designee within engineering staff will audit the monthly life safety test report log beginning 07/10/2024 and ending 12/31/2024 with a goal of 100% compliance of Annual State Fire Marshall inspection.	12/31/2024